

Hoffmann Foundation for Autism

Hoffmann Foundation for Autism - 69 Castleton Avenue

Inspection report

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Date of inspection visit:
14 June 2016

Date of publication:
15 July 2016

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

This unannounced inspection of Hoffman Foundation for Autism – 69 Castleton Avenue took place on the 14th June 2016. At our last inspection on 17 July 2014 the service met the regulations inspected.

Hoffman Foundation for Autism – 69 Castleton Avenue is registered to provide accommodation and personal care for five people. The home provides care and support for people who have a learning disability, some of whom have mental health needs. On the day of our visit there were five people living in the home. Public transport and a range of shops are located within walking distance.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission [CQC] to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were treated with respect and staff engaged with people in a friendly and courteous manner. Throughout our visit we observed caring and supportive relationships between staff and people using the service. People told us staff were kind to them. Staff respected people's privacy and dignity.

There were procedures for safeguarding people. Staff knew how to safeguard the people they supported and cared for. Arrangements were in place to make sure sufficient numbers of skilled staff were deployed at all times. People's individual needs and risks were identified and managed as part of their plan of care and support to minimise the likelihood of harm.

Care plans reflected people's current needs. They contained the information staff needed to provide people with the care and support they wanted and required. People were supported to choose and take part in a range of activities of their choice. People chose what they wanted to eat and people were involved in the preparation of their own meals.

People were encouraged and supported to make decisions for themselves whenever possible and their independence was upheld and promoted. People were provided with the support they needed to maintain links with their family and friends.

People were supported to maintain good health. They had access to appropriate healthcare services that monitored their health and provided people with appropriate support, treatment and specialist advice when needed. Systems were in place to make sure people received their medicines safely.

Staff were appropriately recruited and supported to provide people with individualised care and support. Staff received a range of training to enable them to be skilled and competent to carry out their roles and responsibilities. Staff told us they enjoyed working in the home and received the support and training they needed to carry out their roles and responsibilities.

Staff understood the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They knew about the systems in place for making decisions in people's best interest when they were unable to make one or more decisions about their care and/or other aspects of their lives.

People had opportunities to feedback about the service. There were systems in place to regularly assess, monitor and improve the quality of the services provided for people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People told us they felt safe and were treated well by staff. Staff knew how to recognise abuse and understood their responsibility to keep people safe and protect them from harm.

Risks to people were identified and measures were in place to protect people from harm whilst promoting their independence.

Medicines were managed and administered to people safely.

Recruitment and selection arrangements made sure only suitable staff with appropriate skills and experience were employed to provide care and support for people.

Is the service effective?

Good ●

The service was effective. People were cared for by staff who received the training and support they needed to enable them to carry out their responsibilities in meeting people's individual needs.

People were provided with a choice of meals and refreshments that met their preferences and dietary needs.

People were supported to maintain good health. They had access to a range of healthcare services to make sure they received effective healthcare and treatment.

Staff were aware of their responsibilities regarding the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and their implications for people living in the home.

Is the service caring?

Good ●

The service was caring. Staff were approachable and provided people with the care and support they needed. Staff respected people and involved them in decisions about their care. People's independence was promoted and supported.

Staff understood people's individual needs and respected their

right to privacy. Staff had a good understanding of the importance of confidentiality.

People's well-being and their relationships with those important to them were promoted and supported.

Is the service responsive?

Good ●

The service was responsive. People received personalised care.

People were supported to take part in a range of recreational activities.

People knew who they could speak with if they had a complaint. Staff understood the procedures for receiving and responding to concerns and complaints.

Is the service well-led?

Good ●

The service was well led. People using the service and staff informed us the manager was approachable, listened to them and kept them updated about the service and of any changes.

People had the opportunity to provide feedback about the service during meetings. Relatives of people told us that issues raised were addressed appropriately.

There were a range of processes in place to monitor and improve the quality of the service.

Hoffmann Foundation for Autism - 69 Castleton 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.

