

Hoffmann Foundation for Autism

Gordon Avenue

Inspection report

4 Gordon Avenue
Stanmore
Middlesex
HA7 3QD

Tel: 02072696930
Website: www.hfa.org.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

We undertook this announced inspection on 4 October 2016. 4 Gordon Avenue is registered to provide personal care. At the time of this inspection, the service was providing personal care for five people living in a supported living scheme who had autism and learning disabilities. This supported living scheme was located at the same address and consisted of three separate four bedded flats. The service was newly registered in April 2016. It is run by Hoffmann Foundation for Autism which is a registered charity.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated Regulations about how the service is run.

People who used the service informed us that they were well cared for and care workers treated them well. We were able to speak with four relatives of people who used the service. They informed us that they were satisfied with the care and services provided. They told us that people had been treated with respect and they were safe when cared for by care workers of the service. There was a safeguarding adults policy and suitable arrangements for safeguarding people from abuse.

Care workers were knowledgeable regarding the individual needs of people. They were pleasant and attentive towards people. People's care needs and potential risks to them were carefully assessed. Care workers had been provided with guidance on how to minimise potential risks to people. They prepared appropriate and up to date care plans which involved people and their representatives. People's healthcare needs were closely monitored and they had been attended to by healthcare professionals. Care workers worked alongside social and healthcare professionals and when needed, management staff attended meetings held to discuss issues related to the care of people. There were suitable arrangements for ensuring that people received their medicines as prescribed. Checks and audit arrangements were in place and these indicated that people had been given their medication as prescribed.

There were arrangements for encouraging people and their representatives to express their views and make suggestions regarding the care and management of the service. Management staff maintained regular contact with relatives of people. Reviews of care had been carried out with people, their relatives and professionals involved to ensure that people received appropriate care. People were encouraged to be as independent as possible and they were could engage in social and therapeutic activities. Care workers assisted people with their shopping and meal preparation. Care workers encouraged people in healthy eating. People's weights were monitored monthly.

Care workers had been carefully recruited and provided with a comprehensive induction and training programme to enable them to care effectively for people. They had the necessary support, supervision and appraisals from the registered manager and unit manager. There were enough staff to meet people's needs. Teamwork and communication within the service was good. Care workers were aware of the values and

aims of the service and this included working as a team, treating people with respect and dignity and providing an efficient and high quality service to people who used the service.

Audits and checks of the service had been carried out by the registered manager and senior staff of the company. These included checks on care documentation, medicines administration and health and safety checks of premises. Complaints made had been promptly responded to. Social and healthcare professionals indicated that there had been initial problems associated with this newly set up service. However, they indicated that the service had co-operated with them to bring about improvements in the care of people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. Care workers were aware of the safeguarding policy and knew how to recognise and report any concerns or allegation of abuse.

There were suitable arrangements for the management of medicines. Care workers were carefully recruited. There were sufficient staff to meet people's needs. The premises were kept clean with the help of care workers and infection control measures were in place. Appropriate risk assessments had been carried out.

Is the service effective?

Good ●

The service was effective. People who used the service were supported by care workers who were knowledgeable and aware of their complex care needs.

People's healthcare needs had been closely monitored and attended to. Their nutritional needs were met with assistance from care workers. Care workers were well trained and supported to do their work.

Is the service caring?

Good ●

The service was caring. There was guidance for staff on promoting equality and valuing diversity. People and their representatives informed us that care workers treated people with respect and dignity.

Care workers were pleasant and interacted well with people. Feedback from people relatives and professionals indicated that they were involved in decisions about people's care.

Is the service responsive?

Good ●

The service was responsive. Care plans were comprehensive and addressed people's individual needs and choices. Reviews of care had been carried out by care workers with people, their relatives and social care professionals involved.

Care workers supported people to participate in social and

therapeutic activities they liked. Complaints made had been promptly responded to.

Is the service well-led?

Good ●

The service was well-led. People and their relatives expressed confidence in the management of the service. Care workers worked well as a team and they informed us that they were well managed.

