

Hoffmann Foundation for Autism

Hoffmann Foundation for Autism - 45a Langham Gardens

Inspection report

45a Langham Gardens
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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 unannounced inspection on 10 February 2016. Hoffmann Foundation for Autism - 45A Langham Gardens is registered to provide Personal Care services to people in their own homes. The services they provide include personal care, housework and assistance with medication. At this inspection the service was providing care for 4 people living in a supported accommodation scheme at the same address.

At our last inspection on 25 July 2014 which was a follow-up inspection, the service met the regulation we looked at.

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.

One person and people's representatives informed us that they were satisfied with the care and services provided. They informed us that people had been treated with respect and they were safe when cared for by the service. There was a safeguarding adults policy and suitable arrangements for safeguarding people from abuse. Staff were caring in their approach and knowledgeable regarding the individual choices and preferences of people. People's care needs and potential risks to them were assessed and guidance provided to staff on how to care for people. Staff prepared appropriate and up to date care plans which involved people and their representatives. People's healthcare needs were monitored and staff arranged for them to have appointments with healthcare professionals when needed. Staff worked well with social and healthcare professionals to bring about improvements in people's care. This was confirmed by professionals we contacted.

There were arrangements for encouraging people and their representatives to express their views and make suggestions regarding the care and management of the service. Reviews and evaluations of care had been carried out to ensure that people received appropriate care. People had a daily activities programme and effort had been made to engage people in activities they liked. There were suitable arrangements for the provision of food to ensure that people's dietary needs and cultural preferences were met. The arrangements for the recording, storage, administration and disposal of medicines were satisfactory. Audit arrangements were in place and relatives of people stated that they were confident that people had been given their medication.

Staff 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 their managers. There were enough staff to meet people's needs. Teamwork and communication within the service was good.

People and their representatives expressed confidence in the management of the service. They stated that staff communicated well with them and kept them informed of the progress of people. Staff were aware of the values and aims of the service and this included treating people with respect and dignity, providing high quality care and promoting people's independence.

Staff had worked with people to ensure that their bedrooms and the communal areas were clean and tidy. Infection control measures were in place. The service kept a record of essential inspections and maintenance carried which had been carried out in the supported living scheme. There were arrangements for fire safety which included fire alarm checks, drills, fire procedures and a fire risk assessment.

Complaints made had been promptly responded to. Three social and healthcare professionals provided positive feedback regarding the management of the service. They indicated that the service was well organised, staff were attentive and there was good communication with the service regarding the progress of people.

We are currently reviewing the registration status of this service in light of information received and a new registration application submitted by the provider.

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. Staff 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. Staff were carefully recruited. There were sufficient staff to meet people's needs. The premises were clean and infection control measures were in place.

Is the service effective?

Good ●

The service was effective. People who used the service were supported by staff who were knowledgeable and understood their care needs.

People's healthcare needs had been monitored and attended to. Their nutritional needs were met and they were able to prepare and have meals they liked. Staff were well trained and supported to do their work

Is the service caring?

Good ●

The service was caring. People and their representatives said staff treated people with respect and dignity.

Staff were able to form positive relationships with people and they were responsive to their needs. Feedback from people and their representative indicated that staff were caring towards people and 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.

Staff supported people with their activities programme and there was evidence that people had gone on outings with staff. Complaints made had been promptly responded to.

Is the service well-led?

Good ●

The service was well-led. Relatives and professionals expressed

confidence in the management of the service. Staff 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. This included medicines administration and health and safety checks.

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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 10 February 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 reports provided by the service. Prior to the inspection the provider completed and returned to us provider information return (PIR). 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.

There were four people who used the service. We spoke with one person. We tried to speak with the other people using the service but they did not provide us with their views regarding the service. We also spoke with three relatives, four staff, the registered manager and the deputy manager of the home. We observed care and support in communal areas and also looked at the kitchen, garden and four people's bedroom. We also obtained feedback from three social and healthcare professionals.

We reviewed a range of records about people's care and how the service was managed. These included the care records for three people using the service, four recent staff recruitment records, staff training and

induction records. We checked the policies and procedures and maintenance records of the service.

Is the service safe?

Our findings

Relatives of people stated that they were confident that staff took good care of people and were vigilant when they were out in the community. One relative said, "My relative is very happy and much, much better. When I take him away, my relative wants to return after a short time." A second relative said, "My relative is doing quite well. My relative is always clean tidy nicely dressed. Staff are hygienic. They are very kind to him you can see from their interaction."

We observed that people were cleanly dressed and appeared well cared for by staff. Staff were constantly present and made effort to interact regularly with people. The service had suitable arrangements in place to ensure that people were safe and protected from abuse. Staff 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 on display in the home.

Risk assessments had been prepared and these contained guidance for minimising potential risks such as risks associated using public transport, epilepsy, antisocial behaviour and self-neglect. Staff were aware of emergency arrangements for ensuring the safety of people.

