HF Trust Limited

The Old Print Works

Inspection report

Unit 1-1A
The Old Print Works, Tapster Street
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Tel: 02084470541

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19 October 2018

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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

The Old Print Works is a supported living service registered to provide personal care services to people living in their own flats. Services were provided to people with learning disabilities, physical disabilities, and mental health needs. Each person had their own facilities which included a kitchen, bathroom, living room and bedroom.

This inspection took place on the 17 and 19 October 2018. The inspection was announced to ensure someone would be in to help facilitate the inspection. At The Old Print Works last inspection on 3, 7 and 9 December 2015, the service was rated good overall with a rating of "requires improvement" in the key question Safe. The service had made improvements to bring this key question to "Good". There were no breaches of the regulations found during their last inspection.

At the time of our inspection 37 people were receiving personal care.

This service provides care and support to people living in 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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.

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.

This registration had three sites and each site had its own registered manager at the time of the inspection.

People were kept safe at the service as there were staff on site 24 hours a day. People told us they felt safe. Staff understood their safeguarding responsibilities and could explain how they would escalate their concerns further or whistleblow if no action was taken.

Risk assessments were robust and staff knew how to mitigate against risk. People were supported to live in a less restrictive way and to take positive risks. Staff followed people's positive behaviour support plan where risks presented themselves.

Staff were recruited safely and the provider performed a number of checks to ensure suitability and safety to

work with people at the service. Medicines were managed safely and staff received thorough training before being able to administer medicine. People had detailed medicine profiles which outlined side effects and reasons for prescribed medicines.

The risk of infection was minimised as staff followed safe hygiene practices and wore personal protective equipment.

People received an assessment of need to ensure the needs could be met by the service. Staff received an induction, and mandatory and specialist training to support them in their role. Supervisions took place regularly and time was protected for this and staff received an annual appraisal where applicable.

People were encouraged to make their own decisions and be as independent as they could with staff there for support. Staff understood the principles of the Mental Capacity Act 2005. Appropriate referrals had been submitted to the local authority for Court of Protection applications where people's liberty was being deprived.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to eat and drink well and staff were vigilant to people's dietary requirements where it may impact their health.

Staff were observed to be kind and caring towards the people they supported. People had personalised flats with decorations of their choice. Staff knew people's likes and dislikes and people were supported to develop romantic relationships.

Support plans were personalised as were people's reviews. Relatives were invited to reviews of care. Staff met people's needs and used their initiative to give people the best outcome when they travelled in the community or identifying concerns with medicines.

People participated in a number of activities of their choice with staff support and the service found ways to ensure people were not restricted in doing an activity.

The service was well led. Staff felt well supported by the registered manager and received praise for doing a good job. Quality assurance was robust and helped to identify where the service needed to improve or to acknowledge where people were receiving quality care.

The service sought feedback from people, their relatives and professionals.

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 understood their safeguarding responsibilities and how to keep people safe from the risk of abuse.

People had clear, robust risk assessments which mitigated against risk and supported people to live in a less restrictive way.

Medicines were managed safely and people received them on time.

Staff were recruited safely and appropriate pre -employment checks were carried out.

The risk of infection was minimised at the service.

Is the service effective?

Good

The service was effective.

Staff received a thorough induction and training relevant to their job. Relatives thought staff were good at their jobs.

People received an assessment of needs before they joined the service.

Choice was promoted for people in all aspects of their lives. Staff understood the principles of the MCA.

People were supported to have good nutrition and hydration and staff monitored people where they had concerns regarding their nutrition.

People had access to healthcare services.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and respect. People liked staff at the service as did their relatives.

People's privacy and dignity was respected at the service.

People were supported to meet new people and to explore relationships with other people at the service if they wished.

Is the service responsive?

Good

The service was responsive.

People received personalised support and care to meet their needs.

People were involved in all aspects of their care planning. Relatives were invited to reviews.

Staff constantly observed people and suggested improvements to ensure the service met their needs. Activities took place and were chosen by people at the service.

People were provided with information on how to make complaint in an accessible format.

Is the service well-led?

Good

The service was well led.

Each site had a registered manager.

People, their relatives and staff knew who the manager was and spoke positively of them.

Staff felt supported by management and were always able to speak to them when they needed to.

The registered manager had a number of quality assurance processes to improve the service for people.

Feedback was requested to improve the service.

The Old Print Works

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.

The inspection took place on 17 and 19 October 2018 and was announced.

We gave the service 48 hours' notice of the inspection visit as we needed to ensure management would be available to support the inspection.

The inspection was carried out by three inspectors, a pharmacist inspector and a specialist advisor who was a social worker with experience in supporting adults with a learning disability.

