

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

HF Trust - Cheshire DCA

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Cooperating with other providers	✓	Met this standard
Management of medicines	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	HF Trust Limited
Registered Manager	Ms. Kerry Griffiths
Overview of the service	<p>HF Trust Cheshire are a Domiciliary Care Agency who support people with learning difficulties across the Cheshire, Wirral and Liverpool areas. At the time of this inspection the agency was supporting 66 people within the local community.</p> <p>The main office is situated in Ellesmere Port and there is limited car parking at the office.</p>
Type of service	Domiciliary care service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced 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 23 October 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

What people told us and what we found

We looked at six support plans and other care records and they all had an assessment of people's health and social needs completed. The documentation was up to date and reviewed on a monthly basis.

We spoke with four people who used the service, five staff and professionals involved in the service. People who used the service said: "I like it here" and "The staff are kind."

Staff commented: "The training is good", "We have regular team meetings", "The staff team are good" and "We have a good staff mix who advocate well for the people they support." All the staff said they got good support from the management team and that they had no concerns about the welfare of the people they supported.

The professionals said: There has been some turnover of staff and this has made it more difficult to know who to speak to", "The manager is supportive and keeps me informed of changes" and "They take on board advice and suggestions made." They said they had no issues or concerns with the home.

We looked at staff recruitment and found that robust recruitment procedures were in place.

Some of the people who used the service had limited or no verbal communication. We observed interactions between the people who used the service and staff during the day and found there was a relaxed and friendly atmosphere between them. Staff interpreted non-verbal communication well during our observations and were able to describe what an individual needed or how they felt.

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We looked at six support plans and other care records for people who used the service. These were well written and provided guidance on the support people needed and how this would be provided. Each person's file contained a copy of the care plan and risk assessments, which we saw were up to date. The information was stored on the computer, which all staff had access to. We saw that the system was password protected to ensure safety and security of information. People who used the service had their own passwords to the system so they could look at the information stored about them.

The risk assessments had been completed for a wide range of support requirements including bathing, leisure activities, finances, challenging behaviour and continence. These identified hazards that people might face and provided guidance about how staff should support people to manage the risk of harm.

A hard copy of the care plans and risk assessments was kept in each home to ensure easy access to the information.

The daily record was completed during each shift and logged onto the system. This showed the care and support that each person had received and also included information about each person's wellbeing.

We saw that medical appointments and professional visits were also stored on the computer system. All the staff spoken with said they had no concerns about the welfare of the people who were supported by HF Trust Cheshire DCA.

We saw that staff had regular training in moving and handling, first aid, food safety, health and safety and risk assessments. Training records showed these were up to date.

HF Trust Cheshire DCA had a health policy which included information on assessment and support plan, health action planning, care programme approach, confidentiality and

making decisions and consent. They also had an end of life planning and support policy which included information about end of life care strategy, when I die and what to do after death. This meant that staff had access to information regarding end of life. All staff spoken with confirmed that policies and procedures were available on the company's intranet.

We saw that people had access to a range of activities which was discussed with the person who used the service and their relatives or representatives where appropriate. Activities included getting out and about in the community, shopping, visiting local attractions and walks in the park. Other activities included going on holiday, church services, manicures, chiropody and visits to the hairdresser.

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

The manager was able to demonstrate a range of ways in which she cooperated with other people who were involved in the care, support and treatment of people who used the service. This included social workers, other care providers and medical professionals. We contacted the local authority contracts and safeguarding teams. They confirmed that they had no concerns regarding HF Trust Cheshire DCA.

The manager explained that they facilitated meetings with other care providers in the area to share knowledge and good practice. They also attended quarterly meetings with the local authority contracts team.

Other professionals commented "Generally they do a good job" and "They are caring towards people who use the service." All professionals contacted confirmed they didn't have any concerns about HF Trust Cheshire DCA.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We looked at the systems in place for managing medicines in peoples home. This included the storage and handling of medicines as well as a sample of Medication Administration Records (MARs) and stock for people who used the service. We found that appropriate arrangements for the administration and safe handling of medicines were in place.

Staff indicated with a tick on the MAR sheet that medication had been delivered. However the provider may find it useful to note that records of amounts of medication delivered was not recorded. This meant that staff could not be certain of the amount of medication that had been delivered and therefore stocktaking and tracking of medication would be difficult.

Medicines were kept safely and were administered by the support worker on duty. All staff who administered medication had received appropriate training. Staff also undertook regular medication administration competency checks which were seen on staff files.

We looked at medicines records, and found that they were complete and accurate. We looked at the medication policy and found that it also contained information on training, controlled drugs, self-medication, disposal of medication, holidays, outings and travel and details of what to do if a medication error occurred were also included.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at six staff files. They contained application forms, two references, contracts of employment, Disclosure Barring Service (DBS) checks and copies of identity checks. This meant that appropriate checks had been made prior to staff working for the service and that their recruitment processes were robust.

Within the staff files we saw copies of certificates of training. These included moving and handling, safeguarding and medication and all staff had undertaken an induction process. Most staff had obtained National Vocational Qualification (NVQ) level 2 or 3 or equivalent. This meant that staff had the appropriate knowledge and skills to ensure the people who they supported were well cared for.

Staff confirmed that they had regular team meetings. They also said that they had regular handovers at the beginning of their shifts and that this was a good way of being kept up to date with information.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

The complaints file was seen and one complaint had been made since the last inspection and had been dealt with appropriately. We saw the complaints procedure which showed the process to be undertaken regarding complaints.

The complaints procedure was included in the service user's guide and included timescales of when a complaint would be dealt with and details of who else could be contacted including the local authority and CQC.

The complaint and comments policy showed staff how to support people who used the service in making a complaint. The service also had a pictorial complaints form which people who used the service, their relative, advocate or staff member could complete.

Staff training on complaints handling was covered within the induction process which the staff team had undertaken. Evidence of this was seen within staff files.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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