

HF Trust Limited

# HF Trust - Lancashire DCA

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

HF Trust - Lancashire DCA was first registered with the Care Quality Commission on 10 August 2015. It was previously registered at a different location and, until August 2013, with another provider. It is a domiciliary care service, which provides personal care and support for people who are living with learning disabilities or autistic spectrum disorder and who live in the Preston area. Some domestic assistance is also provided for those who need help in this area. The agency office is in Bamber Bridge on the outskirts of Preston. The agency supports approximately 44 people, who live in their own homes within the community. Some people are in supported living accommodation and share facilities with other people. The office base is easily accessible by public transport. HF Trust - Lancashire DCA is owned by HF Trust Limited and is regulated by the Care Quality Commission (CQC).

This was the first inspection conducted by the Care Quality Commission (CQC).

A visit to the agency office was conducted on 14 January 2016 by two Adult Social Care inspectors from the Care Quality Commission. The registered manager was given short notice of our planned inspection. This was so that someone would be available to provide the information we needed to see.

The registered manager of the agency was on duty when we visited HF Trust. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

Records showed the staff team were well trained and those we spoke with provided us with some good examples of modules they had completed. Regular supervision records were retained on staff personnel files.

Staff were confident in reporting any concerns about a person's safety and were aware of safeguarding procedures. However, there was some confusion around understanding authorisation routes and the use of terminology, in relation to those whose liberty was at times being restricted. Recruitment practices were robust, which helped to ensure only suitable people were appointed to work with this vulnerable client group.

The planning of people's care was based on an assessment of their needs, with information being gathered from a variety of sources. Evidence was available to show people, who used the service, or their relatives when relevant had been involved in making decisions about the way care and support was being delivered.

Regular reviews of needs were conducted with any changes in circumstances being recorded well. Areas of risk had been identified within the care planning process and assessments had been conducted within a risk management framework, which outlined strategies implemented to help to protect people from harm.

People were supported to maintain their independence and their dignity was consistently respected. People said staff were kind and caring towards them and their privacy and dignity was always respected.

Staff spoken with told us they felt well supported by the manager of the agency and were confident to approach her with any concerns, should the need arise.

We found that medications were not always being well managed. The Medication Administration Records (MARs) were not always being completed accurately and the medication count was not consistently correct.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for safe care and treatment.

You can see what action we told the provider to take at the back of the full version of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

This service was not consistently safe.

At the time of this inspection we looked at a wide range of records and we found that relevant checks had been conducted before staff were allowed to work in the community. This helped to ensure that only suitable people were employed to work with this vulnerable client group.

A range of risk assessments had been conducted and accidents had been recorded appropriately. The locations we visited were safe, clean and hygienic.

Robust safeguarding protocols were in place and staff were confident in responding appropriately to any concerns or allegations of abuse. People who used the service were protected by the emergency plans, which would be implemented. However, medicines were not always being well managed.

### Is the service effective?

**Good** 

This service was effective.

The staff team were well trained. They completed an induction programme when they started to work for the agency, followed by a range of mandatory training modules and regular supervision.

Consent had been received from people before care and support was provided. We found that policies and procedures were in place around capacity and consent. Records showed that multi-disciplinary meetings had been held, when needed, to ensure any decisions had been made in the best interest of the individual concerned. However, there was some confusion around understanding authorisation routes and the use of terminology, in relation to those whose liberty was at times being restricted, but appropriate advice was being sought.

### Is the service caring?

**Good** 

This service was caring.

Evidence was available to show people had been supported to plan their own care. Those who used the service felt that staff were kind and caring.

People were respected, with their privacy and dignity being consistently promoted. They were supported to remain as independent as possible and to maintain a good quality of life.

### **Is the service responsive?**

**Good** ●

This service was responsive.

An assessment of needs was done before a package of care was arranged. Plans of care reflected people's needs and how these needs were to be best met. Regular reviews were conducted, with any changes in circumstances being recorded well.

The plans of care were well written and in general person centred. People we spoke with told us they would know how to make a complaint should they need to do so and staff were confident in knowing how to deal with any concerns raised.

### **Is the service well-led?**

**Good** ●

This service was well-led.

Staff spoken with felt well supported and were very complimentary about the way in which the agency was managed.

Well organised systems were in place for assessing and monitoring the quality of service provided, which included regular compliance reports.

Records showed that the agency worked in partnership with other organisations and other professional bodies.