The inspection was carried out by one inspector. Before the inspection we looked at information we held about the service. This information included notifications sent to the Care Quality Commission [CQC] and all other contact that we had with the home since the previous inspection. We also looked at the Provider Information Return [PIR] which the registered manager had completed before the inspection. The PIR 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. The PIR was discussed with the registered manager during the inspection.

During the inspection we spoke with five people using the service, the registered manager, deputy manager, and two care workers. Some people using the service were not able to tell us in detail about their experience of living in the home, so to gain further understanding of people's experience of the service we spent time observing how they were supported by staff.

Following the inspection we spoke with five relatives of people using the service, and an Applied Behaviour Analyst who was employed by the provider.

We also reviewed a variety of records which related to people's individual care and the running of the home. These records included; care files of three people living in the home, four staff records, audits, and policies and procedures that related to the management of the service.

Is the service safe?

Our findings

People using the service told us they felt safe living in the home. Relatives of people told us they did not worry about people's day to day safety. They told us they felt people were safe and said they would inform staff if they had concerns about people's well-being. Comments from relatives included "[Person] is definitely safe," "Person is quite safe living there," "They [staff] keep an eye on [Person]" and "[Person] would tell me if staff were not nice to them."

There were policies and procedures in place which informed staff of the action they needed to take to keep people safe including when they suspected abuse or were aware of poor practice from other staff. Details of the host local authority safeguarding adult's team were displayed. Care workers were aware of whistleblowing procedures and were able to describe different kinds of abuse. They told us they would immediately report any concerns or suspicions of abuse to the registered manager and were confident that any safeguarding concerns would be addressed appropriately by them. A care worker told us "If I saw poor practice from any member of staff I would report it to the manager and to head office. If I heard staff shouting I would report it."

Care workers also knew to report all incidents of abuse to the host local authority safeguarding team. However, although the registered manager had recently informed the host local authority about a safeguarding issue they had not completed the appropriate referral form for raising the alert, and the provider had taken action including investigating the issue prior to discussing the issue with the local authority. The registered manager informed us that in future she would ensure an appropriate referral was made. Care workers informed us they had received training about safeguarding people and training records confirmed this. Records showed that the chief executive officer [CEO] had recently spoken with staff about safeguarding and whistleblowing procedures.

There were systems in place to manage and monitor the staffing of the service so people received the care they needed and were safe. Some staff had recently left the service. The registered manager informed us that recruitment of staff was taking place. Care workers told us they felt there were enough staff on duty to meet people's needs and that staffing levels were adjusted to make sure people received the support they needed to attend health appointments and take part in a range of activities. We found sufficient staff were deployed during the inspection to provide people with the care and support they needed and to enable people to take part in activities within and outside of the home. Staff had time to spend time talking with people and were available when people wanted to engage with them and/or needed assistance. There was usually one member of staff on duty at night. Records showed the service had a lone working policy included health and safety guidance for staff on the risks of working alone. The registered manager told us the policy would be updated to include guidance and possibly involvement from people using the service to follow if the lone worker became ill.

Care plans showed risks to people were assessed and guidance was in place for staff to follow to minimise the risk of people being harmed and also to support them to take some risks as part of their day to day living. Risk assessments were personalised and had been reviewed and updated regularly. Risk assessments

included risk management plans for a selection of areas including; the management of kitchen knives, kitchen safety, people's finances, risk of falling from windows, infection control, interaction with visitors and travelling in the minibus. A care worker had knowledge and understanding about a range of risk assessments. Records showed people's risk assessments had been discussed with staff. Accidents and incidents were recorded and addressed appropriately.

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 protected. These included regular checks of the hot water temperature, fire safety, gas and electric systems. We saw from records that a hot water tap in one person's wash basin located in their bedroom had been producing hot water outside the safe temperature range. We saw that the maintenance person had been informed. The registered manager told us she would ensure it was repaired promptly. During the inspection she completed a risk assessment which was explained to the person using the service to minimise the risk of the person being scalded. Following the inspection the registered manager told us that the fault causing the issue had been repaired and she had also developed and improved the protocol for monitoring the hot water outlets in the home.

