

Hoffmann Foundation for Autism

Hoffmann Foundation for Autism - 4 Park Avenue

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 24 July 2018 and was unannounced. The service was last inspected on 22 and 28 November 2017, where we found the provider to be in breach of six regulations in relation to person-centred care, dignity and respect, safe care and treatment, premises and equipment, staffing and good governance. The service was rated Inadequate and was placed in 'special measures'. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve all five key questions to at least good. At the inspection on 24 July 2018, we found the provider had made improvements but remains Requires Improvement. This is the fourth consecutive time the service has been rated Requires Improvement.

The Hoffmann Foundation for Autism – 4 Park Avenue is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection

The Hoffmann Foundation for Autism – 4 Park Avenue is a residential care home registered to provide accommodation and personal care support for up to six people who have learning disabilities and may have autism, Asperger's Syndrome or display characteristics that fall within the autistic spectrum disorder. At the time of our inspection, four people were living at the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager in place. 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.

Risks to people were identified, assessed and mitigated. Staff were trained in safeguarding and whistleblowing. They were knowledgeable in how to safeguard people against avoidable harm and abuse. Accidents and incidents were recorded and reported. There were processes in place to share with the staff team lessons learnt from the incidents to minimise reoccurrence. People were safely supported with their medicine management needs. The provider followed safe recruitment procedures and there were sufficient numbers of staff to meet people's needs safely. Premises were renovated and bathrooms and toilets were fixed. A new cleaner had been appointed and the service was clean and without malodour.

People's needs were assessed and staff knew people's needs and abilities. Healthcare professionals were consulted in relation to people's nutrition and hydration needs. However, their recommendations were not always appropriately followed. People were offered different types of food and staff promoted a nutritionally

balanced diet. Staff gave people choices and supported them with making decisions.

Staff were trained in equality and diversity, and dignity in care. We observed caring interactions between people and staff, and saw people were treated with dignity and respect. People were encouraged to carry out daily living tasks to maintain their independence. People's cultural and religious needs were identified and met.

People's care plans were personalised and reviewed. Staff knew people's likes and dislikes. People were supported to participate in activities as per their hobbies and interests. The service encouraged relatives and people to raise concerns and make complaints. The complaints procedure and response letter needed to be updated to be in line with the provider's complaints policy.

The provider had introduced new systems and processes to assess, monitor, evaluate and improve the service delivery. However, the audits had not identified some gaps that were picked up during this inspection. Staff felt well supported by the management and told us there had been lots of new improvements since the last inspection. The management had introduced new ways to engage with people to seek their feedback on improving the care delivery. Staff's views and ideas were considered to improve the service.

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.

People's risk assessments were reviewed and gave instructions to staff on how to provide safe care. Staff knew how to keep people safe from harm and abuse.

There were sufficient numbers of suitable staff to meet people's needs safely. People were appropriately supported with their medicines needs.

Staff were trained in infection control and followed correct procedures to prevent spread of infection. There were appropriate environment health and safety checks in place to ensure people's safety.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People's needs were assessed and healthcare professionals were consulted to meet people's individual needs. However, not all people had attended ongoing healthcare appointments.

Staff received regular training and supervision to do their job effectively. People were supported to maintain a nutritionally balanced diet. Staff were trained in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff gave people choices and asked their permission before supporting them.

Is the service caring?

Good ●

The service was caring.

People were supported to express their views and received care in a dignified way. The living environment promoted people's dignity. Staff were trained in equality and diversity.

People's religious and cultural needs were recorded in their care plans and were met. Staff encouraged and supported people to remain as independent as they could.

Is the service responsive?

Good 

The service was responsive.

People's care plans were reviewed and updated. Staff conducted monthly reviews of people's care goals and aspirations. People were supported to participate in a range of activities and to access the community.

People's care plans recorded their end of life care wishes. People and relatives were encouraged to raise concerns and make complaints.

Is the service well-led?

Requires Improvement 

The service was not consistently well-led.

The new service manager had resigned from the post and their post had been advertised. The internal audits did not always identify gaps that were picked up during this inspection.