# HF Trust - Lancashire DCA

## **Detailed findings**

### Background to this inspection

We carried out this inspection on 14 January 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. We also looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Prior to this inspection we looked at all the information we held about this service, including notifications informing us of significant events, such as serious incidents, reportable accidents, notifiable diseases, deaths and safeguarding concerns.

The registered manager had completed and submitted a Provider Information Return (PIR), within the timeframe requested. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We visited four people who used the service and spoke with seven relatives, nine members of staff and the registered manager of the agency. We also looked at the care records of fourteen people who used the service and 'pathway' tracked the care of four of them. 'Pathway' tracking is a method we use to establish if people are receiving the care and support they require.

We asked 20 community professionals who had involvement with those who used the service for their views about the quality of service provided by HF Trust. We received a response from one person, whose comments are reflected within this report.

# Is the service safe?

## Our findings

Everyone we spoke with told us they felt safe when care staff were in their homes and that their possessions were also protected. They told us they thought care staff performed their tasks in a safe way. One person told us, "If I was upset over anything I would tell one of the carers, they are fantastic" and another commented, "I've lived here a long time and I have always felt safe." Responses from family members included, "I know the staff and the managers and have all the contact numbers, so any problems I could ring any of them" and, "I could not fault the service in any way whatsoever. I have never seen anything that has worried me."

During the course of our inspection we assessed the management of medications. We looked at the Medication Administration Records (MARs) in two of the houses we visited. In one house we found the MAR chart for one person did not coincide with the stock balance of medicines available for that individual. At another house we found one occurrence where a medication had been administered and not recorded as being given. This meant that care staff had either not administered medicines as prescribed or that records were inaccurate. Failing to keep accurate records or ensuring people received their medicines when they needed them meant people were not adequately protected against the risks of unsafe medicines practice.

We expressed our concerns to the manager who assured us both incidents would be looked into and resolved without delay. We were later told a daily count sheet was being introduced as an extra safeguard for recording purposes.

We found that the management of medications required improvement to ensure people were protected from harm. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for safe care and treatment.

We noted that the policies and procedures of the agency covered the management of medications. It was evident that medicines were being stored safely in locked cabinets within the houses we visited, which helped to ensure the safety of people who used the service.

A detailed policy was in place in relation to safeguarding vulnerable adults and whistle blowing procedures. This informed staff members about the process they needed to follow in the event of an actual or potential abusive situation. A system was in place to record any safeguarding referrals, with action plans being subsequently developed. This enabled the registered manager to monitor the frequency and details of any concerning information and to address any issues promptly. Good evidence was provided by the registered manager of changes made in response to safeguarding referrals.

Staff spoken with at all locations confirmed they had undergone training in safeguarding adults and they were fully aware of the whistleblowing procedure, saying they would always use it if necessary. One care worker told us, "All staff complete safeguarding training during their induction and it covers different types of abuse."

We spoke with staff members about the recruitment procedures adopted by the agency. During our visit to the agency office we looked at the personnel records of four people who were employed by the service. We found recruitment practices to be robust. Details about new employees had been obtained, such as their health background, application forms, written references and Disclosure and Barring Services (DBS) checks. The Disclosure and Barring Service allows providers to check if prospective employees have had any convictions, or have been deemed 'unfit' to work with vulnerable people, so they can make a decision about employing or not employing the individual. We were told that the provider had a DBS panel who were responsible for making decisions about whether to employ anyone who had declared any spent or unspent cautions, convictions, reprimands or final warnings in their application for employment or where any of these had been disclosed in their DBS check.'

Thorough interview processes had been followed, which allowed the management team to discuss with the prospective employee, any areas which needed further exploration. Each interviewee was presented with three scenarios to answer, which were taken into consideration when selecting successful candidates. Staff members confirmed that all relevant checks had been conducted before they were able to start working alone and records seen confirmed this information to be accurate.

We looked at the personnel records of one member of staff, who had been transferred from the previous organisation and had been successful in his application for a manager's position. We saw a good exploration of knowledge in relation to management skills, as a potential manager. A personal statement had been obtained explaining what he could bring to the role as manager, how he would manage a team through change and how he would promote positive results. This was considered to be good practice.

People who used the service were involved in the staff selection process. They completed an interview questionnaire, which was in picture format and which incorporated the hobbies and interests of the prospective applicant. This helped when matching staff members with those who used the services of HF Trust.

We noted that policies and procedures of the service covered a wide range of personnel procedures. Records we saw confirmed that these had been followed in day to day practice following staff misconduct.

