

Hoffmann Foundation for Autism

# Hoffmann Foundation for Autism - 4 Park Avenue

## Inspection report

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Date of inspection visit:  
11 May 2017

Date of publication:  
20 July 2017

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

This inspection took place on the 11 May 2017 and was unannounced. This was a focussed inspection and looked at the domains Safe, Effective and Well-Led.

The Hoffmann Foundation for Autism – 4 Park Avenue provides accommodation for up to six people who have learning disabilities and also may have an autistic spectrum disorder and require support with their personal care. At the time of our inspection there were five people living at the service.

We previously inspected this service on 18 and 26 August 2016 where we found two breaches of the regulations, as such the service was rated as Required Improvement. Firstly we found a breach of safe care and treatment as people's risk assessments and behavioural plans contained inconsistencies. During this inspection we found that the inconsistencies had been addressed and there were appropriate risk assessments in place to minimise the risks to people. Previously we found a breach of good governance as these concerns had not been identified by the registered manager. Although risks assessments were now consistent in their content we found a breach of good governance during our inspection as there was not sufficient manager oversight in the service to ensure the safety of people using the service.

During this inspection there was not a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A manager had been working at the service since 21 February 2017 and also managed a Hoffmann Foundation for Autism day service. We were told following our inspection they would no longer be the manager at the service and the Head of Operations would apply to become registered manager. There had been four managers since our last inspection in August 2016 and there had not been a registered manager since November 2016. This did not assure us that the service was well-led.

During our inspection we found that some safeguarding adult concerns had not been reported to the appropriate bodies in a timely manner due to a lack of investigation, oversight and monitoring of incidents by the management team. Failure to notify the CQC of safeguarding adult concerns is a breach of our regulations.

Some people in the service displayed behaviour that challenged the service. Staff had not received training to manage this behaviour and keep the people and others including staff safe from harm. The training had not been identified in the training matrix and not as a matter of priority for the staff team.

However staff told us they felt well supported and received regular supervision sessions from the deputy manager. Training identified on the matrix contained significant gaps however we saw that the service was addressing this.

Staff had received or were about to receive Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. We saw that the service had appropriately applied for DoLS authorisations on people's behalf.

There were staff to meet the needs of the people using the service and to support them to attend activities. There had been some new staff recruited and where bank staff were used they were mostly familiar with people and their support needs. The service recruited staff in a safe manner to protect vulnerable adults.

We found during this inspection that people were supported to access appropriate health care services and staff had an overview of people's health conditions. People were supported to eat and drink healthily and remain hydrated.

Staff had received training to administer medicines appropriately, there were clear medicines guidelines and people's medicines records were completed without errors.

People's relatives told us they were asked their views by the service at reviews and in the yearly provider survey.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 12 Safe care and treatment, Regulation 17 Good governance and Regulation 18 Staffing. Furthermore we found a breach of the Care Quality Commission (Registration) Regulation 2009 (Part 4) Regulation 18 Notification of other incidents.

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?

The service was not always safe. Safeguarding adult concerns were not reported to the appropriate body in a timely manner.

People had individual risk assessments to support staff to minimise the risk of harm.

There were robust procedures for the safe recruitment of staff and staffing levels were flexible to meet people's support needs.

Medicines were stored and administered in a safe manner.

The service was clean and maintained good levels of hygiene.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective. Staff received supervision sessions to support them to undertake their role but there were some gaps in training and staff had not received training to support them to manage behaviours that challenge the service.

The service worked to the Mental Capacity Act 2005 and had applied for Deprivation of Liberty Safeguards in an appropriate and timely manner.

Staff supported people to eat healthily and to remain hydrated.

Staff supported people to access the appropriate health care services.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led. There had been numerous changes of manager since the last inspection in August 2016 and there had not been a registered manager in post since November 2016.

Although audits were taking place the manager did not have a good oversight of the service.

People's relatives were asked their views with regard to the quality of care provided.

**Requires Improvement** ●

The service worked in partnership with the commissioning body.

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# Hoffmann Foundation for Autism - 4 Park Avenue

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 11 May 2017 and was unannounced. This was a focussed inspection to look at the domains of safe, effective and well-led.

One inspector carried out the inspection. Prior to the inspection we reviewed the information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met all five people using the service. We case tracked two people's care records. This meant we reviewed all their associated documents such as care plans, risk assessments, medicine administration records and daily notes. We talked with one staff member, the manager and deputy manager. We looked at three staff personnel files, this included recruitment documents, supervision and training records.

