

Hoffmann Foundation for Autism

Hoffmann Foundation for Autism - 18 Marriott Road

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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 10 December 2018 and was unannounced. The service was last inspected on 2 May 2017, where we found the provider to be in breach of one regulation in relation to good governance. The service was rated Requires Improvement. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions effective and well-led to at least good. At the inspection on 10 December 2018, we found the provider had made some improvements and were no longer in breach of the regulation in relation to good governance. However, we found there were issues with staffing and hence, the service remains Requires Improvement. This is the third consecutive time the service has been rated Requires Improvement.

The Hoffmann Foundation for Autism – 18 Marriott Road is a residential care home registered to provide accommodation and personal care support for up to six people who have a learning disability and may have autism, Asperger's Syndrome or display characteristics that fall within the autistic spectrum. At the time of our inspection, five people were living at the service.

The Hoffmann Foundation for Autism – 18 Marriott Road 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 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.

There was 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.

Relatives of people who used the service told us people were safe and there were enough staff. However, staff told us there were not enough permanent staff and found difficult to work with different agency staff. There was a lack of continuity for people who used the service. Staff knew how to identify and report abuse, and escalate concerns outside the service where necessary.

Staff were recruited appropriately to ensure they were safe and suitable to work with people who were vulnerable. People's medicines were managed safely. Staff maintained clear safeguarding and incidents records. The management learnt and shared lessons with staff to improve when things went wrong.

There were systems in place to assess people's needs before they moved to the service. People's needs were met by staff who were appropriately trained. Staff received regular supervision to do their jobs effectively.

People's dietary needs were met and were supported to access ongoing healthcare services. The building was not suitable for people due to accessibility issues and the provider was in the process of moving people to a more appropriate setting. The provider sought people's consent to care and treatment in line with the legislation and guidance.

Relatives told us staff listened to people and were caring. Staff encouraged people to express their views and supported them to be as independent as they could be. People's cultural and religious needs were identified, recorded and met by staff. Staff were knowledgeable about the importance of maintaining people's confidentiality.

People's care plans were in accessible format and gave staff sufficient information to provide personalised care. People's care was reviewed regularly and relatives were involved in the process. There were systems and processes in place to respond to complaints and concerns in a timely manner. The provider's end of life care policy did not include how to assess and support people with their end of life care wishes.

Staff were trained in equality and diversity and treated people without discrimination. The provider welcomed lesbian, gay, bisexual and transgender people to use their service.

The provider had effective monitoring, auditing and evaluating systems and processes in place to ensure the quality and safety of the service.

People's relatives spoke positively about the registered manager and they told us they were happy with the service. However, staff told us there was lack of management presence and they did not always feel valued.

The provider sought feedback from people, relatives, and the management worked in partnership with other organisations to improve the care delivery and people's experiences.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 18 Staffing. We have made recommendations in relation to end of life care planning and staff recognition.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

There was a lack of continuity for people living at the service due to shortage of permanent staff.

People's relatives told us the service was safe and that they were safely supported by staff. Staff knew how to safeguard people against harm and abuse.

The provider followed safe recruitment practices. Staff were trained in safe medicines handling and supported people safely.

The service was clean and staff knew how to prevent the spread of infection.

The provider had systems in place to learn lessons and improve when things went wrong.

Is the service effective?

Good ●

The service was effective.

Relatives told us people's needs were met by staff. There were systems in place to assess people's need before they moved to the service.

Staff received sufficient training and regular supervision to provide effective care.

People were supported to maintain a nutritionally balanced diet. Staff supported people to access ongoing healthcare service to live healthier lives.

The provider was in the process of moving people to a new service as the current service's building was not suitable for people.

The care was delivered as per the Mental Capacity Act 2005 principles.

Is the service caring?

Good ●

The service was caring.

Relatives told us staff were caring and kind, and provided person-centred care.

Staff were trained in dignity in care, and relatives told us they treated people with respect.

People's cultural and religious needs were identified and recorded in their care plans.

Staff encouraged and supported people to be independent. People's confidentiality was maintained.

Is the service responsive?

Good ●

The service was responsive.

People were supported with their personalised care needs. Staff were knowledgeable about people's likes and dislikes.

People's care plans were comprehensive and regularly reviewed. Relatives and relevant healthcare professionals were involved in people's care reviews.

People were supported to participate in a range of activities.

The provider welcomed lesbian, gay, bisexual and transgender people to use the service.

People and relatives were encouraged to raise concerns. There were systems in place to address people's complaints in a timely manner.