A variety of electronic assessments within a risk management framework had been introduced, so that people were protected from harm. These had been reviewed regularly and covered the current risk, as well as prevention and detailed control measures had been implemented to reduce identified risks. The risks assessed included, holidays, Control of Substances Hazardous to Health, finances, evacuation of premises, spillage of bodily fluids, fire safety and behaviour that can challenge. Systems were also in place around the safety of the staff team by the introduction of lone worker checklists. These were valid for one year, unless the task or working patterns changed and then they would be reviewed and updated accordingly.

Accidents and incidents were recorded electronically and were reviewed regularly. These were maintained in line with data protection guidelines. This helped to ensure personal information was retained in a confidential manner.

We were told that a health and safety team had been developed within the organisation and that the registered manager of HF Trust – Lancashire DCA was the lead member for the North West. This enabled the staff team to receive important information in relation to health and safety matters. Records showed that fire alarm systems were checked each week, to ensure they were fully operational.

Both the internal and external environments at the houses we visited appeared safe and people who used



the service moved around freely and safely. We did not note any unpleasant odours around the houses we visited and all were in a good state of repair. We looked at the toilet and bathroom areas and found them to be clean and hygienic. Liquid soap, sanitizer and paper towels were provided. One building, was purpose built, with car parking facilities.

We observed a nice, quiet atmosphere within the homes we visited and good interaction between staff and people who used the service. We saw one person being appropriately supported by a member of the staff team, in order to keep him safe. It was clear that there were adequate numbers of staff members present at all locations we visited and this was confirmed by those who used the service and the relatives we spoke with. One member of staff told us, "I've been here about five years now and have never known us to be short of staff. There are two service users in today and three staff." The premises at each location we visited were pleasantly decorated and people's bedrooms had been decorated in line with their individual tastes.

Staff spoken with felt confident in dealing with emergency situations and were fully aware of the policies and procedures in place at the agency office. They told us of action they would take in the event of certain emergencies arising. Records showed that Personal Emergency Evacuation Plans (PEEPs) had been developed in some instances. These were retained in the homes of people and included a photograph of each individual, as well as a description of the location of their bedroom and the support they would require. This helped to ensure that people would be evacuated from their homes in an appropriate way, should the need arise. However, they were not available on all the care files we saw.

A crisis management plan had also been introduced, which helped to ensure the safety and well being of people who used the service. For example, in the event of fire, severe weather conditions, loss of utilities, flood, bomb threat, pandemics or gas leak. We were told that this had been successfully activated in response to the recent possibility of severe flooding.

We recommend that PEEPs are rolled out for each person who uses the service, so that emergency plans are consistently followed in day to day practice.

# Is the service effective?

## Our findings

Comments from people who used the service and their relatives included, "We go shopping for our food with the staff and take turns to pick the meals for the day"; "I had to go to the dentist a while back and one of the carers arranged it and took me"; "[Name removed] has been living there for over ten years now and could not be more pleased with the support he gets" and, "[Name removed] had to go to the dentist and had some wisdom teeth out, which is not nice but the staff supported her throughout the whole time – brilliant."

At the time of this inspection there were 44 people who used the service. People we spoke with and their relatives told us they thought the care staff were well trained and competent. People said they were most satisfied with the care and support they received from HF Trust.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Records showed that multi-disciplinary meetings had been held, when needed, to ensure any decisions had been made in the best interest of the individual concerned. Some of the care files we examined showed that methods of restraint and break away techniques were sometimes required. We saw several training certificates for a module in physical intervention, which had been completed a few weeks prior to our inspection. The registered manager told us that only team members who had been trained in, 'Positive Behaviour Management Plus', may use such approaches and that an annual refresher course was required. We were subsequently provided with information, which explained that this training was person centred and very specific to each individual. This meant that staff members may have completed this module several times, should they provide support for a number of people who required physical intervention.

We saw a detailed mental capacity assessment had been conducted for one person, which was in relation to the individual agreeing with their 'positive behaviour' support plan, which included breakaway and restraint approaches in accordance with the principles of the Mental Capacity Act. However, staff we spoke with were not clear about the legal requirements of the consenting process.

During our inspection, we spoke with one of the managers of a house we visited, who had a good understanding of the criteria that underpinned a Court of Protection application. We spoke with the registered manager, who explained that some capacity assessments had been completed. However, there was some confusion around understanding authorisation routes and the use of terminology, in relation to those whose liberty was at times being restricted. The registered manager confirmed that she had sent requests for Court of Protection authorisations to care managers, but that she had submitted them using an old type of format. Appropriate advice was being sought from a Mental Capacity Act Co-ordinator, following which the registered manager will develop a robust protocol for HF Trust-Lancashire DCA, in relation to the process for requesting legal authorisation.