We reviewed notifications that had been sent to us. A notification is information about important events which the service is required to send us by law.

The service had completed a PIR (Provider Information Return). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke to the registered manager for one of the supported living schemes, the operations manager, five support workers, senior support worker and 12 people who used the service.
We spoke to one relative after the inspection.

We observed care in all three supported living sites, looked at 17 support plans and associated risk assessments, 10 staff files including recruitment, training, supervision and appraisal documents.

We looked at documents relating to the management of the service including health and safety, medicines and quality assurance information.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I'm happy in my flat, I feel safe. I can lock the door and staff are around." Another person when asked if they felt safe said, "I like it here, they look after me." A relative said, "Yes he's kept safe."

People were kept safe as there was 24 hour support and CCTV was in place. People were also offered the choice of keypad, finger print, or a key to access or lock their door. Where people used the internet, they were provided with fact sheets that gave them information on how to stay safe while using the internet.

Staff understood the individual risks people faced and they were able to tell us how they provided care and support in a safe way. Where people exhibited behaviours that challenged the service, staff told us they did not use physical restraint when working with people. They said they sought to help people to calm down by giving them space and time, diverting their attention and giving them re-assurance. Records confirmed this was the practice followed.

Risk assessments were robust and each risk identified for that person was mitigated against. For example, records showed someone had a behaviour profile which described behaviours unique to that person. Triggers were identified and how the person may escalate to the known behaviour was clearly documented. The service had implemented a positive behaviour support plan to support in managing the risk. Other risk assessments included; accessing the community, dressing and bathing, communication, behavioural issues, mental health, eating and swallowing. To ensure that staff had read and understood people's risk assessment the registered manager showed us their "read and sign" folder.

Staff were recruited safely at the service. Records confirmed that new staff had to complete an application form and attend an interview which included observed practice in group exercises. Prospective staff also completed numeracy and literacy tests. Records confirmed that staff provided references which were verified and completed a criminal record check to ensure they were safe to work with vulnerable adults. This procedure showed that new staff were safe to work with people at the service.

Each person who was supported with medicines had a locked cupboard in their flat, which contained their medicines and a folder of their medicine administration records (MAR) and care plan. We looked at MAR and care plans for ten people. The provider had recorded important information such as the name, photograph and medicine sensitivities to help staff give people their medicines safely. Some people were prescribed medicines on a 'when required' basis. There was easy read information with photographs in place to advise staff when and how to give these medicines and these were kept with the MARs. Some people were prescribed creams and ointments to be applied to their body. These were also securely stored in people's own rooms and recorded when applied by staff on the MARs. We found when medicines were stored in the fridge, staff monitored the fridge temperatures however they did not record these.

People were supported to visit their GP and a local pharmacist provided their medicines. Staff told us that the GP and pharmacy were helpful to the service. We saw evidence that people's medicines had been

periodically reviewed by their GP. This meant people were being prescribed medicines appropriate for their health condition. People who were on medicines for diabetes had their blood glucose monitored at regular intervals by support staff. Community nursing teams provided support workers with protocols to help people manage their condition and if their conditions changed. This assured us that people were getting the correct doses of medicines for their condition.

The provider had a medicine policy and systems in place to manage medicines safely. Staff received annual medicines training and the provider assessed the competency of staff to ensure they handled medicines safely. Agency staff were not permitted to administer medicines. Staff who administered specific medicines (such as insulin) received additional training to administer this. There was a process in place to report and investigate medicine errors. A member of staff said, "We would be suspended immediately from administering [if there was an error] and training [in medicines] would be reset." We saw that learning had been passed on to all staff from any medicine incidents and specific staff involved received additional supervision and training. Medicines systems were regularly audited by senior staff and management for service improvement. For example, the audits identified an action to record fridge temperatures in people's flats where medicines were stored in the fridge. Management told us they were in the process of implementing this. This showed that medicines were managed safely at the service.

Safeguarding was understood by staff at the service and staff received training in safeguarding adults. We spoke with staff about their knowledge and understanding of the different forms of abuse. Staff could identify types of abuse and knew what to do if they witnessed incidents of abuse. Staff all knew how to raise their concerns and felt confident that if they did raise concerns they would be listened to and their manager would take appropriate action. Staff told us if their manager did not take action they would contact their local council (Barnet), CCG, the police or the CQC. All staff told us they had access to the safeguarding and whistleblowing procedures, which were readily accessible. The services whistleblowing telephone numbers were available in several areas of the premises.