Staff told us they felt supported. The service had made lots of improvement since the last inspection. There were new systems and processes to improve the quality of care delivery. The provider engaged with people, relatives and staff to seek their feedback on how to improve the service.

Hoffmann Foundation for Autism - 4 Park 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 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 24 July 2018 and was unannounced. The inspection was carried out by two inspectors.

Prior to our inspection, we reviewed information we held about the service, including previous reports and notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. The inspection was informed by feedback from professionals which included the commissioning team that had placed people with the service, and the healthcare professionals. We looked at the information sent to us by the provider in the Provider Information Return. 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.

During the inspection, we met all four people living at the home. We spent time observing interactions between people and the staff who were supporting them. We spoke with one person who used the service, the registered manager, the service manager, the deputy manager and two care staff. We reviewed two people's care plans and risk assessments, three people's daily care records, and all four people's medicines administration records. We looked at staff rotas and four staff files including their recruitment, training, supervision and appraisal records. We looked at accidents, complaints and safeguarding records, staff team meeting minutes, people's engagement session records, quality audits and health and safety, maintenance and monitoring checks.

Following the inspection, we spoke with one relative, a healthcare professional and spoke again with one of

the commissioning bodies. We reviewed the documents that were provided by the service on our request after the inspection.

Is the service safe?

Our findings

At the last inspection on 22 and 28 November 2017, we found the service was not safe. The provider had neither investigated nor reported an incident to the appropriate authorities, people's risk assessments had not been updated and reviewed to reflect people's changed needs, sufficient staff had not been deployed to meet people's needs safely, the provider had not followed appropriate infection control practices, the premises were not clean and there were several health and safety concerns that had not been addressed in a timely manner.

During this inspection we checked to determine whether the required improvements had been made. We found the service had made sufficient improvements thereby meeting the regulation.

Since the last inspection the provider had introduced a safeguarding log that gave information on the safeguarding alerts that were raised. The provider also notified us of five safeguarding concerns. Following the inspection, we received the notification for the sixth safeguarding concern. The safeguarding folder had referrals to the local safeguarding team, investigation notes, actions taken and the outcomes. The service manager told us about a recent safeguarding concern in respect of one person's behaviour towards another. The records showed the service had liaised with a social worker about this safeguarding concern which resulted in a referral to a community professional. The referral was to request specific ongoing support for one person, and funding for equipment to help minimise risk of harm. All staff were trained in safeguarding and received yearly refresher training. The staff training matrix confirmed this. Staff knew their responsibilities in identifying and reporting abuse. One staff member told us they would report any concerns or abuse to the manager and if needed would contact CQC and the Social Services.

Staff knew the procedures around reporting and recording accidents and incidents. A staff member told us if they noticed any unexplained bruising they would inform the manager, person's relative, social worker and the safeguarding team. The staff further said they would complete an incident report form, the body map and refer the person to their GP. Accident and incident records included details of incidents, actions taken and learning outcomes. For example, a person displayed behaviour that challenged staff as they felt claustrophobic whilst travelling in a regular sized cab with four people. As soon as staff noticed a change in the person's behaviour they offered the person to get out of the cab and walk to the service to get some space. The person decided to walk back to the service with the staff member instead of continuing the journey in the cab. The learning outcomes recorded were to use a bigger taxi such as a seven-seater so that the person could have enough space and not feel claustrophobic. Records confirmed this was also discussed in the team meeting. This showed the provider acted appropriately in responding to incidents, learnt and shared lessons with staff to prevent future occurrences.

Since the last inspection the service had employed a part-time cleaner. The service was clean with no malodour. Staff were trained in infection control and wore gloves when supporting people with their personal care needs. There was sufficient hand sanitiser, hand wash and paper towel facilities in the kitchen, the shower room and bathrooms. There was reference in people's care plans to support them to stay clean and minimise infection risks such as by supporting to wash hands before meals. The provider had replaced

the old bins with broken lids with new bins with lids. This showed the provider had taken sufficient measures to improve infection control practices that facilitated the prevention and control of infections.