An emergency plan including evacuation procedure was accessible to staff and included information about places to stay if the home needed to be evacuated in an emergency. The deputy manager told us about the emergency procedures to be followed in the event of a fire and or other emergency. There was an up to date fire risk assessment in place. However, we noted people did not have an individual Personal Emergency Evacuation Plan [PEEP]. Following the inspection the registered manager sent us documentation which indicated PEEPs had been completed for people using the service. Fire drills took place regularly and included participation from people using the service.

People received a range of support with the management of their finances. The individual support people needed with their finances was described in each person's care plan. We saw appropriate records were maintained of people's finances including their spending. To reduce the risk of financial abuse staff carried out frequent checks of people's monies. Records showed that the registered manager also regularly audited the handling and management of people's monies. She told us these checks included checking receipts of purchases to show they matched the records of people's expenditure. A person showed us some cash that she kept in her purse and told us "I buy things sometimes."

The four staff records we looked at showed appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. These included a formal interview, obtaining references and checks to find out if the prospective employee had a criminal record or had been barred from working with people who needed care and support.

People's medicines were stored securely. A medicines policy which included procedures for the safe handling of medicines was available. Records showed that a pharmacist had carried out an audit of the medicines in March 2016 and were satisfied with the management of medicines in the service. Checks of the stock of medicines administered from their original medicine box were carried out. However, we noted that a person's medicine that was administered when needed was not included in the stock checks. The registered manager told us she would make sure this medicine was included in the stock monitoring arrangements.

People had a specific detailed person centred care plan relating to the management and administration of their medicines which was regularly reviewed. Records showed that people's medicines were regularly reviewed by a doctor. Medicines administration records [MAR] showed that people received the medicines

they were prescribed. Care workers administering medicines told us they had received medicines training. Records confirmed this. The registered manager told us about the comprehensive 'in house' medicines competency assessments staff received before they administered medicines to people. She told us she would ensure these assessments and other monitoring checks she carried out to monitor staff's ability to manage and store medicines were recorded. We found there were accessible information leaflets about each person's medicines. Staff also had access to an up to date pharmaceutical reference book where they could look up medicines they were not familiar with. We observed care workers administering medicines to people in a considerate and safe manner.

The home was clean. Soap and paper towels were available and staff had access to protective clothing including disposable gloves and aprons. Housekeeping duties were carried out by care workers who recorded when tasks had been completed. Infection control checks of the premises were carried out.

Is the service effective?

Our findings

People told us they were happy with the care and support they received from staff. When we asked people if staff were kind to them people said "Yes", and commented; "[They] staff help me." Care workers spoke in a positive manner about their experiences of working in the home caring and supporting people. They were very knowledgeable about the needs of the people using the service and told us about the care they assisted people with. A care worker told us "We involve people. I think we do a good job. We know people well." Relatives told us "They [staff] are very good", "I know [Person] is happy. As long as [Person] is happy I am happy", "Staff know [Person] well. They are good. They look after [Person]" and "They [staff] seem competent."

Care workers told us they received the training they needed to provide people with effective care and support. They informed us that when they started working in the home they had received an induction, which included learning about the organisation, people's needs and shadowing more experienced staff. An agency care worker told us they had received a useful induction about the service which had included emergency procedures. They informed us the induction had helped them to know what was expected of them when carrying out their role in providing people with the care and support they needed. The Care Certificate induction which is the benchmark set in April 2015 for the induction of new care workers was discussed with the registered manager who told us she would discuss this with senior management staff and look into introducing it. Records showed that when care staff started work in the home they also completed an 'Autism work book' which includes learning about autistic spectrum disorders and how to support people with autism.

Records showed and staff told us they had received relevant training to provide people with the care and support they needed. Training records showed staff had completed training in a range of areas relevant to their roles and responsibilities. This training included; moving and handling, first aid, safeguarding adults, fire safety, medicines and food safety. A care worker told us "I keep up to date with training," and spoke of having completed basic first aid training recently. They confirmed that the course had included cardio pulmonary resuscitation [CPR]. Staff had also received training in other relevant areas including; autism, epilepsy, person centred planning and managing challenging behaviour. The Applied behaviour analyst told us that she and her colleague provided workshops for staff during which behaviour strategies for people using the service were discussed and agreed. A care worker told us that if they felt they needed training in a specific area they could request it and was confident it would be arranged. They informed us that they had recently received training about managing a person's specific behaviour. Care workers had completed vocational qualifications in health and social care which were relevant to their roles. Relatives of people told us they felt care workers and management staff were competent and knew people well.