People's finances were managed safely by staff at the service. Sealed wallets were used and kept in a safe. People had a "My money document" which documented who people banked with, what people spent their money on and anything they were saving for. Mental capacity assessments were carried out for purchases of £100 and best interest meetings were held if a staff member needed to know the card PIN number for someone at the service. Staff had to provide receipts for all purchases. The registered manager for one of the services told us, "Every day we do a balance check, we check the balance on the seal and get a second person [staff] to check people's wallets." The registered manager also told us they spot checked receipts and the provider completed an audit of people's finances every six months. Agency staff were not permitted to manage people's finances. This meant people's finances were being managed safely at the service.

We reviewed the staff rota online which was prepared a month in advance for staff and given weekly to people who used the service. We saw that shifts were covered and the service used agency staff who had been to the service before to support continuity for people at the service.

Health and safety checks were performed at the service and these included; gas safety and appliances, water safety, room temperature, and mattresses as well as on other equipment. The service maintained fire safety at the home. There was an up to date fire policy and procedure and regular fire assessments and drills were completed. The service had up to date emergency evacuation plans in place for people using the service.

Lessons were learnt if accidents or incidents occurred. The service maintained a system that recorded all accidents and incidents and they were reviewed by the operations manager. They told us learning was

shared with other staff within in the organisation.

Staff knew how to minimise the risk of infection as they wore appropriate personal protective equipment which included gloves and aprons. A member of staff said, "We also ensure the kitchen is kept clean and use the right chopping board. We also check that there is no food out of date and store food correctly."

Good

Is the service effective?

Our findings

One person was able to tell us that they thought staff were well trained at the service. The same person told us they liked how staff were "alright" with them. This person said, "I can always ask staff for the things I need." A relative said, "Yes, they do a good job [staff]." The same relative said, "They're very helpful. Agency could improve."

People's needs were assessed before they joined the service. Care records contained a one page pre-admission assessment which provided information about people's support needs at their previous placement and the level of support needed when they move to the service. Information on how to communicate effectively was contained in people's assessment to ensure people were understood. A member of staff said, "[Person] is deaf but they will pull and show you what they want. A functional assessment was also completed to state what people needed support with for example personal care tasks.

All new staff were required to complete an induction during their probationary period. The induction was comprehensive, included core training aspects and information about staff roles and responsibilities including staff expectations and the support they would receive from the provider. A member of staff said, "My induction helped me to understand the key skills and qualities required to work effectively with people who live here." Another member of staff said, "I was totally ready to work with our resident's after my induction."

Staff had the skills and knowledge to provide effective care to people. Records confirmed that staff completed a robust training schedule. We spoke to six staff about their training experiences. They all confirmed they had received regular mandatory training in areas including; Mental Capacity Act 2005 [MCA], safeguarding, medicines, moving and handling, health and safety, care planning, person centred active support (PCAS), food safety hygiene, nutrition and hydration and infection control. Specialist training had also been completed in behaviour which challenged services, mental health and autism.

Staff were encouraged and supported to develop the knowledge further by management. A member of staff said, "[Registered manager] has always prompted us to continue to learn and develop." A member of staff showed us a project they had completed which was to support and improve community access for a person they supported. This showed that staff were being supported to continually gain further competence in their work.

Staff received supervision in line with the providers policy and an annual appraisal as a means to provide support and monitor their performance. Staff told us supervision sessions were useful and enjoyable. Records confirmed supervision sessions occurred on a monthly basis and included feedback to staff on their performance, details of any additional support the staff member required and a review of any training and development needs. A member of staff said, "I can discuss anything I wish with my supervisor and always come away feeling good."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In supported living services, applications for Deprivation of Liberty Safeguards (DoLS) are made through the Court of Protection.

We checked whether the service was working within the principles of the MCA. We saw the service had made appropriate referrals to the local authority for Court of Protection applications to be made and they were waiting to hear the outcome of these applications. The staff we spoke with had a good understanding of the requirements of the MCA and DoLS.

People's consent to care and treatment was sought in line with legislation. Staff told us they would ask for people's permission before carrying out care and would tell people what they were going to do before supporting them. Staff also told us that people at the service would tell them what they wanted and didn't want. Records confirmed the service sought consent to take people's photos, video recording and to appear on the providers website.

People were encouraged to be independent as much as they could by staff. A member of staff said, "[Person] has capacity to take their own shower and [flat number] does their own cooking."

People had their own kitchen facilities where meals could be prepared with staff support. Some people were independent in meal preparation. Staff knew the importance of eating healthy and staying hydrated. A member of staff told us how they were encouraging the person they worked with to eat a healthier diet. The member of staff said, "[Person] has no sugar, goes to sweeteners and instead of biscuits they have crackers." Another member of staff said, "[Person] is pre- diabetic, supporting him to have less sugary drinks. If we have any concerns we will call the health professionals, they will advise us." Where people had support from the speech and language therapist there were clear guidelines for staff to follow to ensure people were able to eat their food safely.