The provider's end of life care policy did not detail how to assess and support people's end of life care wishes.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Relatives spoke positively about the management about the service. However, staff told us they felt less valued and they felt there was lack of management presence. The provider's quality assurance systems had not picked up issues related to lack of continuity of staffing.

There were monitoring and auditing systems in place to ensure the safety and quality of the service.

The provider sought feedback from people, relatives and staff to improve the service.

The management worked in partnership with other organisations.

Hoffmann Foundation for Autism - 18 Marriott Road

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 10 December 2018 and was unannounced. The inspection was carried out by one inspector.

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 the feedback from the local authority. 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 five people living at the home. We spent time observing interactions between people and the staff who supported them. We spoke with the registered manager and two care staff. We reviewed three people's care plans and risk assessments, daily care records, and 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, and paperwork related to the management of the service.

Following the inspection, we spoke with two relatives and a staff member. We reviewed the documents that were provided by the service on our request after the inspection.

Is the service safe?

Our findings

Relatives of the people who used the service told us they were safe living at the service. One relative said, "Yes, I certainly do feel [person who used the service] is safe there."

We asked the relatives if they felt there were enough staff at the service to support people safely. All relatives said that there were enough staff at the service but they had noticed a high staff turnover. However, they felt staff supporting people knew how to meet their needs safely. One relative said, "Yes, I do feel there is enough staffing. We go there every two weeks or phone the service and there is always staff there. The service is well staffed. However, we have noticed often there are new staff."

The management and staff told us that a lot of staff had left the service in recent months and that they were relying on their bank and approved agency staff to fill staff vacancies. This meant there was a lack of continuity of care. Staff rotas showed two staff were allocated in the morning, three in the afternoon and the night time support was provided by one waking staff member. However, staff told us that there had been shifts where there were not enough staff as they could not find replacement cover in time. For example, on the inspection day, the morning shift staff member could not attend the shift as they were unwell and the waking night staff member had to support people with the morning routine and arrange a replacement cover. The replacement agency staff member did not arrive till after 10am. This put pressure on the waking night staff member.

Permanent staff told us they felt overworked as most shifts were covered by agency staff where they had to train the agency staff how to support people with their individual needs safely. One staff member said, "The staff turnover has been quite high. [Staff member] and [staff member] have resigned. Only three staff who are permanent are remaining. The challenge we have is different agency staff all the time. More work for us as we have to train the staff on how to work with people. They [management] have tried to improve but it is not enough. We feel understaffed." A second staff member told us, "There have been staff changes and low retention rate. I have come in today and realised I will be working with a new agency staff [member] and one who has been working here for a week. It is demoralising. There is a lack of consistency around staffing from day to day and week to week." A third staff member commented, "It is pretty bad. Each time I go to the service I have wondered who is this? They are heavily relying on agency staffing. As a lot of permanent staff have left couldn't give an appropriate handover. Things have really slipped in the last few months. There have been mornings where there is only one staff [member]. [Person who used the service] is sensitive to changes." This showed sufficient numbers of staff had not been deployed to meet people's needs safely.

The above issues are a breach of Regulation 18 of the Health and Social Act 2008 (Regulated Activities) Regulation 2014.

We spoke to the registered manager about the staffing issues and they told us that they had struggled to recruit and retain staff which meant they had to rely on their bank and agency staff. They further said that the factors affecting high staff turnover and low retention rate were the location of the service as it was not easily accessible and the uncertainty around the service's closure. The provider had plans to move people

from this service to a more appropriate one. However, this posed a challenge in recruiting staff.

Following the inspection, the registered manager told us they had met with the local authority and had finalised the plans around moving people from Hoffmann Foundation for Autism - 18 Marriott Road to the provider's other service in the next few months. In the meantime, to address the lack of continuity and staffing issues they had allocated three staff from the provider's other service to work with people at Hoffmann Foundation for Autism - 18 Marriott Road and they would continue to work there until people moved.

People were safeguarded from abuse and poor care by staff who had a good understanding of safeguarding procedures. Staff were trained in safeguarding before they started working with people and received annual refresher training to ensure they knew how to report concerns. One staff member said, "To make sure [people who used the service] are given appropriate care and protected against abuse. I will tell the manager but not the alleged perpetrator of the concerns and abuse. If the manager is not available I would call the on-call person." Staff were aware of the provider's whistleblowing procedures and told us they would feel comfortable to go above their registered manager if required. One staff member commented, "If [registered manager] don't do anything, I would go to the safeguarding lead in Hoffmann [Foundation for Autism] to raise my concerns. If they don't do anything I would go to the local authority and yourselves. Oh yes, I will blow the whistle."