Care workers told us they felt well supported by the registered manager. A care worker told us "[Senior member of staff] always asks me about my health and how I am doing. They care about me. We talk about the job and service users." They told us and records showed that staff regularly had the opportunity to meet with the registered manager and other management staff during individual supervision sessions and group meetings. We found staff had received appraisals of their performance. A care worker told us "We get on well

as a team."

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Care workers and the registered manager knew about the requirements of MCA and DoLS. Care workers knew what constituted restraint and knew that a person's deprivation of liberty must be legally authorised. Records showed that four people using the service were subject to a DoLS authorisation at the time of our visit. Staff told us and records showed that staff had received MCA and DoLS training. People moved freely within all communal areas of the home.

Care plans identified the support people needed with their care and other aspects of their lives. People's care plans showed people were able to make a range of decisions about their lives including decisions about their care and treatment, and the decisions they made were respected. Care workers, the deputy manager and the registered manager knew that if people were unable to make a decision about their treatment or other aspect of their care, health and social care professionals, staff, and family members would be involved in making a decision in the person's best interest. The registered manager provided us with an example of when on occasions a person using the service had been mentally unwell and decisions to do with the person's care and treatment had been made in their best interests. Relatives told us they were fully involved in supporting people with making a range of decisions to do with people's care and treatment. Care workers were knowledgeable about the importance of obtaining people's consent when supporting people with their care and in other areas of their lives.

People were supported to maintain good health and were referred to relevant health professionals when they were unwell and/or needed specialist care and treatment. Records showed people received health checks and had access to a range of health professionals including; GPs, psychiatrists, dentists, and opticians to make sure they received effective healthcare and treatment. Records showed that staff took appropriate action by arranging appointments for people with their GP when they showed symptoms of being unwell. People had an individual health action plan in written and picture format which detailed their health needs and included guidance to meet those needs. People spoke of attending health appointments. They told us "I see a doctor sometimes, he is near here," "I go to the dentist sometimes," and "I get my eyes checked."

We found people's nutritional needs and preferences were recorded in their care plan and accommodated for. Care workers we spoke with had knowledge and understanding of people's individual nutritional needs including particular dietary needs. Records showed that meals catered for people's varied preferences and cultural needs. People were very complimentary about the meals and told us they were involved in choosing them. People confirmed they had choice and we saw a person was provided with an alternative meal when they had declined the meal on the menu. People took part in regular meetings where they discussed and chose the meals they wanted. We saw pictures of meals displayed with the written menu so people who had difficulty reading were able to know what was on the menu for that day. We saw some people make their lunch with minimal supervision from staff. They confirmed they had chosen what they had to eat. They were very positive about the evening meal they ate during the inspection. People's weight was monitored. Care workers knew to report significant changes in people's weight to other staff including the management staff and to make an appointment with a GP if needed.

People using the service told us they were happy with their bedrooms and the environment of the home. Some people kindly showed us their bedroom, which we saw were individually personalised with a range of items of their choice.

Is the service caring?

Our findings

During our visit we saw positive engagement between staff and people using the service. The care workers, deputy manager and registered manager spoke with people in a friendly and respectful way. People approached staff without hesitation and told us staff were kind and treated them well. People told us they knew the staff on duty. All the people using the service we spoke with were positive about the staff and said 'yes' when we asked them if staff were nice to them. One person indicated that staff were kind by smiling, nodding their head and doing a 'thumbs up' sign. A person commented; "They [staff] are nice. All of them [staff] are nice to me." Relatives of people told us "They [staff] are good and kind", "[Person] is quite happy there. [Person] is near the shops" and "Everyone is very dedicated."