People we spoke with told us their health care needs were being met. Records showed some external professionals were involved in the care and support of those who used the service, so that people received the health care and treatment they required.

New starters were issued with a range of relevant information before they started work, which helped them to do the job expected of them, such as job descriptions relevant to their roles, terms and conditions of employment and the employee handbook, which contained important policies and procedures of the agency, such as the disciplinary and grievance procedures and codes of conduct.

New staff members commenced employment on an initial face to face induction programme, which lasted three days and covered areas, such as safeguarding vulnerable adults and person centred care planning. Each care worker was also allocated fifteen hours during their induction programme to complete additional areas of learning, through office based training modules. Induction also included a period of shadowing experienced staff before working independently. This was then followed by a six month probationary period, during which time the new employees were assessed and closely monitored, to ensure they were attaining the standards expected of them. This was achieved through observation, competence assessments, work books and knowledge checks in topics, such as health and safety, basic skills, writing, speaking and listening skills.

The training matrix showed that a high percentage of staff had covered a wide range of mandatory learning modules, such as choice and duty of care, dignity and respect, positive risk taking, end of life care, safeguarding vulnerable adults, first aid, health and safety, moving and handling, mental health, fire awareness, food hygiene, the Mental Capacity Act [MCA] and Deprivation of Liberty Safeguards [DoLS], infection control and medicines management. Records showed that training specific to the needs of people who used the service was also provided. For example, learning in relation to learning disability and autism awareness, diabetes, dementia awareness and epilepsy. However, although there were a wide range of training certificates retained on staff personnel files, many of these had been brought from previous employments and were several years old. Mandatory training was up to date, but the most recent certificates were not always on individual staff files. Staff members we spoke with told us the information and initial training provided was sufficient for them to be able to do the job expected of them.

Records we saw showed that regular formal supervision was provided for each staff member, which covered individual workloads, risk assessments, policies and procedures, training and personal development. Information provided in the PIR indicated that appraisals had been planned for all staff and completed for 70 staff. However, the registered manager told us that appraisals for staff had not yet been commenced, but that these would be introduced in the near future.

Staff we spoke with gave us some good examples of training they had completed, such as health and safety, fire awareness, first aid at work and moving and handling. Certificates of training were retained in staff personnel files and these confirmed the information provided by staff was accurate. Comments from staff members we spoke with included, "We do get lots of training, but a lot of it is online and it gets a bit boring" and, "We do have some new carers now and again, but most of the staff have been here a while – we have a good team."

People who had food prepared by care workers told us their meals were satisfactory. One person said, "I have no complaints." People we spoke with and records we saw demonstrated that those who used the service were supported to maintain a healthy eating lifestyle and were helped to manage their own shopping, in accordance with their menu plan. Those we spoke with told us that they enjoyed doing the

food shopping and being involved in the meal preparation.

# Is the service caring?

## Our findings

One person who used the service told us, "The staff look after me all the time. They are amazing and just fabulous" and another commented, "The carers sit down with us all the time, when we watch TV of a night and when we have our meals. It is lovely."

A relative said, "We are really lucky. We have great carers who listen to everything we say and act on it" and another family member told us, "I could not fault the care at all here. They [the staff] keep in touch and we get invited to the care plan reviews. It is an excellent service."

One member of staff told us, "We sit down with the service users on a daily basis and talk to them. We also keep in touch with their families and ask them what they think" and another said, "[Name removed] is very independent. She takes herself to work, helps to cook her own meals and always has a say in how things are done here."

People we spoke with told us their privacy and dignity was consistently respected and their independence was promoted by a kind and caring staff team. We observed staff to be patient and supportive, approaching people in their care in a dignified manner and knocking on people's bedroom doors before entering. We saw that those who used the service were well presented and smartly dressed.

Policies and procedures incorporated the importance of confidentiality, privacy and dignity and providing people with equal opportunities, despite their age, religion, race, sexuality or disability. Other areas covered in the information available were autonomy, independence and advocacy. An advocate is an independent person, who will act on someone's behalf and support them in the decision making process, should they wish to access this service. Detailed information was provided for those who used the service, outlining the facilities and services provided by HF Trust.