The provider had reviewed and updated people's risk assessments and detailed instructions for staff on how to support people safely. People's risk assessments were individualised and were for areas such as medicines, finances, vehicle travel, personal emergency evacuation plans, and accessing the community. There were also risk assessments for risks specific to people's health and care needs such as epilepsy, using a shower chair, falls, and risk of sexual abuse. For example, a person's epilepsy risk assessment identified risks associated with the condition such as the person could injure themselves, lose their balance and not recognise a potentially dangerous situation. Staff were instructed to ensure the person was always accompanied by one staff member when accessing the community, staff to have read this person's epilepsy protocol, staff that supported the person must have attended epilepsy training and to inform other staff at the service where the person and the staff member were going and how long they were likely to be out for. The risk assessment had further details on how and when staff should administer 'as and when needed' prescribed medicines. This showed the provider had updated risk assessments to minimise risks to people so they were safeguarded against avoidable harm.

A relative told us the service was safe. They said, "Oh yes [person who used the service] is safe there [the service]." The service kept clear records and receipts of how people's money was spent, and of bank transactions where appropriate. Money balances were checked daily, and the management undertook audits on a monthly basis. Records confirmed this.

Staff recruitment records showed they went through an appropriate interview process and pre-employment checks included reference and criminal records to ensure they were safe to work with vulnerable people. Staff told us there were sufficient staff numbers to meet people's needs safely. Staff rotas confirmed this.

The service was supporting people to safely take medicines as prescribed. Each person had a medicines profile within the medicines folder, to remind staff of what individual support they needed to take medicines and any important preferences. Medicines were securely stored in the service. Records showed that checks were made that stock had not expired, and arrangements were made to replace stock where needed. There were systems to ensure sufficient stock of everyone's prescribed medicines.

Medicines records showed people had been offered medicines as prescribed and what the outcome was. A duplicate administration sheet was used for a witnessing staff member as per the provider's policy. Daily stock-check records were kept of any separately-packaged medicines, which the manager explained as helping to ensure a robust audit trail. Our checks of these records and current stock did not ultimately identify any discrepancies, indicating safe management of people's medicines. However, there were occasional cases where records were not entirely accurate. This centred around there not being a clear record of when any medicines were taken with people when they accessed the community. The delivery of new stock was not always being accurately recorded onto medicines administration records. We discussed this with the management who considered ways of increasing accuracy of records in these respects.

Where people were prescribed medicines on an as-needed basis, such as for being in pain, having itchy eyes, or when anxious, there were individualised guidelines for staff to follow about when to offer the medicine, what effects this may have, and what to do if the concern continued.

The service now had a fire evacuation 'grab bag' that included items useful for the situation and documents of key information that could be needed. Checks were made of the safety devices used around the building. This included mechanisms that closed fire-doors on activation of the fire alarm, restrictors to prevent

windows from opening too far, and valves on hot taps to prevent scalding water. There were monthly health and safety audits, records of which sometimes identified issues for addressing such as bath water not draining well. Quarterly fire drills were recorded along with weekly checks of various fire safety matters such as the fire alarm activating properly and emergency lights operating correctly. However, we found fire door seals were being painted over and hence would not close fully and this was a fire risk. Following the inspection, the provider sent us photos confirming the seals around the door frames had been replaced and they now closed appropriately.

Is the service effective?

Our findings

At the last inspection on 22 and 28 November 2017, we found healthcare professionals had not been consulted in relation to people's ongoing healthcare and their specific health needs. We made a recommendation in relation to people's nutrition and hydration, and personal hygiene needs support.

During this inspection we checked to determine whether the required improvements had been made. We found the service had made some improvements.

Since the last inspection, the provider had referred three people to the Speech and Language Therapist (SALT) team to help meet their nutrition and hydration needs effectively. The SALT assessed people's needs and made recommendations around their food consistency and how to support them with eating and drinking to reduce risks of aspiration and choking. Following the SALT assessment, the provider developed placemat guidelines to remind staff of the specific help and support each person needed when eating, including the consistency of food and drink. Staff we spoke with were aware of the practical support people needed in this respect, for example the size and consistency of food they could safely have. The service manager told us about training staff had received from the SALT team and some ongoing online assessments. This had increased staff knowledge in both choking risks and nutritional matters.