The management maintained a log of safeguarding alerts, and accurate records of concerns, investigation notes and outcomes. Records confirmed this. There had been two safeguarding concerns since the last inspection and the records showed the management had taken appropriate actions to safeguard people. They had also alerted the local safeguarding team and notified the Care Quality Commission in a timely manner. The management kept logs and records of incidents detailing the incident, actions taken, cause of the incident and lessons learnt to minimise and prevent a recurrence. Records confirmed this. Incidents records showed the registered manager discussed lessons learnt with staff to learn from mistakes and to improve.

Risks to people were identified, assessed and mitigated to ensure they received safe care. People's risk assessments were detailed and regularly reviewed, and were for areas such as personal care, nutrition and hydration, medicines, mobility, accessing the community, financial, behavioural, self-harm and harm to others, and absconding. Risk assessments gave sufficient information to staff on how to meet people's needs safely whilst respecting their freedom. For example, people at risk of absconding, their risk assessments informed staff of the reasons why it was important for people to continue to access the community, and detailed the preventative, reactive and post-incident strategies for staff to follow to support people safely in the community. Risk assessments instructed staff to ensure the keypad door was always activated to prevent people from absconding, when in the community to be with people at risk at all times and to be vigilant of their actions and whereabouts.

The provider followed appropriate recruitment procedures to ensure staff recruited to work with people at risk were suitable and safe. Staff files had all recruitment documents including an application form, interview notes, identity, right to work in this country, reference and criminal checks.

People's medicines were managed safely by staff who were trained in safe medicines handling. Medicines folders had people's profiles with their names and photos, and gave information on their health conditions, allergies, list of medicines, side effects, how to administer medicines, as and when required medicines protocol, and communication needs. Staff maintained accurate medicines administration record charts that ensured people were given prescribed medicines at set times. Records confirmed this. Medicines audit

records showed that the registered manager reviewed medicines administration charts daily and audited them monthly. Medicines storage cupboard temperature records showed they were stored at the recommended temperature so that the medicines were effective.

The service was clean and without malodour. Relatives told us the service was kept clean. There was a domestic staff member who visited the service five days a week and had a cleaning schedule and maintained the cleanliness of the service. Staff were trained in infection control and followed appropriate procedures to ensure people were safeguarded from the spread of infection. During the inspection, we observed staff using appropriate personal protective equipment including gloves and aprons when supporting people.

There were records of regular health and safety checks including fridge and freezer temperatures, fire alarm system and equipment, emergency lighting, gas, electrical and water. There were individualised personal emergency evacuation plans for people that enabled staff to support people safely during fire emergencies. Staff were trained in fire prevention and knew how to protect people in the event of fire and took part in rehearsal fire drills. Records confirmed this. The service also had a fire evacuation 'grab bag' that included items useful for the situation and documents of key information that could be needed.

Is the service effective?

Our findings

At the last inspection on 2 May 2017, we found the service was not consistently effective. Some relatives told us that the service had not always been quick to follow up on people's health concerns. The provider did not ensure that people's healthcare related paperwork was consistently completed. During this inspection we checked to determine whether the required improvements had been made. We found the service had made sufficient improvements.

Relatives told us people's needs were met. One relative said, "Definitely, staff meets [person who used the service] needs." Another relative commented, "I do feel [person who used the service] needs are met. Staff understand his needs." Relatives told us staff provided effective care, followed up on people's health concerns and worked closely with healthcare professionals to follow their recommendations. One relative said, "[Person who used the service] seemed to be skinnier a few weeks back. They [staff] noticed and responded quickly, consulted doctor and was given food high in calories. [Person who used the service] looks a lot healthier and has gained some weight." Another relative commented, "[Staff] spotted [person who used the service] sight was not right. It was [disease]. [Staff] immediately consulted doctor, took her to hospital and looked after her so well, and now it is fixed."

People's care files had records of healthcare professionals' appointments, visits and recommendations. Staff maintained detailed records around people's healthcare support including monthly weight charts, and food and fluid charts where required. Where there were changes in people's weights there were records of actions taken to support people effectively. For example, one person had gained more than recommended weight. There were records to confirm that staff had met with the doctor to discuss the concern, made referral to the dietician and followed recommended food and meals to enable the person to get to a healthy weight. This showed staff supported people to access ongoing healthcare services and live healthier lives, and maintained accurate records where necessary.