Audits and checks of the service had been carried out by the registered manager and senior staff of the company. This included audits on care documentation, medicines administration and health and safety checks. Appropriate care documentation and essential policies and procedures were in place.

Gordon Avenue

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 4 October 2016 and it was announced. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. One inspector carried out this inspection.

Before our inspection, we reviewed information we held about the service. This included notifications and other information sent to us by the service and social care professionals.

There were five people who used the service. We spoke with two of them. The other three were not present. We spoke with four relatives. We also spoke with the registered manager, unit manager (who also deputised for the registered manager), assistant behaviourist, chief executive, director of operations and three support workers who were on duty. We also obtained feedback from three social and healthcare professionals who had involvement with people who used the service.

We reviewed a range of records about people's care and how the service was managed. These included the care records for four people who used the service, four staff recruitment records, staff training and induction records. We checked the policies and procedures and health and safety records of the service.

Is the service safe?

Our findings

People and their relatives informed us that people were safe in the care of the service. One person said, "It's relatively safe here." Another person said, "I feel safe here. The staff help me if I have a problem. Staff help me clean my bedroom." A relative said, "When I visit, my relative is clean and well dressed and the bedroom is clean." A second relative said, "There is enough staff around. The staff are hygienic. My relative's flat is spotless and clean."

When we visited the supported living service, we observed that care workers were constantly present to assist people and they interacted well with people. People appeared relaxed and comfortable with their support workers. We saw that care workers provided reassurance and explanation when one person came to discuss an issue with them.

The service had suitable arrangements in place to ensure that people were safe and protected from abuse. Care workers had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they could also report it directly to the local authority safeguarding department and the Care Quality Commission (CQC) if needed. The service had a safeguarding policy and staff had details of the local safeguarding team and knew how to contact them if needed. The contact details of the local safeguarding team were available in the office. A small number of safeguarding concerns had been reported to us and the local safeguarding team. The service had notified us and they had co-operated fully with investigations carried out by the local safeguarding team.

Risk assessments had been prepared and these contained guidance for minimising potential risks such as risks associated with certain medical conditions, behavioural difficulties, crowded environments and risks associated with travelling. Care workers we spoke with were aware of specific actions to take to keep people safe. This included providing reassurance, giving people sufficient warning of any changes and where to sit when using public transport.

Personal emergency and evacuation plans (PEEPS) were prepared for people. This provided information and guidance for staff regarding people's mobility and ability to respond in an emergency. Fire safety arrangements were in place. The fire alarm was tested weekly to ensure it was in working condition. Fire drills had been carried out three monthly, the last one was in September 2016. There was a fire risk assessment and an evacuation plan. Care workers had received fire safety training. The hot water temperatures had been checked and recorded prior to people being assisted to have their showers. This ensured that people were protected from scalding.

We looked at the staff records and discussed staffing levels with the registered manager. The staffing levels in the supported living service normally consisted of care workers during the day shifts together with the registered manager and the unit manager. Care workers were also available for the night shifts. The number of care workers depended on the contract with commissioning authorities. Care workers we spoke with told us that there was sufficient staff for them to attend to the needs of people. Relatives of people informed us

that there were sufficient staff and they were satisfied with the care provided. Professionals we contacted expressed no concerns regarding staffing arrangements.

We examined a sample of four records of support workers. We noted that they had been carefully recruited. Safe recruitment processes were in place, and the required checks were undertaken prior to support workers starting work. This included completion of a criminal records disclosure, evidence of identity, permission to work in the United Kingdom and a minimum of two references to ensure that care workers were suitable to care for people. One care worker had only one reference. The registered manager stated that they attempted to obtain a second one but there was no response and they would be asking for another reference.

There were arrangements to ensure that people received their medicines as prescribed. There was a policy and procedure for the administration of medicines. People received their medicines from care workers. Suitable arrangements were in place whereby care workers checked incoming stock and if needed, they disposed of unused medicines by returning them to the pharmacist. Daily temperature checks were made to ensure that medicines were stored at the right temperature. The service had a system for auditing the arrangements for medicines. Two care workers checked daily to ensure that medicines were given correctly. The registered manager and unit manager also checked at regular intervals to ensure that people received their medicines as prescribed. Two gaps were noted in a medicines administration chart of one person. The registered manager explained that this related to a cream to be administered only as required. He agreed to ensure that this was clearly stated on the chart. There were no gaps in the other medicines administration charts examined.

