Hoffmann Foundation for Autism

Hoffmann Foundation for Autism - 11 Pear Close

Inspection report

11 Pear Close
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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

Our inspection of 11 Pear Close took place on 8 August 2016 and was unannounced. At our last inspection we found that the home was meeting the outcomes that we assessed.

11 Pear Close is a care home registered for six people with autistic spectrum conditions situated in Kingsbury. At the time of our inspection there were five people living there .The people who used the service had significant support needs including cognitive and communication impairments and behaviours considered challenging.

There was a registered manager in post. 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 2008 and associated Regulations about how the service is run.

Family members that we spoke with told us that they considered that their relatives were safe at the home. We saw that people were comfortable and familiar with the staff supporting them.

People who lived at the home were protected from the risk of abuse. Staff members had received training in safeguarding, and were able to demonstrate their role in ensuring that people were safe and that concerns were reported appropriately.

Medicines at the service were well managed. People's medicines were managed and given to them appropriately and records of medicines were well maintained.

We saw that staff at the home supported people in a caring and respectful way, and responded promptly to meet their needs and requests. There were enough staff members on duty to meet the needs of the people using the service.

We were satisfied that staff who worked at the home received regular relevant training and were knowledgeable about their roles and responsibilities. Appropriate checks took place as part of the recruitment process to ensure that staff were suitable for the work that they would be undertaking. All staff members received regular supervision from a manager, and those whom we spoke with told us that they felt well supported.

The home was meeting the requirements of The Mental Capacity Act 2005 (MCA). Information about capacity was included in people's care plans. Applications for Deprivation of Liberty Safeguards (DoLS) authorisations had been made to the relevant local authority to ensure that people who were unable to make decisions were not inappropriately restricted. Staff members had received training in MCA and DoLS, and those we spoke with were able to describe their roles and responsibilities in relation to supporting people who lacked capacity to make decisions.

People's nutritional needs were well met. Meals provided were varied and met guidance provided in people's care plans. Alternatives were offered where required, and drinks and snacks were offered to people throughout the day.

People's care plans and risk assessments were person centred and provided detailed guidance for staff around meeting people's needs. These had been updated regularly and reflected any changes in people's care and support needs.

The home provided a range of activities for people to participate in throughout the week. Staff members supported people to participate in these activities. People's cultural and religious needs were supported by the service and detailed information about these was contained in people's care plans.

A complaints procedure was in place and this was available in an easy to read format. The home's complaints log showed that complaints had been addressed, although a family member told us that concerns that they had not always received a response in relation to concerns that they had raised.

The care documentation that we saw showed that people's health needs were regularly reviewed. The home's records showed that there was regular liaison with health professionals to ensure that people received the support that they needed.

There were effective systems in place in relation to review and monitoring of the quality of support provided at the home. Regular monitoring had taken place, and action plans had been put in place and addressed where there were concerns. Policies and procedures were up to date.

The registered manager told us that the home would be closing during the coming months and people would be moving to a supported living service managed by the provider. The family members that we spoke with confirmed that they had been consulted about this.

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. The home had an up to date policy on the safeguarding of adults. Staff members were aware of safeguarding policies and procedures and were able to describe their role in ensuring that people were safeguarded.

Up to date risk assessments were in place and these provided detailed guidance for staff around managing risk to people.

Medicines were administered and managed in a safe and appropriate manner.

Is the service effective?

Good

The service was effective. People who used the service and their family members were satisfied with the support that was provided.

Staff members received the training and support they required to carry out their duties effectively.

The service met the requirements of The Mental Capacity Act. People who used the service and their family members were involved in decisions about people's care. People were supported to maintain good health and to access health services when they needed them.

People chose their meals and were provided with the support they needed to eat and drink.

Is the service caring?

Good

The service was caring. People who used the service and their family members told us that they were satisfied with the care provided by staff. We observed that staff members communicated with people using methods that were relevant to their needs.

Staff members spoke positively about the people whom they supported, and we observed that interactions between staff members and people who used the service were positive and caring

People's religious and cultural needs were respected and supported.

Is the service responsive?

Good

The service was responsive. People and their relatives told that their needs were addressed by staff.

Care plans were up to date and person centred and included guidance for staff to support them in meeting people's needs.

People were able to participate in a wide range of activities.

The service had a complaints procedure. Complaints had been managed in an appropriate and timely way.

Is the service well-led?

Good

The service was well-led. There were systems in place to monitor the quality of the service and we saw that these were evaluated with improvements made where required.

The registered manager demonstrated leadership and accountability. He was available to people who used the service, staff members and visitors.

Staff members told us that they felt well supported by the registered manager.

The registered manager had a good working relationship with health and social care professionals and organisations. Links with the community were
promoted on behalf of people who used the service.

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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 was planned to check 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.