We looked at the care records of six people who used the service and found they or their relatives had been given the opportunity to decide how care was to be provided. This helped to ensure people were supported in a way they wanted to be. People we spoke with told us they were involved in planning their own care, or that of their relative. They confirmed that a copy of their care plan was retained at their house. The plans of care we saw outlined the importance of respecting people's privacy and dignity and promoting their independence as far as possible. Each person had a health action plan and 'Hospital passport' on their individual care records. This helped to ensure that people received the care and support they preferred, should they need to be transferred to hospital at any time. Support and treatment provided by health care professionals was recorded on individual care files.

## Is the service responsive?

### Our findings

One person who used the service told us, "If I had a problem or a complaint I would tell one of the carers and I know they would help me" and another commented, "I have never had to complain because I have always been happy with everything."

A relative told us, "I know the managers and know who to complain to, but I have never had to make a complaint." Another family member told us, "I have been to a couple of care plan reviews for [name removed] and get asked my opinion. I get plenty of time to speak."

People we spoke with told us they were happy with the service they were receiving and they felt that care staff would listen to them if they wanted their care delivered in a certain way. People felt all their needs were being appropriately met and that carers were consistent.

We examined the care records of fourteen people who used the service. These files were, in general well organised, making information easy to find. We 'pathway tracked' the care and support of four of these people. We also chatted with seven relatives and discussed the care provided by HF Trust.

Detailed needs assessments had been conducted before a package of care was arranged. This helped to ensure the staff team were confident they could provide the care and support required by each person who used the service. We found the plans of care to be extremely well written, person centred documents, which provided staff with clear guidance about people's history, social needs and medical conditions. They had been developed from the information obtained before a package of care was arranged and also from other people involved in providing support for the individual, such as other professionals, relatives and the individuals themselves. Staff spoken with had a good understanding and knowledge of people's individual care needs and were easily able to tell us how they supported each person in their care.

Each person, whose files we saw had a circle of support within their records, which identified people who were involved in their care, such as health and social care professionals. People told us they were happy with the care and support delivered by the staff team. However, there was some inconsistency in the information available, as there were personal profiles in some of the care records, but not in others. Those we did see were extremely detailed, providing staff with a clear picture of people's past history, hobbies, leisure interests, likes and dislikes. Similarly, several care plans contained evidence of person centred planning meetings, end of life wishes, mental capacity assessments and best interest meetings, but again, these were not present within all the care files we looked at. The records for some people showed they attended meetings, were involved in staff interviews and planned their own lifestyle, including their individual dietary and nutritional needs. The consistency of information available was discussed with the registered manager at the time of our inspection, who explained that this was due to change to a new recording system, which would be fully completed over the next year.

Regular reviews of people's needs had been conducted, which included their desired outcome and how staff could best support them in achieving this required result. This helped to ensure people were receiving the

support they needed and in accordance with their individual wishes. Any changes in need had been recorded well. A record was made of each visit, so that all staff supporting the individual were aware of any relevant information. This helped the staff team to provide continuity of care. There was a good explanation, depicted by pictures on one person's file of what a review was all about. This helped the individual to understand the process.

People who used the service and their relatives told us they had enough information about their care plans and that they were involved in the care planning process as much as they wanted to be. Daily record sheets, completed by staff, were very detailed and outlined what people had done during each shift.

Care files we saw showed that people who used the service were involved in either paid or voluntary work. One person worked at the agency office cleaning. Others worked at a local golf club, KFC, a nursery, a restaurant, leisure centre and a pub. One person also worked for Cancer Research. Many of these positions had been held for as long as ten years. We were told that one member of staff was specifically employed to support people in resourcing work and to help them in gaining their maximum working life potential. People did their own shopping and took turns in choosing meals for the day and helping with food preparation, where appropriate.

Weekly time tables showed that people were involved in a wide range of leisure activities, which provided detailed accounts of their experiences and were tailored to meet their preferences and interests. On the day of our inspection, several people had gone out into the community to work or to pursue their interests.

People we spoke with told us they would know how to make a complaint and they would feel comfortable in doing so, should the need arise. A detailed complaints procedure was available at the agency office, which was produced in an easy read format and which told its readers about specific time frames for investigating and responding to complaints received. An electronic system was in place for monitoring any complaints submitted, which automatically generated a follow up letter to the complainant requesting any feedback about the way their complaint had been managed. This enabled the registered manager to assess and monitor the frequency of concerns raised, to establish any recurring patterns and to identify any areas in need of improvement.

One member of staff we spoke with commented, "We have an easy-read complaints file to help the residents tell us if they are not happy. We support them and listen to them." Another commented, "If anyone needs help with anything, whether it's a resident or family member we always help them."