The provider had systems in place to assess people's needs before they moved to the service. The assessment process enabled the management to identify staffing needs and to ensure they could meet people's needs effectively. The service had been supporting people who used the service for many years and had not accepted any new referrals due to the potential closure of the service and current staffing situation.

Staff told us they were provided with sufficient training that enabled them to meet people's needs effectively. One staff member said, "We have actually improved. We are given a lot of training a mixture of face to face and e-learning. Last training was in autism awareness." All new staff were signed on to the Care Certificate training programme which they were required to complete within the first three months of employment. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. The training matrix and records showed staff were provided with a detailed induction training and regular refresher training to meet people's individual needs. Training was in areas such as safeguarding, health and safety, first aid, fire safety, food hygiene, nutrition and hydration, medication, moving and handling, person-centred care, behaviour and epilepsy.

The registered manager told us they used agency staff from an approved agency that trained their staff in areas required to meet people's needs effectively. Following the inspection, the registered manager sent us agency staff training records to confirm their training. The registered manager told us that they provided induction to all new agency staff. During the inspection, we observed the registered manager provide induction to a new agency staff member. The registered manager also told us that they had enrolled agency staff onto their electronic learning programme to ensure they were provided with training specific to people's behavioural needs.

Staff were provided with regular supervision and a yearly appraisal. Records confirmed this. Staff told us they discussed their training, people's needs, any concerns, and found them helpful. Staff appraisal records showed they discussed their roles and responsibilities, development needs and overall performance.

People were supported to maintain a nutritionally balanced diet. Staff used pictorial food menus to enable people to choose their menus. Food menus showed people were encouraged to design nutritionally balanced menus. There was a display board in the dining room that had food pictures on them that showed what people had chosen to eat on the day along with the alternative options. During the inspection, we observed people were supported by staff to choose breakfast and hot drinks, and appropriately supported with their dietary needs. The service maintained records of what people had consumed and that enabled staff to monitor whether they had sufficient liquids and food. Staff kept records of cooked food temperatures and food items were labelled and stored correctly. This showed the provider followed safe food hygiene practices to ensure people's individual dietary needs were met effectively.

People's care files had health action plans that detailed their medical history and current needs, a list of medicines, healthcare professionals' contact details, general health check, health action goals and health appointments they had attended and were due. People's care files also had updated hospital passports that gave important information about their health, behavioural, communication and dietary needs, likes and dislikes to enable hospital staff to deliver effective care.

The building was no longer suitable for the people who used the service due to the age associated mobility difficulties and required staff supervision when using the stairs. The provider was in the process of moving people from Hoffmann Foundation for Autism -18 Marriott Road to an identified new location that was all on one level and would meet people's individual needs. People's relatives told us they had viewed the new service and were positive about the move. One relative said, "We have viewed the new service, been there twice. It seems to be more suitable and has more space which [person who used the service] prefers."

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).

During the inspection, we observed staff encouraged people to make choices and asked their permission before they provided care. The registered manager and staff were knowledgeable of the MCA principles and DoLS. People who used the service did not have the capacity to consent to their care and treatment. Their care files instructed staff on how to encourage people in decision making. People's care files who were

subjected to DoLS their files had approved DoLS authorisation certificates.

Is the service caring?

Our findings

Relatives of the people who used the service told us staff were caring and kind. One relative said, "[Staff] have been absolutely wonderful. The care is fabulous. Staff are wonderfully caring. They give her [person who used the service] as good a life as possible." Another relative commented, "The staff who look after [person who used the service] are kind, helpful and structured."

Staff we spoke with had been working with people for several years and told us they enjoyed supporting people. One staff member said, "I love my work, find it rewarding and satisfying. I love caring for people and supporting them. I find this service homely." Staff spoke about people in a caring way. During the inspection, we observed positive interactions between people and staff. Staff were sensitive with people's requests and listened to them patiently.

Staff were trained in dignity in care. Records confirmed this. A relative commented, "I do feel staff treat [person who used the service] with dignity and respect." Staff told us they treated people with dignity, and respected their choices and privacy. One staff member said, "I speak to them [people who used the service] politely and with respect. Don't rush them and engage with them, not talk at them. Give them privacy when using the bathroom and always knock on their doors before entering their room."