The premises had been kept clean with the help of care workers and no unpleasant odours were noted. Care workers we spoke with had access to protective clothing including disposable gloves and aprons. The service had an infection control policy and staff had received training in infection control. The infection control policy was not sufficiently detailed and did not include guidance on some infections such as Aids and Hepatitis. The registered manager agreed to provide these details. People and their relatives informed us that care workers observed hygienic practices.

The service had a record of accidents and untoward incidents. These were carefully documented and signed. Where appropriate, guidance was given to care workers on preventing a re-occurrence.

Is the service effective?

Our findings

The feedback provided by people and their relatives indicated that the service had effective arrangements to meet the needs of people. One person said, "There are enough staff here. They know about my needs. They encourage me to eat sensibly and also eat vegetables and fruits."

One relative said, "My relative is happy there. The staff have done a timetable for my relative. They assist my relative with shopping. My relating is eating well and has healthy food. If approval is needed, they consult with me." Another relative said, "They work very, very hard to sort out teething problems. They are very professional in their approach."

People's healthcare needs were closely monitored by care workers. Care records of people contained important information regarding their background, medical conditions and guidance on assisting people who may require special attention because of their medical or behavioural conditions. There was evidence of recent appointments with healthcare professionals such as people's physiotherapist, occupational therapist, GP, psychiatrist and dentist.

There were suitable arrangements whereby care workers ensured that the nutritional needs of people were met. We saw in the care records that there was some information regarding people's dietary needs and their choices regarding meals. This section was not always completed in detail to indicate if people needed supplements. The registered manager stated that the service would soon be starting nutritional assessments using MUST (malnutrition universal screening tool). This would ensure that supported workers had full details of the individual needs of people were. Care workers were also aware of the importance of healthy eating. They stated that they encourage people to eat fresh fruits and vegetables and discouraged them from over eating. Weights of people were recorded monthly. Care workers said that if there were significant variations in people's weight, they would report this to their registered manager and to the doctor.

Support workers had been provided with essential training. We saw documented evidence including copies of their training certificates which set out areas of training. Topics included The Mental Capacity Act, food hygiene, management of people with challenging behaviour, health and safety and the administration of medicines. Care workers confirmed that they had received the appropriate training for their roles.

New care workers had been provided with a comprehensive induction programme. They informed us that they found the induction to be helpful and informative. The registered manager informed us that all new care workers had been enrolled on the Care Certificate course and one care workers had completed it. This course has an identified set of standards that social care workers adhere to in their daily working life. New support workers worked alongside experienced support workers to help them build relationships with people and provide care in a consistent way. The induction programme enabled care workers to be assessed against a variety of competencies, for the duration of their probation period. The topics covered included areas such as medicines, staff conduct, equality and diversity, confidentiality and health and safety.

Care workers said they worked well as a team and received the support they needed. One care workers said they provided each other with helpful advice and tips on how to improve care for people. The registered manager and unit manager carried out supervision of care workers. Care workers we spoke with confirmed that this took place and we saw evidence of this in the staff records. They informed us that communication was good and management staff were approachable.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. The MCA 2005 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). In other settings such as supported living schemes authorisation should be sought from the Court of Protection.

The registered manager and care workers had a good working knowledge of the requirements of the MCA. They were aware of the need to ensure people's human and legal rights were respected. Care records showed people's mental capacity had been assessed in regards to making specific decisions regarding their care. The registered manager was aware of the arrangements which needed to be in place when a person's liberty needed to be restricted for their own safety. He informed us that three people were under Court of Protection orders and they needed constant supervision for their own protection and that of others. We saw documented evidence of the orders and noted that care workers were present to supervise them.

Is the service caring?