A care worker told us they had worked in the home for many years and knew people well. They told us about people's range of needs and how they assisted people to obtain the care and support they wanted and needed. People's care plans included a profile about each person to help staff understand people's individual needs. An agency care worker told us they had worked in the home several times and had got to know each person by talking with them and staff, and by reading people's care plans. We saw by this member of staff's interaction with people that they were familiar with and understood people's varied needs. A care worker told us "I like it here; I have never seen bad engagement between staff and clients. It is a nice place" Care workers told us and records showed there was consistency of staffing within the home, which they said was an important aspect in providing people with the care and support they needed. People were informed about which staff were on duty as their pictures were displayed on a notice board.

Care workers informed us they made sure they involved people fully in decisions about their care and other aspects of their lives. People we spoke with confirmed they were involved in decisions about their care and were happy with the care they received. They told us they made decisions about the clothes they bought and the activities they enjoyed. A person told us they had chosen the clothes they were wearing and we saw them make a range of day to day decisions. We saw a person put on makeup and choose what to wear. During the inspection care workers encouraged and praised people. Care workers told us "We discuss things with people. We always give choice" and "They [people] are very involved in the house and have choices. They do what they want."

Care workers told us people's independence and the development of their skills were supported by the service. They told us people were encouraged and supported to be involved in household tasks including cooking, cleaning their room and the laundering their clothes. We saw people prepare their lunch, do some washing up and a person was involved in the laundering of their clothes. People spoke in a positive manner about doing household tasks. Some people had a key to their bedroom which we saw them use during the inspection. Comments from people included; "I can go out on my own," "I wash the dishes, load the dish washer, I clean my room and do my laundry and ironing" and "On Wednesday, I clean my room." A relative of a person told us "[Person] is quite independent. They can get trains by themselves and have a mobile phone."

Staff understood people's right to privacy and we saw they treated people with dignity. Care workers had a

good understanding of the importance of confidentiality. They knew not to speak about people other than to staff and others involved in the person's care and treatment. Care workers knocked on people's bedroom doors and did not enter people's bedrooms without permission. We saw people decided when to spend time alone in their bedroom and this decision was respected by staff. A care worker told us "People are treated with respect; we like to be treated well so we treat people well." The registered manager told us the topic respect had been discussed with staff during team meetings.

People were supported to maintain the relationships they wanted to have with friends and family. People's care plans included information about people important to them. Relatives of people told us and records showed people had contact with family members. Some people visited relatives regularly, went on holiday with them and spoke with them on the phone. Relatives of people using the service told us about their family members [people using the service] visits to their home. Care workers confirmed there was good communication with people's families. A person using the service told us about the friends they had at the college they attended. Some people had their personal mobile phone, so they could contact family, friends and staff when they wished.

Care workers and people using the service confirmed religious festivals as well as people's birthdays were celebrated by the service. A care worker told us that two people regularly attended a place of worship with their relatives. Staff had a good understanding of equality and diversity, and told us about the importance of respecting people's individual beliefs and needs. Staff told us that equality and diversity was "Treating everyone the same. We are all human beings whatever our beliefs" and "We are all have the same equal rights, clients and us. We should treat everyone in the same way."

Is the service responsive?

Our findings

People told us they felt involved in their care and were happy living in the home. They confirmed they could choose the activities they wanted to participate in. A person told us they enjoyed going to college, shopping and listening to music. A person using the service told us they informed staff when they were unwell and commented "They help me when I am ill." Relatives of people commented "They [staff] ring us up about [Person]. We are fully involved in [Person's] care", "They would let me know if person was not well," and "[Person] seems to be busy. They have things to do."

People's care plans identified where people needed support and guidance from staff. The three care plans we looked at included information about each person's health, support and care needs, what was important to them and described their individual abilities. People's preferred times for going to bed and getting up, their night care and support needs, communication and behaviour needs were included in their plan of care. A person told us that staff provided them with assistance with a shower when they needed it. They told us "I have a shower in the morning and afternoon, which is what I like."