We looked at the staff records and discussed staffing levels with the registered manager. On the day of inspection there was a total of four people who used the service. The staffing levels consisted of the registered manager or deputy manager and four care staff during the day and two care staff on sleeping duty during the night. Staff we spoke with told us that there was sufficient staff for them to attend to their duties. Relatives of people informed us that there were sufficient staff and they were satisfied with the care provided. The registered manager informed us that where potential risks were identified or if needed, additional staff would be provided.

We examined a sample of four records of staff. We noted that staff had been carefully recruited. Safe recruitment processes were in place, and the required checks were undertaken prior to staff 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 staff were suitable to care for people.

There were arrangements to ensure that people received their medicines as prescribed. Arrangements were also in place whereby staff disposed of unused medicines by returning them to the pharmacist. The service had a system for auditing the arrangements for medicines. This was carried out by the registered manager and deputy manager or senior staff on a daily basis. There was a policy and procedure for the administration of medicines. There were no gaps in the medicines administration charts examined. Relatives of people we spoke with told us they were confident people had been given their medication.

The premises had been kept clean with the help of staff and no unpleasant odours were noted. Staff we

spoke with had access to protective clothing including disposable gloves and aprons. The service had an infection control policy. We discussed the laundering of soiled linen with the registered manager and care staff. They were aware of the arrangements for soiled and infected linen and the need to transport these in colour special containers and wash them in a sufficiently high temperature.

Is the service effective?

Our findings

Relatives and professionals informed us that staff were competent and they were satisfied with the care provided. A relative said, "They do take care of my relative. They do their best." Another relative stated, "My relative has a weight problem. The staff are aware of this and helping my relative with their weight." A third relative said, "The staff assist with feeding my relative. Others would not do this." One professional described staff as capable and attuned to the needs of people. This professional confirmed that psychologists and specialists in autism worked with staff to provide effective care for people.

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

There were arrangements to ensure that the nutritional needs of people were met. People's nutritional needs had been assessed and there was guidance for them and for staff on the dietary needs of people and how to promote healthy eating. We discussed the care of a person who required a special diet. Staff were knowledgeable and the relative of this person stated that staff had provided the required diet.

Monthly weights of people were recorded. Staff were aware of action to take if there were significant variations in people's weight. Staff were aware of the importance of healthy eating and they said they encouraged people to eat fresh fruits and vegetable. These were evident in the home. One person informed us that they could choose what they wanted for breakfast. We observed two people eating their lunch in the dining room. The meals were presented attractively and appeared balanced. Relatives informed us that people were well nourished.

Staff were knowledgeable regarding the needs of people. We saw copies of their training certificates which set out areas of training. Topics included Mental Capacity Act, equality and diversity, moving and handling, health and safety and the administration of medicines. Staff confirmed that they had received the appropriate training for their role.

New staff had undergone a period of induction to prepare them for their responsibilities. The induction programme was extensive. The topics covered included policies and procedures, staff conduct, information on health and safety. Staff said they worked well as a team and received the support they needed. The registered manager and deputy manager carried out supervision and annual appraisals of staff. Staff 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 their manager was approachable.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager informed us that people using the service did not have capacity. There was evidence that people had access to advocates and relatives when best interest decisions needed to be made. Staff had received training on the MCA. The service had a policy on the MCA.

Is the service caring?

Our findings

One person informed us that staff took good care of them and they were well treated. Relatives of people who used the service told us they found staff to be caring, kind and supportive. One of them said, "The care of my relative has been reviewed. The choices and preferences of my relative have been responded to. They give my relative the diet requested." Another relative said, "My relative is doing quite well. He has improved and is better." One professional described staff as being very caring regarding the welfare of their client. Another professional described staff as being able to have positive interactions with people.

We saw that people were comfortable with staff and interacted well with staff. Staff spoke in a gentle way with people and people co-operated with staff. We saw one person being assisted by staff as they took their laundry to the communal washing machine on the ground floor. Another person happily went out with staff for an outing to the seaside.

Staff we spoke with had a good understanding of the importance of treating people as individuals and respecting their dignity. We saw detailed information in people's care plans about their life history and their interests. Staff could provide us with information regarding people's background, interests and needs. The records also contained positive information about people such "Good things about me" and what people were good at doing eg. use of cutlery and ability to plug in electrical equipment. Such information ensured that staff were able to understand people better and interact well with them.

Care plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. Staff we spoke with had a good understanding of equality and diversity (E & D) and respecting people's individual beliefs, culture and background. Staff informed us that they had received training on equality and diversity and they were informed during their induction to treat all people with respect and dignity. One relative informed us that people could attend their place of worship and staff had accompanied people there. Another relative informed us that they could have food which met their cultural and religious observances.

People were supported to maintain relationships with family and friends. A relative wrote to say that that their relative was well treated and this person had made progress while being care for by staff of the service. People told us they had been able to keep in touch with their relatives.