This inspection took place on 8 August 2016 and was unannounced. The inspection was carried out by a single inspector.

Before the inspection the provider had completed a Provider Information Record (PIR). This is a form that asks the provider for key information about the service, what the service does well, and what improvements they plan to make. We also reviewed our records about the service, including previous inspection reports, statutory notifications and enquiries. We also obtained information from a local authority that commissioned the service at the home.

During our visit we met four people who lived at the home, but they were unable to communicate with us verbally or tell us how they felt about the service as they had communication impairment related to autistic spectrum conditions. However, we were able to spend time observing care and support being delivered in the communal areas, including interactions between staff members and people who used the service. We also spoke with two family members. In addition we spoke with the registered manager, the deputy manager and two members of the care team. We looked at records, which included the care records for three people who lived at the home,four staff records, policies and procedures, medicines records, and records relating to the management of the home.

Good

Is the service safe?

Our findings

A family member told us that. "[My relative] can't tell me if she is not safe but I have no reason to think that she isn't." Another family member said, "I have no concerns about safety at 11 Pear Close."

People's medicines were managed safely. The provider had an up to date medicines procedure. Staff members had received medicines administration training, which was confirmed by the staff members that we spoke with and the records that we viewed. Records of medicines maintained within the service were of a good standard, and included details of ordering, administration and disposal of medicines. Medicines were stored safely, and regular checks took place of these. No one at the home was receiving controlled medicines. We saw that guidance for people who required PRN (as required) medicines was in place for staff members.

The home had an up to date procedure on the safeguarding of adults. Staff members had received training in safeguarding and regular refresher sessions were arranged to ensure staff knowledge was up to date. Staff members that we spoke with demonstrated a good understanding of their roles and responsibilities in ensuring that people were safe. We reviewed the safeguarding records and history for the home and saw that a recent safeguarding concern had been quickly and appropriately reported.

The home looked after small sums of monies in relation to people's day to day expenditure requirements. We saw that storage and recording of these were well managed. Receipts for expenditure were available, and these were matched to people' individual expenditure records and signed for by staff members.

The home had suitable arrangements in place to protect people from identified risks associated with day to day living and wellbeing. Risk assessments for people were personalised and had been completed for a range of areas including people's behaviours, personal care, medicines and activities both within and outside the home. We saw that these were up to date and had been reviewed on a regular basis. Risk management plans were detailed and included guidance for staff around how they should manage identified risks. Where relevant this was situational. For example, we saw risk assessments in relation to planned holidays that detailed a range of potential risks supported by risk management plans for staff accompanying people. Behavioural risk assessments included guidance for staff around providing positive approaches to supporting people and identifying and reducing 'triggers' that might create anxieties.

We saw from the service's staffing rotas and our observations of staff supporting people during our inspection that the provider had made appropriate arrangements to ensure that people received the support that they required, and that there was continuity of care from a stable staff team. Staffing rotas were designed to provide flexibility of support. For example, people had been supported to have holidays and additional staff support had been provided to enable this.

We looked at four staff files and these showed us that the provider had arrangements in place to ensure that they recruited staff that were suitable to work with the people whom they supported. Staff recruitment records included copies of identification documents, evidence of eligibility to work in the UK, two written

references, application forms and criminal record checks.
There were various health and safety checks and risk assessments carried out to make sure the premises and systems within the home were maintained and serviced as required to make sure people were safe. These included regular checks of hot water temperatures, fridge and freezer temperatures, fire safety alarms and equipment and gas and electric systems. Maintenance concerns were addressed quickly. For example, on the day of our inspection a staff member showed us that a fire door magnet was broken. We saw that this had been reported on the previous evening and that the magnet was replaced during our inspection.

The home environment was suitable for the needs of the people who lived there. The communal areas were spacious and there was sufficient space for people to move around safely. We noted that some areas of the home were sparsely furnished. Staff members that we spoke with told us that the people who lived there occasionally damaged furniture and ornamental items and that this was linked to their behaviours and anxieties. We saw that people's care plans and risk assessments reflected this. Some parts of the home appeared to us to require redecorating. The registered manager told us that the home would be closing during the coming months and people would be moving to a supported living service managed by the provider. Both family members that we spoke with confirmed that they were aware of this.

Health and safety records showed that safety checks for the home, for example in relation to gas, electricity, fire equipment, and portable electrical appliances, were up to date.

Accident and incident information was appropriately recorded. Staff members described emergency procedures at the home, and we saw evidence that fire drills and fire safety checks took place regularly. Information in relation to evacuation for people was in place in case of an emergency that may require them to leave the home immediately.

The provider maintained an out of hours emergency contact service and staff members were aware of this and how to use it.

Good

Is the service effective?

Our findings

A family member told that they were happy with the support from staff. They said that, "They are good with [my relative]. However, another family member told us that, "There have been some staff changes and I am not sure that the new staff members always understand [my relative's] needs."