# Is the service well-led?

## Our findings

One person who used the service told us, "I know the manager here. I know all the carers and I speak with them every day." Another commented, "The staff ask me if I am happy and I am. I have always been happy living here. I do so many nice things."

A relative said, "We are lucky that we have very able managers, who are on the ball and listen to us." Another told us, "The manager gets in touch with us regularly and asks what we think, but [name removed] has a great social life and she knows the managers well. If she is not happy or wants to do something she always asks."

One staff member said, "We obviously keep in touch with the managers, but we don't see them very often, but that's fine because they're busy." Another told us, "I feel really well supported by all the managers. We get training and supervisions. Any problems they listen to us. I know I can contact the manager at any time to discuss any concerns I might have."

The registered manager of the agency had been in post from the date of registration, but had been employed by the company as a manager for many years. She was on duty at the time of our inspection. We found the registered manager and her staff team to be co-operative and helpful throughout the inspection.

The registered manager told us of a 'roadshow' she had organised for the staff team, which involved presentations, ice breakers and timelines. An opportunity was also provided for staff to discuss any concerns, things that were going well and any improvements which could be made.

The organisation had been accredited with a number of external quality awards, which demonstrated that periodic assessments were conducted by independent professional organisations. A range of quality audits were regularly conducted by the registered manager of the service. These provided good information and covered areas such as, quality of life, health and well being, environment, mobility, risk assessments, record keeping, communication, finances, staff management and health and safety. This helped to ensure that an effective system was in place to continually assess and monitor the quality of service provided. Registered Cluster Managers (RCMs) were responsible for a small group of houses. The RCMs were responsible for conducting monthly audits for their allocated 'cluster' of houses.

Monthly compliance visits were conducted by each team leader and these were recorded electronically, using a traffic light system to highlight the result of their assessment in each area. Action plans had been developed, so that any areas in need of improvement, would be addressed. The action plans we saw signposted interested parties to where the relevant evidence could be found and areas of good practice were also recognised, which showed a well balanced process.

The registered manager gave us a good example of how changes had been, as a result of quality monitoring systems, made to the recording of details. This meant the staff team had bullet point information for easy and quick access, to enable them to provide appropriate support in a timely fashion.



We noted that compliance reports were completed each month and these were designed around the five key questions of the Care Quality Commission methodology, using a traffic light system. The results of these assessments were then escalated up the line of seniority within the organisation.

We were told that surveys had been circulated by an external organisation to those who used the service, their families and the staff team. However, as this was a new location we did not see the results of the surveys, as they had not been returned at the time of our inspection. The registered manager told us that these questionnaires covered all aspects of the service and therefore enabled people to express their views about the service provided.

It was established that meetings were held periodically for the managers of the agency and for the staff team. This allowed relevant information to be disseminated and encouraged people to discuss any topical issues within an open forum. We saw minutes of meetings which had been held to discuss personal matters relevant to individual people. There was also evidence available of multi-agency best practice framework meetings, which enabled a team of professionals and the person who used the service to decide on the best course of action for the individual concerned. The registered manager told us that meetings for those who used the service and their families were organised periodically, within each house. However, there was no recorded evidence to support this information.

We requested to see a variety of records, which were produced quickly. A wide range of updated policies and procedures and operational standards were in place at the agency office, which were in line with the The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and which provided staff with clear information about current legislation and good practice guidelines. This helped the staff team to provide a good level of service for those who received care and support from HF Trust. Some examples included: Person centred care, dignity and respect, the need for consent and safeguarding vulnerable adults. The registered manager told us that a 'Policy of the month' was to be introduced, which would help the staff team to familiarise themselves with important policies, associated regulations and good practice guidelines.

A new system was in the process of being implemented that would replace a number of existing systems and will record accidents, incidents and medicine errors. The new system will further support the de-briefing of staff following such events.

The registered manager told us of an innovative pilot project which HF Trust – Lancashire DCA were committed to. This initiative involved a small group of people supported across the North West division. The desired outcome of this scheme was to support people who used the service to engage with each other in a positive way via the use of safe social media and technology and so reduce their dependence on staff for social interaction and also to bring people together, based on their common interests. Each person in the pilot group had volunteered to take part and had been provided with an IPAD. Continued support was readily available and a benchmark of their individual feelings around loneliness and social interaction had been determined. This helped people to become less isolated and to develop friendships in a safe way.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  We found that medications were not always being well managed.