

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

HF Trust - Pound Lane - Herts and Essex DCA

Bradbury Resource Centre, Pound Lane, Ugley,
Bishops Stortford, CM22 6HP

Tel: 01279816165

Date of Inspection: 29 January 2013

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2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services



Met this standard

Details about this location

| | |
|-------------------------|---|
| Registered Provider | HF Trust Limited |
| Registered Managers | Mr. David Bolton Ms. Jane Green Mrs. Sara Louise Stoker |
| Overview of the service | <p>HF Trust Limited is registered to provide accommodation for up to 26 people who require nursing or personal care.</p> <p>HF Trust Limited also runs a domiciliary care service from the location, which provides care for people in their own homes.</p> |
| Type of services | Care home service without nursing Domiciliary care service |
| Regulated activities | Accommodation for persons who require nursing or personal care Personal care |

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether HF Trust - Pound Lane - Herts and Essex DCA had taken action to meet the following essential standards:

- Care and welfare of people who use services

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 29 January 2013 and talked with staff.

What people told us and what we found

When we inspected this service on 01 June 2012 we found that some risk assessments in people's care plans were generic in nature and that others were out of date. We asked the provider to ensure that risk assessments that fully met the individual needs of the person who used the service were put in place and that out of date risk assessments were removed from people's care plans.

We inspected the service on 29 January 2013 and found that the risk assessments for people who lived at the home and for people who received services in their homes had been reviewed. We saw that care and treatment was planned and delivered in a way that ensured people's safety and welfare. The care plans that we looked at were very detailed and person centred. There were detailed assessments of the risks posed to the person and the measures currently in place to reduce the risk of harm arising from them had been identified.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights. Care and treatment was planned and delivered in a way that ensured people's safety and welfare.

Reasons for our judgement

When we inspected this service on 01 June 2012 we found that some risk assessments in people's care plans were generic in nature and that others were out of date. We asked the provider to ensure that risk assessments that fully met the individual needs of the person who used the service were put in place and that out of date risk assessments were removed from people's care plans. The provider told us that this would be completed by 30 September 2012.

We inspected the service on 29 January 2013 and found that the risk assessments for people who lived at the home and for people who received services in their homes had been reviewed. We looked at the care plans for six people who used the service; three for people who lived at the home and three for people who received services in their own homes.

We saw that care and treatment was planned and delivered in a way that ensured people's safety and welfare. The care plans that we looked at were very detailed and person centred. The risk assessments for people had been organised into four sections. These were: 'receiving service', medication, lone working, and financial risk assessments. The 'receiving service' section contained all the risk assessments connected with the needs of the individual and the care that they received. The service had a small garden centre attached to it. This was run by the people who lived at the home and people could be working alone on occasion.

We saw that the risks identified in all the care plans that we looked at were personal to the individual. Each risk had a detailed risk management plan that identified the actions that staff members should take to reduce the risk of harm to the person. For example, in one care plan we saw that it had been identified that the person was at risk of scalding themselves when given a hot drink. The risk management plan included instructions for staff to slightly cool hot drinks for the person and to always carry their drink for them.

The provider may find it useful to note that in one care plan the medication risk assessment was missing. We saw that there were detailed personalised medication protocols in place for each of the medicines that the person had been prescribed and so the risk had been minimised.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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