Good

Is the service caring?

Our findings

One person said, "I love it here." Another person said, "Staff are nice to me and I never feel rushed."
A third person said, "I feel staff listen to me and support me and I feel I am given enough information about the choices I make. I have massages and I get to see my family and I love my family."

A relative said, "Yes they're good [staff], they take him for walks and for drives in the car." The same relative told us they were made to feel welcome when they visited their family member. They said, "We are open to come and visit whenever we want."

We observed staff speak to people in a kind manner and were caring in their interactions with people. Where someone was non verbal staff showed they observed people's body language to support them. For example, a non verbal person demonstrated they wanted their head rubbed and staff did this for them which made the person happy. This showed staff were caring towards people at the service.

Some people at the service displayed behaviours that challenged the service however, staff always spoke positively of the people they supported and how they saw the person first and not their health condition. A member of staff said, "It's the person not the condition." The same member of staff told us they had built positive relationships with people they supported through a, "Combination of taking the person out and talking to them." This meant the service treated people as individuals and showed they had the time and skills to understand people they supported.

People's flats were clean and individualised with people's favourite items on display. A member of staff gave an example of where they had supported someone to choose home décor for their flat to make their home more personalised.

People were supported to go on holiday and the registered manager of the branch was pleased as they had been advised that some people due to their behaviours would never be able to go on holiday. We saw records and photographs to confirm this. A member of staff said, "We took [Person] on holiday, he loved it, it was very good for [person]."The same member of staff said, "He [person] understands when you go the extra mile for him." This meant staff at the service were caring towards people.

Staff respected people's privacy and dignity when they were supported with personal care. One member of staff said, "Doors are closed in case someone walks in" and "I give [person] a towel to wrap themselves." We also observed staff knock or ring the front of people's door and announcing themselves before entering their flats.

Staff also explained how people were able to have time alone in their flats if they wished. The service provided people with a guide and it contained information on protecting their rights such as being able to have private time in their flats without staff disturbance. A member of staff gave an example of how they knew from the person's body language or movement within their flat that it was time to give a person space and private time in their flat.

The service supported people to make friends and explore romantic relationships. People were supported to attend events where they could meet other people to form friendships and potential relationships. A member of staff said, "[Person] goes to parties and outings ."

One person using the service told us they enjoyed seeing their girlfriend and we observed people at the service spend time with other people that were special to them.
The service did not support anyone who identified as Lesbian, Gay, Bi-sexual or Transgender (LGBT) however, staff told us they would not discriminate against people and they would support people with dignity and respect.

People's confidentiality was respected by staff we spoke to at the service. A member of staff said, "I would not disclose information (outside the service)."

To seek people's views, the service held 'Voices to be Heard' meetings. This was a meeting where one person using the service had been nominated as a representative to provide feedback on people's views to the provider. The person was supported when providing feedback by a member of staff. This provided people at the service an opportunity to express their views in an open way.

People were supported by the service to meet their cultural and spiritual beliefs. One person said, "I like going to church."

Good

Is the service responsive?

Our findings

People received personalised care from staff who fully understood their needs. Staff were knowledgeable about the people they supported and could tell us people's different health conditions, their routines, likes and dislikes.

Care plans were divided into four sections, these included; care support, health and wellbeing, medicines and finance. Each support plan described the level of support people required and gave clear guidelines to staff. The care plans contained details of people's backgrounds, social history, likes and dislikes and people important to them. Staff we spoke with told us they found the care plans useful.

People received personalised care that was responsive to their needs including their right to have information presented to them in an accessible manner. Records showed that care staff had carefully consulted with each person and where appropriate consulted with family about the care they wanted to receive and had recorded the results in an individual care plan. For example, people were supported to attend college as they had expressed a desire to gain new skills.

The care plans were being regularly reviewed to make sure that they accurately reflected people's changing needs and wishes. This included responding to their physical adaptive needs, supporting them to maintain their personal hygiene and helping them to manage healthcare conditions. People, relatives and health professionals were invited to reviews. A relative told us they were always invited to reviews but their latest one had been cancelled by the health professional. We observed a review that had been completed in someone's flat. It was an annual photo review using pictures, the person would lift the photo to see what had happened. The person kept the pictures they liked, for example, when they had travelled with their partner. This review process involved the person to see what they had achieved.