During the inspection, we observed dinner to assess if people were supported as per their SALT guidelines. Although one person was supported by a staff member as per their SALT guidelines which involved gently touching their arm and verbally prompting them to slow down, two other people were not supported as per their SALT guidelines. For example, these two people's SALT guidelines instructed staff to prompt them to eat slowly however we found the staff member did not prompt them until before they had nearly finished their meals. A staff member allocated to support two people in prompting to slow down was distracted as was preparing for dessert. One person after they had finished their dinner was seen grabbing a plateful of another person's meal (once this person had said they did not want to eat). Staff did not respond promptly to this. We fed this back to the management and they told us they would speak to the staff team to remind them to follow people's SALT guidelines appropriately.

Following the inspection, we spoke to the SALT who had recently visited the service to carry out observations as part of their support process. They told us the service had made some improvements. They said, "Staff were quite responsive to people's [nutrition and hydration] needs. They have improved, the texture of the food was spot on. But the support they [staff] provided was not [always] individualised and appropriate." The SALT said during their observations they found no sign of the placemat guidelines and staff did not identify a person coughing which they were required to monitor as per the person's SALT guidelines. People's care plans had their SALT guidelines but did not contain choking risk assessments. We spoke to the management about this and they showed us a pre- SALT involvement choking risk assessment and told us they would adapt it to SALT guidelines. Following the inspection, the provider sent us updated choking risk assessments.

People's health action plans had their medical history, health action goals and health appointments they

had attended and were due. For example, one person's health action plan stated their goal was to use the toilet at night instead of the commode and the records confirmed the person was using the toilet at night without prompting. However, we found that not all people had attended their due healthcare professionals' appointments. For example, one person had not visited an optician since November 2015 and the review was due in November 2017. The management told us it was an oversight and would book appointments at once. Following the inspection, the provider sent us dates of the healthcare appointments.

The provider had developed hospital passports for people. Hospital passports are aimed to provide important information to hospital staff to help them to deliver appropriate and effective care to the individuals. The hospital passports gave information on people's medical history, list of medication, communication, nutrition and hydration needs, and personal care needs. The hospital passport also detailed behavioural signs when the person was anxious or was in pain, their sleeping and personal care routines and their likes and dislikes.

People were provided with a variety of food to maintain a nutritionally balanced diet. The provider had redesigned three weekly food menus after consulting people. Records confirmed this. The new menus were accessible to enable people to choose what they wanted to eat and drink. A relative commented, "I was there last Saturday and food was good. Fantastic food, great meals." Staff regularly recorded food, fridge and freezer temperatures. Records confirmed this. All food items had opened date labels on them. The kitchen and appliances were clean.

Staff supervision and appraisal records showed they received regular supervision and annual appraisals. The staff training records demonstrated staff were in receipt of appropriate induction, refresher training and specific training to support people effectively such as dysphasia, epilepsy and challenging behaviour. Staff told us they found supervisions and training helpful. A staff member said, "Supervision each month, lots of training, [we] reached 98% for the team." Staff told us the team work had improved and they worked better together. A staff member commented, "Lots of changes, was difficult managing staff conflict but this had now been dealt with through one to one discussions and disciplinary, and so now a united staff team. Staff now working consistently with residents which no longer causes residents confusion. Hence less behaviours that challenge." Another staff member said, "[Person who used the service] not grabbing now through team work." This showed the staff team worked well together in delivering effective care.

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 authorisation 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 DoLS authorisations were in date and applications had been made where they were due to expire. Records confirmed this. Staff we spoke with knew people's right to choose and sought people's permission before supporting them. During inspection, we saw staff gave people choices and encouraged and supported them to make decisions. A staff member commented, "Residents [people who used the service] are getting more choice now." This showed the service supported people as per the MCA principles.

Is the service caring?