Care workers knew about people's care plans which they told us they read. They informed us they had a 'handover' at the start and end of each shift when they shared information about each person's current needs and progress. Each working shift care workers completed care notes about progress and included details of any changes in people's health, mood and care needs, so staff had up to date information about people's current needs and showed people's needs were monitored closely. Monthly reports about people's progress were completed by key workers.

Care workers spoke of their key worker role in supporting people. They told us they held regular meetings with their key person to talk about a range of issues to do with the person's life including; planning activities and holidays, shopping for clothes and other items and to provide an opportunity for people to feedback about any matters to do with the service. People knew the name of their key worker. An Applied behaviour analyst employed by the organisation told us that they often met with people using the service and their key workers to discuss issues to do with people's needs including strategies for the management of any behaviour that challenged the service. Care workers and the management staff provided us with examples of the strategies they had used to support people with specific behaviour needs.

Care workers we spoke with had a good understanding of people's needs and told us about how they provided people with the care and support they needed. People's communication needs were written in their care plan. Care workers told us about how they communicated with a person who had verbal needs and told us they showed the person one or more items to help them make choices such as what to wear or what they wanted to eat. We saw staff do this during the inspection. A care worker told us about the support and care a person received when the person's mental health needs changed. The person confirmed they were supported by staff when they were mentally unwell. People's care and support needs had been reviewed regularly by people, family members, staff and with health and social care professionals. Some people's relatives told us they attended meetings about people's care and were kept informed about people's progress. One person's relative told us they would like to receive copies of the care plan reviews

particularly when they were unable to attend the person's care review meeting. Records showed that care plans were updated when people's needs altered such as when there were changes in people's behaviour.

People's activity preferences were recorded in their care plan and each person had an individual activity plan. Care workers told us about the support people received to make sure they had the opportunity to take part in a range of activities including outings, college, Karaoke, shopping, baking, eating out and swimming. During the inspection, people attended college, went for a walk, played board games, did some writing, watched television and listened to music. A person showed us their pet bird, and informed us that they looked after the bird by feeding him and "cleaning the cage out." There were also pet gold fish, which a person spoke positively about.

People using the service spoke of doing activities including embroidery, going for walks, attending clubs and word search puzzles. They told us "I enjoy doing word search and I am very good at it. I'm going to buy a new word search book." In the evening they showed us the word search book they had bought. A person using the service showed us their computer and informed us their printer was not working. The registered manager told us they were in the process of addressing the issue. People also had access to an electronic tablet during some activity sessions which they could use for information and games. People commented "I go shopping," "I do writing" and "I like college."

A care worker told us that some people were due to go on holiday, and others had holidays planned for a later date. A person using the service spoke of a recent holiday they had enjoyed with a relative. We saw photographs displayed of people enjoying a range of activities. However, some of these were several years old [2008]. The registered manager said she would make sure some recent photographs were displayed. We saw people chose whatever they wanted to do including relaxing in their bedroom and they freely accessed areas of the home including their bedrooms, lounge and the kitchen.

The service had a complaints policy and procedure for responding to and managing complaints. The complaints procedure was displayed in people's bedrooms. People told us they would speak with staff if they had a worry or concern about something. A person using the service said they would make a complaint if staff were not kind to them.

People's relatives informed us they found staff approachable, and would report any complaints they had to the registered manager. A relative told us they would not hesitate to raise any issues with the registered manager and were confident they would be responded to appropriately. They provided us with an example of a complaint they had raised which they said had been addressed. Another relative told us that if they had a complaint "[The registered manager] would deal with things straight away." However, one relative told us they were not sure how to make a complaint. Care workers knew they needed to take all complaints seriously and report them to management staff. Records showed complaints including complaints from people using the service had been responded to appropriately.

Is the service well-led?

Our findings

People we spoke with told us they were happy living in the home. People's relatives spoke in a positive manner about the home and the way it was managed. A person's relative told us they would recommend the service. Comments from relatives include "The manager is good," "It is a nice home. It is a lovely house", "I think Hoffmann [the provider] are really good" and "The manager is pretty good. I would recommend it and have done."