Staff were trained in person-centred care and understood that the person was at the centre of their care. People were encouraged to express their views and staff involved them in decision making as much as they could. For example, staff used pictures and objects of reference to facilitate discussions that enabled people to express their views on the type of activity they wanted to participate in, the food they wanted to eat or the type of holidays they wanted to go on. People's cultural, religious and gender preference of care needs were recorded in their care plans and staff were knowledgeable about how to meet those needs.

People were encouraged and supported to carry out daily living tasks to encourage their independence. The provider's information return form specified, "The people we support have locks on their bedrooms door and can choose to lock it if they are capable doing so for privacy. All the people we support choose choices to their menu, personal shopping and their daily living skills with the help of key-workers." At the inspection, we observed a staff member encourage one person in putting their dirty bowl and cup in the kitchen sink, and another person was seen setting the dining table for dinner.

Staff had current training in data protection and were knowledgeable about treating people's sensitive and personal information confidentially. People's personal data was stored securely in a locked office. The provider's information return form stated, "We ensure we respect the people we support and families' confidentiality and not discuss each person we support in front of the other." This showed people's confidentiality was maintained.

Is the service responsive?

Our findings

Relatives told us people received personalised care by staff who knew their likes and dislikes. One relative said, "Staff know what [person who used the service] likes and dislikes. They support him wonderfully and respond promptly to his needs." Staff we spoke with demonstrated a good understanding of people's needs, likes and dislikes, and how they liked to be supported.

The provider involved people and relatives in the care planning process, and people's care plans stated names of those who participated in developing them. The care plans were comprehensive and were in pictorial and large font format to enable people to read, follow and understand their plan of care. The provider's return form stated, "Our new support plans are more outcome and goal focused which enables people we support to continually develop and learn new skills to meet their current and future needs."

The care plans were outcomes focused and detailed information on what people thought was important to them including their likes and dislikes, how they liked to be supported, their background history, support network, plan of care for areas such as activities, communication, personal care, and their aspirations and goals. For example, one person's communication plan of care gave information on their communication needs and preferences, and instructed staff on how to communicate with them efficiently. The care plans stated that the person understood simple sentences but could get confused when complex words were used and preferred when others used calm tone of voice and spoke slowly. They used sounds, gestures and a physical approach to communicate.

The provider's applied behaviour analysis team worked with staff and people to develop their behaviour management plan. The behaviour management plan informed staff on people's behaviours, triggers and causes of behaviours, and strategies for them to follow in supporting people with their behavioural needs. This showed staff were given sufficient information to provide personalised care to people.

People had allocated keyworkers. The keyworkers' responsibilities were to develop people's care plans with people's involvement, to liaise with people's relatives and healthcare professionals to ensure their personalised needs were met. Keyworkers carried out one to one sessions with people every month to discuss their goals and actions to be taken to enable them to achieve their set goals. Records confirmed this.

People's care was reviewed yearly where relatives, social worker and the provider's applied behaviour analysis team were invited. Care plans were reviewed every six months and as when needed so that it reflected people's changing needs and abilities. Records confirmed this. This meant staff were kept informed on people's changing needs.

People were supported to participate in a range of activities indoors and in the community. People had individual activity schedules that included activities such as day centres, going to college, cinema, theatre, drumming session, walks, lunch outs, pizza making, indoor activities. People were supported to go on holidays of their choice. One relative said, "[People who used the service] went on holiday to Isle of Wight

and had a great time. Staff organised it all." During the inspection we observed people were supported to access the community as per their wishes and their activity plan. For example, we saw three people went to the day centre and one person was supported with a day out in the community and visited their relatives. Staff recorded in people's daily care records what activities they had participated in and whether they had enjoyed it. For example, one person's daily care record stated, "[Person who used the service] helped in the kitchen and went for a walk in the community and had a cup of tea." Another person's daily record stated, "Relaxed, watched television and listened to music. Enjoyed a long walk in the community." This showed people were supported to engage in activities of their choice.

Staff were trained in equality and diversity. Records confirmed this. Staff told us they treated people without any discrimination and recognised they had individual preferences and attributes. A staff member said, "[Registered manager] would not employ anyone who is discriminatory. We treat people how we like to be treated. We do understand the importance of diversity and respect people regardless of their difference." They all said it was about meeting people's individualised needs and told us they would treat LGBT people with respect. One staff member commented, "Why should I object working with LGBT people. It is about meeting people's needs and I would not discriminate them."