Our findings

At the last inspection on 22 and 28 November 2017, we found people's rights were not always respected, they could not access the community when they wished, their needs were not always met in a dignified way and the living conditions did not promote their dignity.

During this inspection we checked to determine whether the required improvements had been made. We found the service had made sufficient improvements thereby meeting the regulation.

Since the last inspection the provider had refurbished people's bedrooms and the communal areas. The provider involved people in making decisions about how to decorate their bedrooms. People had chosen their bedroom wall colours and staff engaged with them to decide their bedroom wall photo frames. People's bedrooms were clean with no malodour. The bathrooms and toilets on mezzanine floor and first floor had been repaired and people living on those floors could access those facilities. This meant the environment people lived in promoted their dignity and respected their rights. A person was provided with a commode chair to prevent them from urinating on the floor. Commodes are portable toilets used by people with reduced mobility who are unable to use a conventional toilet. Staff also encouraged and supported this person to access the toilet at nights. Records showed that people had been supported to buy new clothes and have haircuts, in support of their appearance. This showed people were supported to meet their needs in a dignified way.

A relative told us the staff were caring and friendly. They said, "They [staff] are lovely and very nice. [Person who used the service] seems to be happy with all of them [staff]. [Person who used the service] enjoys their company. Staff are absolutely marvellous and really helpful."

At the inspection, we observed staff supporting people in a patient and sensitive way. The service had a relaxed atmosphere and we observed meaningful interactions between staff and people. Staff talked about people in a caring way. Since the last inspection, the provider had trained staff in equality and diversity, and dignity in care. Records confirmed this. A relative commented, "Of course, [staff] treat her [person who used the service] with care and respect." Staff told us they treated people like individuals and respected their choices and privacy. The provider had an equality policy and told us they worked with staff and encouraged people from lesbian, gay, bisexual and transgender people to use their service.

Staff supported people in expressing their views. An involvement meeting book contained photos of ways in which people had been assisted to look at options such as holiday destinations, or trying a selection of different desserts, to help them express a view on what they would like. The service manager told us this had, for example, resulted in one person going on a day out to the zoo whilst others went to a beach. The book also showed the service having a 'culture day', which the management team explained was for everyone including staff to dress in their cultural attire, bring and sample dishes from that culture, play traditional music and display flags. We saw how people using the service were involved and enjoying the day. People's cultural and religious needs were recorded in their care plans and staff were knowledgeable about those needs. People were supported to celebrate festivals as per their wishes.

People were supported and assisted to carry out daily living tasks to encourage their independence. For example, the service manager told us they encouraged and assisted one person in tidying their bedroom. At the inspection, we saw a staff member encouraged a person to help with dinner preparations and another person was seen helping a staff member with loading the dishwasher.

People's sensitive and personal information was stored securely in locked cupboards and was only accessed by the relevant staff. Staff were trained in the General Data Protection Regulation and were aware of their responsibilities in maintaining confidentiality. The General Data Protection Regulation is a regulation in EU law on data protection and privacy for all individuals within the European Union and the European Economic Area.

Is the service responsive?

Our findings

At the last inspection on 22 and 28 November 2017, we found people's care plans were not regularly reviewed, the service did not request care reviews to ensure people received person-centred care and people were not always able to carry out their weekly planned activities. We had also made a recommendation in relation to people's end of life care wishes.

During this inspection we checked to determine whether the required improvements had been made. We found the service had made sufficient improvements.

Since the last inspection the provider had reviewed and updated people's care plans and the corresponding documents where necessary such as health action plans. Records confirmed this. People's care and support plans were comprehensive and had easy-read icons and pictorial images so that they were accessible for people who used the service. The provider had introduced a new support plan template and we looked at a completed version. The new support plan was person-centred, it included information on people's background, circle of support, communication needs and preferences, nutrition and hydration needs, likes and dislikes, personal care, mobility, and religion and cultural needs and preferences. Circles of support is a tool used to establish significant people and support networks present in people's lives. Circles of support aim to enable people with learning disabilities to live full lives as part of their communities. The idea is the circle meet together regularly to discuss how to help the individual to accomplish their goals / dreams / aspirations. Often these meetings use the person-centred planning approach. The service had detailed behavioural management plans for people with behaviour that could challenge the service and there were clear instructions for staff on how to support people with their individual behavioural needs.