We looked at the training records for staff members and these showed that that induction training for new staff members included information about people's needs. New staff shadowed more experienced workers as part of this induction. We observed staff members interacting with people and noted that they responded positively to this. The staff members that we spoke with, including an agency worker who regularly worked at the home, appeared knowledgeable about the needs of the people whom they supported.

The induction process for new staff members also included and introduction to policies and procedures and service specific information such as the fire procedure and maintaining a safe environment. Induction training was linked to the Care Certificate for staff working in health and social care organisations. We saw that all staff members had received mandatory training such as safeguarding of adults, infection control, medicines awareness and moving and handling. Training was refreshed on a regular basis. We saw that training, including induction, was provided to regular agency staff members who worked at the home.

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 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 so that they can 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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's care records showed that assessments relating to people's capacity to make decisions had been undertaken and that these followed the code of practice associated with The Mental Capacity Act 2005 (MCA). Care plans provided information for staff about how they should support people to make decisions. We saw copies of applications to the relevant local authority team in relation to Deprivation of Liberty Safeguard (DoLS) regarding restrictions in place for people who were under continuous supervision and unable to leave the home unaccompanied due to risk associated with lack of capacity to make decisions.

Training in MCA and DoLS had been provided to all staff at the home and the staff members that we spoke with demonstrated that they understood their roles and responsibilities in relation to this.

Although people were unable to tell us about the food that was provided by the home, we were able to

observe people having meals and snacks. Staff members offered people food and drinks by showing them the choices and explaining what they were. We saw that people ate and drank well and indicated that they enjoyed the food through their interactions with staff members. A menu was displayed in the kitchen dining area and we saw that this included pictures of the food items on offer. Records of meals maintained by the service showed that people ate a varied and healthy diet that reflected any dietary needs or preferences that were recorded in their care plans.

There were effective working relationships with relevant health care professionals. We saw that regular appointments were in place for people and staff accompanied people to these. Staff members accompanying people to appointments had completed a record of what had been discussed and agreed. People had individual Health Action Plans. These are easy read documents that can be taken to appointments. These included information about people's health needs along with details about the support that they required to maintain their health and wellbeing. We saw that these had been updated regularly to reflect changes in health needs.

Good

Is the service caring?

Our findings

A family member told us, "Staff are really helpful to people." However, another family member said, "Some of the staff are good but I am not sure about what happens when I am not there."

During or inspection we observed that people were supported by staff members who treated them with dignity and respect. We saw that care was delivered in a sensitive manner, and was flexible in ensuring that people were given the time that they needed for activities. Staff members were gentle and positive in their communications and people appeared relaxed and comfortable with the workers who were supporting them.

We saw that staff members were familiar with the people they supported, and spoke with them about the things that were meaningful to them. Information about people's communication needs were contained within their care plans. We observed friendly interactions between people who used the service and their care staff who used words and signs that people understood, and we saw that people responded positively to this. For example, we observed that one person had locked themselves in a room and was not responding to staff members who checked on them regularly. A staff member brought the person a drum. The person then spent time playing on the drum and was subsequently more responsive to the approaches of staff members. We saw from this person's care plan that drumming was a valued activity that also served to reduce anxiety.

The service was sensitive to people's cultural, religious and personal needs. We saw that information about people's religious and cultural and personal needs and preferences were recorded in their care plans. The staff members that we spoke with demonstrated that they were aware of these.

We asked the registered manager about how the home supported people to develop and maintain personal relationships. They told us that, at present no one had demonstrated a wish to develop a relationship with someone else, but if they did, staff members would provide support regardless of the sexuality preferences that people expressed.

The registered manager told us that people could access advocacy services if required. One person had received support from an Independent Mental Capacity Advocate.

People were involved as much as possible in decisions about their care. People's care plans included information about their preferred methods of communication, as well as guidance for staff about how they should approach the process of seeking agreement.in relation to a range of care and support activities.

We saw that staff members offered choices to people about, for example, food and drink and activities. We saw that they used simple language as well as signs, pictures and objects of reference. People appeared to respond positively to the communication that they received from staff. We observed, for example, that when staff members were encouraging people to go to the dining area for a meal, that they used language and signs that people understood and that this was effective.

Good

Is the service responsive?

Our findings

People's needs were regularly assessed and reviewed. A family member said, "They are really good. They let us know if there is anything we need to be aware of." However another family member told us, "They used to give me regular reports about [my relative], but I don't always know what's going on now." However, both family members told us that they had been informed about planned changes to the home, and had been offered opportunities to visit the new supported living accommodation that people would be moving to in the near future. Neither expressed any concerns about the move. One family member said, "I think it will good for [my family member]."