Is the service responsive?

Our findings

One person and relatives informed us that they were satisfied with the care provided and staff were responsive to the needs of people. One relative said, "I am satisfied. The staff take good care of him. In the last few months there has not been any incidents." Another relative stated, "I know who to complaint to but I have no need to complaint." A professional stated that staff provided the care that people needed and people had benefitted from the service provided.

The service provided care which was individualised and person-centred. People and their representatives were involved in planning care and support provided. People's needs had been carefully assessed before services were provided. These assessments included information about a range of needs including health, nutrition, mobility, medical, religious and communication needs. Care plans were prepared with the involvement of people and their representatives and were personalised. Staff had been given guidance on how to meet people's needs and when asked they demonstrated a good understanding of the needs of each person.

One person's care plan showed that they had at times become agitated and restless. The care records contained guidance on how to care for this person's needs and respond to their behaviour. We discussed this person's care with the registered manager and care staff. They were aware of the guidance and strategies they would use to help this person. The registered manager stated that this person had made improvement as a result of the care provided This was confirmed by this person's relative.

Reviews of care had been arranged with people, their relatives and professionals involved to discuss people's progress. In one care record examined, we noted that staff had worked with professionals to prepare appropriate care plans using a system called ABA (Applied Behaviour Analysis). As part of the ABA system incidents had been carefully analysed by a behaviour psychologist who then provided guidance to staff on how to manage certain behaviours and minimise future risks. For example, a person had behaved inappropriately in a public place. The timing and circumstances were carefully scrutinised by the psychologist. The findings were documented, a meeting organised with staff and staff were advised on the best approach to adopt in future. This could be either to provide reassurance, tone of voice to use, hold the hand of a person or explain to the person in advance what is to happen next in their schedule.

Various activities had been organised for people each week and these were evidenced in the care records. This was also confirmed by relatives and staff. Activities included shopping, eating out, walks and holidays. One person was able to confirm that they participated in activities they liked. We saw staff engaging people in arts and crafts and puzzles. People were also encouraged to do household chores. We noted that there was a large computer screen in the lounge. The registered manager explained that each person had their own computer separate folder and they could use the computer if they wanted to. However, the screen was not in working order. The registered manager stated that this had been reported and was due to be repaired.

The service had a complaints procedure and this was included in the service user guide. Relatives informed

us that they knew how to complain and when they had complained, staff had responded appropriately. Staff knew they needed to report all complaints to the registered manager so that they can be documented and followed up. We noted that complaints made had been promptly responded to.

Is the service well-led?

Our findings

Relatives of people expressed confidence in the management of the service. One relative said, "The manager is very good at listening. They do telephone and speak with me." Two other relatives stated that the service was well managed and they found the registered manager to be approachable and competent. All professionals who provided us with feedback were positive about the management of the service. One professional stated that staff maintained good communication with them and they have no concerns regarding the service. Another professional stated that their client had settled well under the care of the service.

We noted that staff had a positive attitude and were responsive towards people. Staff were of the opinion that the care of people and the management of the service had improved. Staff told us they were well managed and their managers were supportive and approachable. They indicated to us that morale was good and they had received clear guidance regarding their roles and responsibilities. Staff were aware of the values and aims of the service and this included treating people with respect and dignity, providing a high quality service and encouraging people to be as independent as possible.

The service had a system for ensuring effective communication among staff. Staff informed us that there were meetings where they regularly discussed the care of people and the management of the service. Communication for staff was also documented in the communication book kept in the office. The service had a clear management structure with a registered manager supported by a deputy manager.

Care documentation was well maintained, up to date and comprehensive. The home had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety. Staff were aware of these policies and procedures and followed them. Staff had signed to indicate that they had read these.

The service had not carried out a satisfaction survey of people and their representatives in the past twelve months. The registered manager stated that this would be done soon. The registered manager informed us soon after the inspection that this was being done.

Audits and checks of the service had been carried out by the registered manager, deputy manager and senior staff of the organisation. These were carried out monthly and included checks on care documentation, cleanliness, medicines, and maintenance issues. Medication checks were done daily. Documented evidence of these were provided. The registered manager was knowledgeable regarding the management of the service and responded promptly and positively to suggestions made by us for improving the service.

Relatives and professionals spoke positively about the way the service was managed and how it had benefitted people. Two relatives were able to give us specific examples of how their relative had improved since being cared for by staff and how their relative liked returning when they were away.

The service had a record of compliments received. These included the following:

"You have been very helpful and supportive with ensuring a smooth transition for my client"

"Thanks to the manager and all his staff at Langham Gardens for their caring and friendly attitude towards my relative. I feel comfortable to be able to raise any concerns if any knowing that it will be taken in a positive manner."

"I have a very positive relationship with Langham Gardens. I feel comfortable they all have a transparent policy and working relationship."