Since the last inspection the provider had taken our recommendation on board in relation to end of life care planning. The service manager had facilitated discussions with people and their relatives around their end of life care wishes around funeral plans. These were clearly documented in people's care plans.

People were supported to access the community and participate in a range of activities. A person told us they had been to a disco club that week and enjoyed the music. They said, "Yes [I went to the disco club], [it was] good music and went with [person who used the service]." Staff told us activities had improved since the last inspection. A staff member commented there were lots of activities people participated in such as cinema, bowling, lunch out, animal farms, parks, funfairs. They further said one person did horse-riding. Another staff member said, "People [were] more engaged in activities." People had individual activity schedules that included a range of activities such as day centres, disco club, music session, drumming session, walks, lunch outs, baking session, indoor activities, smoothie session. We saw photos of some recent activities people had been involved in, including day trips, picnics, and a 'mocktail' event at which people tried out different drinks. During the inspection we observed people were supported to access the community as per their wishes and their activity plan. For example, we saw two people went out for a walk and lunch in the community and two people went to the day centre.

Whilst staff and the management told us people were going out more, records showed people did not go

out as often as their weekly activity plans suggested. The management explained that there were occasions when people refused to go out, or did not want to attend the disco club, for example. However, people's care records did not reflect that activities were offered but refused. We spoke to the management about this and they told us that they were aware of the lack of information in people's records. They further said they were working closely with staff to improve their skills and to ensure they were recording when people had refused to go out.

Staff discussed with people and recorded their goals, dreams and aspirations. These were then revisited every month in review meetings that covered key areas such as communication, health, skills developments, social, incidents, goal progress. Records confirmed this. At these meetings staff and people discussed the progress they had made, any challenges they had faced and agreed future action points. For example, a person's records showed one of their goals was to "begin cleaning my teeth by myself again" and instructions to staff were "to give lots of encouragement and praise." The records of the review of this goal showed the person was now able to brush their teeth for a short period of time and would pass the toothbrush to staff to finish the activity. For another person their goal was to go on a trip to the seaside and the records showed this was achieved.

The provider encouraged people and relatives to raise concerns and make complaints. A relative told us they have never made a complaint. They said, "Everything is perfect there [the service]. I cannot find a fault in the place [the service]. If not happy, I can speak to any one of them [staff], as everything is written down and passed it on [to the management]." The service had an easy-read guide to making complaints on display in the hallway.

A complaint record summary showed the service had received 10 complaints for 2018, all from the same source, with a brief explanation of the service's response. The complaints folder had records of responses to the complainant. However, we found the response letters to the complainant did not state how to escalate matters if dissatisfied with the response, contrary to the provider's complaints procedure. We also could not find any investigation details in the complaints file. The management told us they had spoken to staff regarding the complaints but had not kept records of those investigations. We also found the complaints procedure on file which was reviewed in 2017 referred to an out of date legislation. We asked the management about this and they told us going forward they would keep records of any staff discussions in relation to investigating complaints, include in response letters how to escalate matters if dissatisfied with the response, and update the complaints procedure to reflect the current legislation.

Is the service well-led?

Our findings

At the last inspection on 22 and 28 November 2017, we found there was a lack of stable management presence and not all staff felt supported, the auditing and monitoring systems were not effective and did not identify gaps and issues with the safety and quality of the care delivery, and there was lack of engagement with people in relation to the quality of the service.

During this inspection we checked to determine whether the required improvements had been made. We found the service had made some improvements.