Staff took the initiative when observing people they supported. For example, the registered manager told us how a member of staff had concerns about a person who was having recurring chest infections and pain while eating. The member of staff went on medicines training and learnt about polypharmacy (Polypharmacy is the concurrent use of multiple medications by a patient.). The staff member informed the person's GP and as a result the person's medicine was changed. "The registered manager said, "[Staff] took the initiative and helped her client feel better, it was really great." The registered manager also gave an example of how they had introduced a secured bin that could be knocked over to provide a sensory need for someone at the service who would knock over the local residents' bins. After its introduction the person no longer felt the need to knock the local residents' bins over. This meant staff were responsive to people's needs to ensure they had the best health outcomes.

People at the service participated in a number of activities of their choice. People attended the gym and had personal training sessions. Some people received massages from a qualified therapist. A member of staff said, "On a Thursday [Person] goes swimming, Tuesday the arcade and Wednesday activity of choice. [Person] knows his routine very well." In one person's flat they enjoyed going to the theatre and to different entertainment shows. They had a range of leaflets to help them decide which one they wanted to attend

and they showed them to us. The service also held joint activities to involve all people from their different sites. Records confirmed the service held a summer barbeque and invited people's relatives. This supported family involvement which had a positive impact on people at the service.

The service had a complaints process and this was available in pictorial format to support people at the service. We asked relatives about complaints and they told us they knew how to complain by speaking to the registered manager. The operations manager told us that, "All complaints are discussed in team meetings to assist learning." We viewed three complaints and saw they had been logged and responded to in line with the providers policy and the complainants were happy with the outcome.

Where needed the service completed end of life care plans for people. The registered manager for one of the services explained that some people had funeral plans and do no attempt resuscitation plans in place. The registered manager said, "Some people are very young, don't want to talk about end of life."

Good

Is the service well-led?

Our findings

People knew who the registered manager was. The service had three registered managers who were each responsible for one of the supported living schemes. We were advised this structure would be implemented during the last inspection in December 2016 and it was now in place.

A relative told us they knew who the registered manager was and they said, "The [Registered manager] she's very helpful."

Staff felt well supported by the registered manager and by the senior management team. Staff told us the morale and atmosphere at the service was good. Staff received recognition from the provider when they were doing a good job which boosted their confidence A member of staff said, "I can always talk to [Registered manager] and discuss things with her, she has an open door policy." The same member of staff gave an example of how they were given support by the registered manager in their role. The member of staff said, "We had difficulties arranging a dentist for [person], [Registered manager] stepped in." Another member of staff said, "Working for this provider I see a big improvement (from previous job), I see my manager on a daily basis. I always meet with [registered manager]. We have on call who give you advice." This meant there was visible management to support staff and people at the service.

There was a culture of staff always striving to deliver quality care and information sharing in order to learn best practice. Staff would share information during handovers so that important events involving people at the service were not missed. A member of staff said, "Staff are supportive of each other." The same member of staff said, "Everyone talks to each other, you never know who may be able to give a solution." Staff would share ideas on how they could best support someone at the service. For example, a member of staff told us they had asked other staff how they could get someone to stand up. The member of staff said, "All staff chipped in with ideas."

The service had a robust quality assurance process which involved audits of medicines, people's finance, support plans and risk assessments. The registered manager showed us their compliance audit which followed the CQC key lines of enquiry and used a traffic light system to self-rate. Records confirmed they completed this monthly and would review where improvements were needed in order to be compliant for example, where they had been amber in relation to privacy and dignity they had improved to green. This was based on feedback from people, their relatives and external stakeholders stating privacy and dignity was respected by staff at the service. The operations manager attended once a month to perform a health and safety audit and the audit ended with the registered manager receiving their supervision.

Records confirmed the registered managers attended monthly meetings and staff had monthly meetings. At staff meetings the registered manager told us that staff were required to bring their monthly key working minutes to discuss. To ensure people received a quality service the registered manager advised that staff should bring concerns to their attention soon and not wait for the team meeting. Staff told us team meetings were also an opportunity to discuss what was expected from them and CQC standards.

The registered manager from one of the supported living services sent us their strategy and action plan. This set out their objectives on how they wanted to continually improve the service for the people they supported. The plan was split into four quarters for the year and there was an aim of reaching 2020 and meeting set goals. For example, some objectives had been set to ensure a member of staff was signed off as a PCAS assessor, to find a holiday destination for a person who used the service and to ensure people's risk assessments were always spoken about during team meetings. Records confirmed this was now taking place.

The service requested feedback from people who used the service, their relatives and professionals. This information was used to improve the service. The service worked with external stakeholders to drive improvement and improve community links. Relatives were also sent the provider's newsletter as a way to keep them informed about changes within the organisation.