Our findings

People and their relatives informed us that care workers took good care of people and people were well treated. One person said, "They do knock on the door before coming in. Staff are nice to me. I feel settled now. I have a keyworker and we have one to one sessions." Another person said, "I do like it here. Staff treat me nicely. They understand me." One relative stated, "My relative always seem happy. The staff have learnt to communicate with my relative." Another relative said, "My relative is happy. The staff understand my relative, they show respect and he is doing well." One social care professional informed us that care workers were friendly and respectful to people.

Care workers we spoke with had a good understanding of the importance of treating people as individuals and respecting their privacy and dignity. We saw care workers knocking on people's bedroom doors before entering. We observed that care workers spoke in a gentle manner with people and people co-operated with staff. We saw one person approach staff on a number of occasions and wanted their attention. The care workers concerned were pleasant, cheerful and interacted well with this person. They asked people how they were and allowed them to express themselves.

We saw information in people's care records about their life history, people who were important to them and their interests. Care workers could provide us with information regarding people's background, what may upset them, their likes and dislikes.

The service had a policy on ensuring equality and valuing diversity. Support workers we spoke with had a good understanding of equality and diversity (E & D) and respecting people's individual beliefs, culture and background. Support workers informed us that they were aware that people should be treated with respect and dignity.

Care plans included information that showed people's representatives had been consulted about their individual needs including their spiritual and cultural needs. The service was aware of the cultural and religious needs of people and enabled people in their observances. The registered manager stated that people who wanted to could attend their chosen places of worship and when needed, care workers could accompany them. This was confirmed by a relative we spoke with. People could have meals which suited their religious needs. This was confirmed by a relative.

Care workers spent time talking with people to get to know them and assess how they felt about the service. One to one sessions had been scheduled with people each week. Care workers recorded these sessions in people's care records. This was also confirmed by people who said that care workers listened to them and their views. Management staff took time to talk with relatives and informed them of progress. This was confirmed by relatives who stated that care workers communicated well with them.

The care records contained guidance to care workers on communication with people. We noted that one person had communication difficulties. The care record of this person contained information and guidance to care workers on how to communicate with this person. The care worker involved told us that they would

observe facial expression, noises which this person made, and hand gestures to determine what the person wanted. For example, this person would lead them by the hand to the door if they wanted to go out or point to food if they wanted to eat.

We were also informed that people's birthdays were celebrated. The registered manager stated that they had recently celebrated a person's birthday and their friends and family had been invited.

The service had arranged for special equipment to assist those who needed them. There was an assisted bath for those with mobility problems. The service had also arranged for one person to have special sensory equipment in their bedroom. This equipment was triggered by movement and alerted care staff if this person was moving about at night. This ensured that they could check on the safety of this person.

Is the service responsive?

Our findings

People and their relatives informed us that they were satisfied with the care provided for people and care workers were responsive to their needs. One person said, "Things are now better for me. I feel settled here. The staff listen to me. I had a problem here and I spoke with staff. Staff sorted it out and it has improved. I can go out with staff. They sometimes take me out to the café." A second person said, "I like it here. The staff know how to talk to me. I can contact the manager if I got a complaint." One relative informed us that their relative who received the service had improved significantly and this was due to the efficiency of staff.

A social care professional informed us that some problems were experienced when the service started caring for their client. This was reiterated by a second social care professional. They indicated that this was due to people having complex needs and some care workers not having a good understanding of the problems affecting people. The registered manager informed us that action had been taken to ensure that care workers get to know people before they move to the scheme. He stated that new people coming to the scheme now had a transition plan which included overnight stays. Evidence of this was provided. A relative informed us that care workers had made effort to help people and their relative who was new at the scheme appeared to be settling well.

The service had ensured that the care provided was individualised and person-centred. People's complex needs had been carefully assessed by the registered manager following referral to the service. The registered manager stated that they only accepted people whom they could provide care for. He stated that they had to turn away some people whom they could not safely care for. We had evidence of this. Following assessment and acceptance, people and their relatives or representatives were consulted and involved in planning care and the support provided. We saw that individual care plans had been prepared which addressed the comprehensive needs of people. These addressed areas such as managing behavioural problems, medical needs, social and communication needs.