Since the last inspection, the provider had appointed a new service manager who assisted the registered manager to achieve the improvements as per the provider's improvement action plan. The service manager was based at the service five days a week and alternated weekend on-call duties and weekend shifts with the deputy manager. The registered manager visited the service during the week to supervise the service manager. Staff we spoke with told us since the last inspection they have had stable management, there had been improvements and they felt well supported. One staff member commented, "Gets enough support. The [service] manager always has time for me. Team meetings [are] helpful. We try to communicate if there are [staff related] problems, to avoid anyone exploding. The [service] manager listens to [our] ideas. The [service] manager has caused the service to people to be a lot better. Better paperwork but [the service] manager tries to make it easier for us. [It is] like a family here." Another staff member said all the improvements were achieved by the service manager and they "provide very good support and is approachable." The staff and management team told us that they had made lots of improvements since the last inspection and were now working towards sustaining them. A staff member said, "No [new] changes needed. [We] all worked really hard but now have to sustain it." This meant staff felt supported and found the management approachable.

The management conducted regular staff meetings and maintained clear records of the meetings. Since the last inspection the staff meetings format had been changed promoting two-way conversation rather than just the management providing information. The last six months staff meeting minutes showed there were discussions around people's healthcare needs, safeguarding, improvement plans, staff training, communication, dignity and respect, new staff appointments and farewells. Staff told us their ideas were considered in service improvement. For example, a staff member had suggested how to make the food menus accessible, their suggestion was considered and they had designed pictorial accessible food menus. Another staff member on behalf of the staff team had put forward a suggestion of the need to increase the food budget in line with peoples changed dietary needs. There were records to confirm the food budget was increased following the staff's suggestion. This showed the service promoted an open, inclusive and positive culture that empowered staff to achieve good outcomes for people who used the service.

The provider had introduced systems and processes to assess, monitor and evaluate the quality of the service. There were records of monitoring checks and audits to ensure people's safety and quality of the service. For example, the management team recorded monthly audits of medicines systems. This covered a range of checks including ensuring liquid medicines had dates of opening, that there were records of why

any medicines were not given, stock control, and making sure there were individualised protocols in place for specific medicines. Action plans arose from these where needed, for which we saw actions were addressed. Internal management audits were carried out in line with the Care Quality Commission's key lines of enquiry. The last audit was on 22 March 2018 that showed an improvement by 93%. The provider had also conducted an independent mock inspection in January 2018 and had embedded recommendations from the mock inspection in their ongoing action plan. The provider's action plan covered action points following our last inspection, the provider's own audit and that of an external consultant. The last action plan's achievements showed the areas were almost all green. The director carried out six monthly quality monitoring checks and the last was on 4 July 2018 that identified areas that had improved and required improvements.

However, we found there were some areas that had not been identified and addressed in timely manner. For example, people's healthcare appointment gaps had not been identified, people's choking risk assessments had not been adapted to include the latest SALT guidelines, people's monthly care reviews did not audit how much activity plans were followed and their care records did not reflect that activities were offered but refused. People's food and fluid charts did not always give accurate information on what they had consumed. For example, we found one person's food chart stated they had a slice of toast for breakfast. However, this person's SALT guidelines specified they were not to have bread. We asked the service manager who checked with the staff member of what the person had for breakfast and the staff member confirmed the person did not have a slice of toast. The staff member said it was an error in recordkeeping. We spoke to the management about this and they told us that they were aware of the recordkeeping was not robust and were working with the staff team to improve people's records. The weekly health and safety checks for the doors did not identify the fire door seals had been painted over and did not close fully. Following the inspection, the registered manager emailed us the action they had taken to address the incorrect information in the health and safety checks. They told us the staff member who had been doing the checks had been spoken to and they reiterated the importance of recording and reporting any issues accurately.

During the inspection the management informed us that the service manager had resigned from their post. The provider had advertised for the service manager role and in the interim the registered manager would be based at the service to provide management support to the staff team to ensure the improvements made are sustained.

People and their relatives were regularly asked for their feedback. Monthly residents' meetings were conducted to engage with people who used the service to seek their views and opinions about the service delivery. Relatives were asked to complete annual feedback survey forms. The next survey was due later this year. A relative told us their family member who used the service was happy living at the service and they would recommend it to others. They commented, "Oh I think the service is well-managed."

The service worked with the local commissioning team, local day centres, advocacy services and procurement teams to improve their services and meet people's needs.