People and relatives were encouraged to raise concerns. The management had displayed a pictorial version of the provider's 'how to make a complaint' procedure in the kitchen for people's easy access. There were also contact details for the local authority and the Care Quality Commission that relatives, staff and visitors could use if they wanted to make a complaint. Relatives told us they knew how to raise concerns and felt comfortable to make a complaint. A relative commented, "We have never made a complaint. If we were not happy about something we would not hesitate to speak to [registered manager]." Another relative said, "I will speak to [registered manager] and [staff member] and yes, they would listen to me." The provider had a complaint policy and procedures in place to respond to people and relatives' concerns and complaints, and learn lessons from them to improve the quality of care. The service had not received any complaints since the last inspection.

The provider had an end of life care policy that detailed actions they would take following the death of a person who used the service and the support they would provide to the relatives, other people living at the service and the staff. However, there was no information in the policy on how to assess people's end of life care wishes, and support them with their end of life and palliative care needs including cultural and spiritual needs.

We recommend the provider seeks guidance and advice from a reputable source, in relation to end of life care planning.

Is the service well-led?

Our findings

Relatives of the people who used the service were positive about the management of the service. One relative said, "[Registered manager] is approachable and the service is well managed. Because [person who used the service] doesn't express himself verbally, we have to use our antennae to know if he is happy. At the moment he is content." Another relative commented, "[Person who used the service] is happy there. The [registered] manager is easy to talk to. It is a good service."

Staff told us they appreciated the stability in the management after a long time and found the registered manager approachable. However, they felt the registered manager was not always at the service since they had started managing another service run by the same provider. They further said that the deputy manager had resigned which meant there were weeks where there was no management present. Staff also said they did not feel valued by the provider. One staff member said, "[Registered manager] is approachable. However, she is expected to manage another house [service]. I sometimes don't see her for a few weeks. It is so important to feel valued but not sure that is the case with this provider." Another staff member commented, "I have brought things up with [registered manager], she is very supportive. This service used to be very good but due to all these changes it has gone down in the last three years. [Registered] manager has been asked to manage another service without a deputy. It can be difficult." A third staff member told us, "For the last few years we have had quite a few changes which affects staff and service users. I feel supported by [registered manager], she does listen to us. We also had directors attend our team meetings which was helpful."

We recommend the provider seeks advice and guidance from a reputable source, in relation to staff recognition.

We asked the registered manager about managing two services without any deputy support. They told us the provider had asked them to manage another service as people from Hoffmann Foundation for Autism – 18 Marriott Road were going to move to this service in the next few months. They further said that they were in the process of recruiting a deputy manager and they had been managing a second service only for the last two months. Following the inspection, the registered manager told us they had selected a candidate for the deputy manager role and they would start working soon.

The registered manager organised monthly staff meetings where they discussed matters related to the care delivery. We reviewed the last few months meeting minutes that showed discussions and action points in areas such as team work, recruitment, person-centred care, the planned move to the new service, risk assessments and activities. Staff told us they found team meetings helpful. The provider sought staff's views and opinions via quarterly staff consultation forums where new policies were discussed, staff raised their concerns and information from the senior management team was shared. Records confirmed this.

The provider had systems and processes in place to continually monitor, audit and evaluate the service to ensure the safety and quality of the service. The monitoring checks and auditing systems were effective in identify gaps and areas of concerns for example, medication audits, care plans and risk assessments audits.

However, the provider's quality assurance processes had not picked up the concerns identified during this inspection in relation to a lack of continuity for people and ineffective staff deployment.

The management also carried out regular health and safety checks including on premises, the equipment and fire safety. The provider's information return form stated, "We have a robust quality assurance process which includes regular audits from our policy and safeguarding lead, spot checks by the Trustees as well as monitoring by the Head of operations. These reports are shared and disseminated via our senior management team meetings as well as at Board meetings." We reviewed the provider's most recent compliance audit and the action plan that stated areas of improvement, recommendations and deadlines. This meant the provider regularly assessed the safety and quality of the service and monitored it so that improvements could be made where required.

The provider sought feedback from people and relatives to improve the quality of the service. People were asked for their feedback via monthly one to one meetings. Relatives were asked to complete feedback survey forms every two years which was carried out by the provider's head office. The next survey was due next year. We reviewed last year's relatives survey forms and it showed that they were generally positive about the service. Relatives were also invited to attend the provider's annual general meeting where they were able to air their concerns related to the move.

The service worked with the local commissioning team, local day centres, advocacy services and healthcare professionals to improve their services and people's lives.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of staff were not deployed to meet people's needs effectively. Regulation 18(1)