Care plans contained guidance to care workers on how to meet people's needs and help them settle in their new environment. When we discussed the care of particular individuals with care workers, they demonstrated a good understanding of people's needs. For example, we were informed that one person had put on weight and support workers had assisted this person to reduce their weight. This included discouraging them from over eating and encouraging them to eat healthily. One person sometimes got restless and agitated. Care workers informed us that they had organised a programme to help this person engage in meaningful activities to reduce their agitation and this included going out regularly and participating in sporting activity both in their home and in the community. This person confirmed that they had a suitable support plan.

All staff we spoke with confirmed that they had attended training on how to care for people with challenging behaviour. The service also had access to support from behaviour therapists who would assist care workers prepare suitable strategies for assisting people with their behaviour problems and reduce antisocial behaviour. We met the assistant behaviourist who provided evidence that they had analysed the behaviour of people and prepared guidance on how best to assist people. She also informed us that they attended

meetings with care workers to discuss strategies for helping people. Care workers could describe to us what signs to look out for if another person was unhappy or distressed. They were also aware of triggers which may cause people to become antisocial or experience behavioural problems.

Reviews of care had been arranged with people and their relatives. The minutes of these reviews were kept in the care records. We noted in one review, that the person concerned had settled well and made improvements in their behaviour. All relatives we spoke with confirmed that the service had made effort to ensure that people settled well. Two relatives we spoke with stated that their relatives had made progress and there were improvements in their behaviour.

Care workers encouraged people to participate in activities appropriate for them. This was confirmed by people and relatives we spoke with. Activities that people were supported to engage in included horse riding, swimming, going for walks, bus rides and going to cafes. Care workers also assisted people with shopping and cooking their meals.

The service had a complaints procedure. Relatives of people told us that they knew how to complain and when they expressed concerns, the service responded appropriately and promptly. Care workers knew that they needed to report all complaints to the registered manager so that they can be documented and followed up. We saw that complaints recorded had been promptly responded to. We noted that the complaints procedure was not included in the service user guide. The registered manager said it would be included and it was also displayed in the bedrooms of people.

Is the service well-led?

Our findings

People and their relatives expressed confidence in the management of the service. One relative said, "My relative has settled down and is improving in his behaviour. I have confidence in the management. Communication with them is very good." Another relative said, "The service is well managed. Management is approachable and listens to us." A third relative said, "My relative always seem happy and is happy to go back and staying with me. The manager listens I always get a response. They work with me and I feel they want to include me. They work very hard to sort out things and problems." A social care professional stated that they had been given positive feedback regarding the service and this professional stated that they would like to place people with the service.

We noted that care workers had a positive attitude and informed us that they were committed to ensuring that people received a high quality of care. Care workers were of the opinion that the service was well managed and the registered manager was supportive and approachable. They indicated to us that morale was good and the team work and communication was good. Care workers were aware of the values and aims of the service and this included working as a team, treating people with respect and dignity and providing an efficient and high quality service to people who used the service. They expressed a desire to support people to improve their lives and provide a high quality of care.

Care documentation was well maintained, up to date and comprehensive. The service had a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety. Care workers were aware of these policies.

The service was new and had not yet carried out satisfaction surveys of people, relatives and their representatives. The registered manager stated that one would be carried out in the future. He however, stated that he had spoken regularly with people's relatives and obtained their views. He provided evidence in the form of emails which confirmed this. Relatives also informed us that they had spoken with management staff and management listened to their views.

Audits and checks of the service had been carried out by the registered manager and senior staff of the organisation. Some of these were carried out monthly and included checks on care documentation, cleanliness, medicines and care documentation. Documented evidence of these were provided.

Three social care professionals indicated that there had been initial problems associated with this newly set up service and the care of people. However, they indicated that the service had co-operated with them to bring about improvements in the care of people. The registered manager explained that for most of the people concerned, it was their first placement in community and it was a big change in their lives. In addition, care workers needed to get to know people. He provided us with evidence of action they had taken to improve the quality of care for people. This included a detailed transition plan for people, involvement of the behaviour therapist, daily monitoring of people's progress, incidents and closer liaison with care professionals involved.