The care records that we viewed showed that family members had been involved in reviews of care and had been involved in providing consent where the person was unable to do so.

Care plans were up to date and person centred, and contained guidance for staff in relation to meeting people's identified needs. The care plans were clearly laid out and written in plain English. There were clear links to people's assessments and other information contained within their files.

The care plans that we viewed detailed people's personal history, their spiritual and cultural needs, health needs, likes and dislikes, preferred activities, and information about the people who were important to them.

People's care plans provided information for staff about the care and support that was required by the person and how this should be provided. For example, behaviour plans clearly described behaviours that might indicate that a person was anxious or distressed, along with 'triggers' to be avoided where possible. These were supported with clear information for staff on how to reduce levels of arousal should an person show signs of distress in order to enable them to manage behaviours in a positive way. Hoffman Foundation for Autism has a team of behaviour analysts and the records that we saw showed that they visited regularly to provide specialist input into behavioural plans and risk assessments and facilitate learning for staff members on best practice in meeting people's needs.

Information about people's communication needs was detailed and contained clear guidance for staff members on how to ensure that people were enabled to communicate their needs effectively. For example, there was information about how people communicated their needs, and how staff should respond to this communication, for example using signs, pictures and objects of reference. During our inspection, we were able to observe staff communicating with people, and we saw that they used a range of methods described in their plans. A staff member told us, "if it doesn't work we try something else."

People participated in a range of activities within the local community that included shopping, drumming classes, cinema trips, walks and meals out. People's care documentation included individual activity plans and we saw that people participated in a range of activities both inside and outside the home. Activities within the home included, baking, art and craft, trampolining. We were shown photographs of people participating in activities such a pizza making, crafts, and baking. The home had a trampoline in the garden

and we saw one person using this during our visit. The deputy manager told us that sometimes people could not say if they wanted to do a new activity which they hadn't tried before. "We try it out. If it's successful we do it again. We soon know if people don't like something."

The home also supported people to go on holidays and day trips. We saw that people had recently taken holidays in Blackpool and had visited Chessington World of Adventure. Additional staff members had been rostered for such activities where required to reflect their identified support needs and to ensure that people remaining at the home received the same level of care. We saw that individual care plans and risk assessments had been developed for holidays and outings. Records of activities, including information about how people were supported were completed regularly for each person.

The service had a complaints procedure that was available in an easy read format. A family member that we spoke with confirmed that they knew how to raise any complaints or concerns and were satisfied that these would be addressed. However, another family member told us that, "When I raise issues I don't always get a response." We looked at the home's complaints log and saw that there was a record of actions for complaints that had been received, including responses to family members.

Good

Is the service well-led?

Our findings

A family member told us, "The manager and the staff at the home are very good." Another family member said that, "It's not as good as it used to be," but confirmed that they thought that the provider managed the home well.

The registered manager was also the registered manager of another nearby home. They divided their time equally between the two homes. They were supported by a deputy manager who worked full time at 11 Pear Close.

The staff members that we spoke with told us that they felt that the manager was supportive and approachable. We were told, "I like the manager and the deputy. They are helpful and supportive." The deputy manager worked on shift at the home during each week. We observed that both she and the registered manager communicated well with people who lived there and their care staff. We saw that the registered manager provided advice to a staff member about an approach that they should take with a person who was displaying behaviours that were of concern to staff, and that this approach appeared to calm the person's anxieties.

Minutes of monthly staff team meetings showed that there were regular opportunities for discussion about quality issues and people's support needs. The registered manager told us that urgent information was communicated to staff immediately, and the staff members that we spoke with confirmed that this was the case. We saw that a communication book was maintained at the home. Staff members used this to record important information that needed to be passed on. All staff members were required to read the communication book at the start of their shift.

Staff members had job descriptions which identified their role and who they were responsible to. The staff members that we spoke with were clear about their roles and responsibilities in ensuring that the people who used the service were well supported.

There were systems in place to monitor the quality of the service and we saw evidence that safety and quality reviews had taken place. The provider's policy officer undertook quarterly reviews of compliance. Regular assessments of health and safety and infection control had taken place. We also saw records of monthly monitoring of, for example management of medicines, care records, accidents and incidents, complaints, and staff recruitment, training and supervision that had been undertaken by the provider.. Action plans had been put in place where required. We saw actions identified during monitoring had been addressed by the registered manager.

People who lived at the home and their family members were asked for their views about the support that they received every two years. We saw the report of the most recent survey and this showed high levels of satisfaction expressed by those who had responded.

We reviewed the policies and procedures.in place at the service. These were up to date and reflected good

practice guidance. There was a process in place to ensure that staff members were required to sign when they had read the policies.

Records maintained by the service showed that the provider worked with partners such as health and social care professionals to ensure that people received the service that they required. Information regarding appointments, meetings and visits with such professionals was recorded in people's care files.