The service has a registered manager who has managed the home for several years and also manages another similar service run by the same provider. There is a clear management structure, which consist of the registered manager, deputy manager who have support from a director of operations and the chief executive officer. Staff we spoke with were clear about the lines of accountability. There was an on-call procedure. Staff knew about reporting any issues to do with the service to the registered manager. Where incidents had occurred, detailed records had been completed and retained at the service.

Care workers told us the manager regularly spent time in the home. However, the staff rota did not include information about when the registered manager was working in the home. The registered manager told us she would make sure this was recorded. Care workers we spoke with told us the management staff were approachable, listened to them were always available to provide advice and support. Relatives spoke well of the registered manager. We heard and saw the manager and deputy manager engage in a positive manner with people using the service.

Regular staff meetings, provided staff with the opportunity to receive information about the service, become informed about any changes and to discuss the service with management staff. Topics discussed during staff meetings included staff training, health and safety, medicines, incident reporting. Care workers told us they were kept well informed and were confident the registered manager would listen to them and address any matters they raised about the service. A care worker told us "If there is an issue I will raise it and I am confident action would be taken." The registered manager provided us with examples of when suggestions about improving the service had been addressed. These included making improvements to an area of record keeping and having more pictures of food to help people make meal choices.

A staff feedback survey had been carried out in 2015 and records showed action had been taken to address issues raised that included providing staff with further training about managing people's behaviour when it challenged the service. Staff had also suggested improving the communication systems for people using the service and we saw some action had been taken to address this. The registered manager told us further improvements would be made in this area.

Relatives told us they had been asked for feedback about the service but not for some time. The registered manager told us that relatives of people had been asked for their feedback in 2015 and that she would check with the provider to see when surveys would be sent out this year. The registered manager spoke of the frequent communication by phone and email the service had with most people's relatives. We saw records of email contact with a person's relative.

People also had the opportunity to feedback about their needs and issues to do with the service during regular one-to-one meetings with their key worker and during regular resident meetings. Records showed people participated in the meetings and a range of topics were discussed including holidays and people's wellbeing. A person told us "We have meetings. We talk about a lot of things." The person told us that they felt able to speak with staff and that staff would "Sort things out."

A range of records including people's records, visitor's book, communication book and health records for individuals showed that the organisation worked with a range of professionals to provide people with the service that they needed.

Care workers knew about the policies and procedures related to the care of people and the running of the service and how to access them when this was required. A care worker told us they had recently read some policies. Records showed that guidance was in place for staff to follow in a range of areas including; when there were staff shortages, significant maintenance issues such as no water supply, and when people using the service became unwell. Staff had signed they had read these protocols.

Staff carried out a range of checks to monitor the quality of the service. The registered manager told us that members of staff had a range of monitoring roles and responsibilities in a range of areas of the service. These included reviewing people's care plans, checks of people's monies, fire safety and carrying out checks of the medicines, the house vehicle and food safety. Daily checks of the medicines, cleanliness of the kitchen and bathrooms, fridge/freezer and medicines cupboard temperatures were carried out. Monthly quality assurance monitoring checks showed checks of health and safety, complaints, staff training, supervision and appraisals were carried out.

We saw that records of maintenance issues and the action taken to address them were recorded. Health and safety checks of the environment were carried out weekly and more comprehensive checks took place monthly. The detail of some areas of the written monthly health and safety checks could be clearer for example a health and safety audit recorded that checks needed to be made to make sure the hot water temperature did not exceed 43oc. However, it did not detail whether all the hot water taps needed to be checked during this audit. Also although the health and safety audit included checks of window restrictors it did not include any detail about the sort of checks of the window restrictors that needed to be made such as checking to see if they were in need of repair. The registered manager told us she would address this with the provider. Records showed action had been taken to make improvements when this was found to be needed during health and safety checks.

Records showed staff carried out monitoring checks of people during the night. Audit records showed that monitoring of a range of aspects of the service had been carried out by senior management staff, including a comprehensive unannounced quality audit in May 2016. Records showed there was an annual service plan for 2016-17 which included aims and goals for the service to be achieved within that year.