Following the inspection we spoke with one family member, a health and social care professional and the commissioning body to seek their views on the quality of care provided.

# Is the service safe?

## Our findings

We found that the service was not safe because some safeguarding adult concerns were not being reported to the appropriate authorities. Staff we spoke with could describe signs of possible abuse and could tell us how they would report abuse. There was a poster displayed in a communal area telling people and staff how to report safeguarding adult concerns and how to whistle blow in the event of poor practice. Staff had attended safeguarding adult training there was a safeguarding adult's policy with a clear flow chart procedure for staff guidance. The safeguarding adults folder contained the 2011 Pan London Safeguarding Adults Multi Agency Procedures we brought to the registered manager's attention this document was revised and updated in 2015 and the manager replaced the out of date version.

At the start of our inspection the manager informed us there had been a safeguarding incident that had not been reported to them in a timely manner. Once they became aware of the incident they notified the safeguarding adults team and were in the process of notifying the CQC. The incident involved a person using the service hitting another person living at the service a number of times early on the morning of the Thursday 4 May 2017. Staff had not followed the safeguarding adults procedure and did not report the incident to the management team until the afternoon of Monday 8 May 2017.

During this incident the person also displayed behaviour that challenged the service. This included breaking their wardrobe door, damaging the carpet rail by their bedroom door causing a trip hazard, damaged a bannister rail, kicked a hole in a plasterboard wall in the ground floor hallway and damaged the boxing around electrical wiring. Despite this evident damage to the property the management team were unaware of the safeguarding incident that occurred at the same time until staff informed them four days later. As such there was a lack of management oversight around incidents in the service that put people at risk of further harm.

There had been a safeguarding adult incident when people were using the in house transport in March 2017. During the incident a person using the service was "swearing at" and "continuously" hit another person using the service and in turn had been "scratched" and "held by the neck" by the other person. One person sustained both a bruise and a scratch. Although an incident form had been completed by staff no safeguarding adult referral had been made to the appropriate authority.

Accidents and incident forms were logged however there was no oversight to ensure the correct actions to investigate and report safeguarding adult concerns were taken.

The above concerns are a breach of Regulation 12 of the Health and Social Act 2008 (Regulated Activities) Regulation 2014

People had risk assessments to keep them safe from harm. At our previous inspection in 2016 we found that there were inconsistencies in some people's risk assessment that gave conflicting information. During this inspection we found that risk assessments were consistent in their approach. People had individual risk assessments specific to them for example for the management of epilepsy, to manage behaviour that

challenged the service, participating in swimming sessions, travelling in a car and road safety. Measures were identified in the plans to minimise the risk to people. Risk assessments were reviewed on a regular basis and in response to changing circumstances.

There was a fire safety assessment and people had personal evacuation plans that detailed the support they required to evacuate in the event of fire. Staff had signed people's plans to show they had read and understood them. There was a fire action plan displayed and a 'grab bag' situated by the main exit that contained items required in an emergency. The service had fire management equipment and exits were clearly signed. Weekly fire alarm checks had taken place and there had been a fire drill in December 2016.

Staff who administered medicines had received training to do so. People's MAR sheets were correct without error. People's records contained PRN (That is as when needed) guidelines gave a description of the medicine, stated how often the medicine could be given and what side effects to be aware of. All medicines were administered by two staff who counter sign to reduce the risk of errors. The staff counted medicine that was in a box and not in blister packs and recorded each time they were administered. The medicines stocks were audited by the deputy manager.

The provider had robust recruitment procedures to ensure the safety of vulnerable adults. Staff provided two references, proof of identity and address and completed a Disclosure and Barring Service check before commencing employment. The deputy manager described the service as fully staffed and that there was seldom use of agency staff. There were on the day of inspection sufficient staff to meet the support needs of the people in the service as such people went out for activities as planned. One person was requiring more staff support at times due to being unsettled; the service had approached the placing authority to flag the need for an urgent review to look at current staff ratios required. This had taken place just prior to our inspection. Bank staff were used by the service to cover permanent staff absence. Some permanent staff were very familiar with people using the service having worked with them for a number of years and this provided some continuity of care for people. There had been some staff changes and new staff had been recruited to ensure staff numbers remained stable.

The provider employed a domestic staff member five days a week to keep the service clean to a good standard. The staff member showed us they used colour coded mops in specific areas to avoid cross infection and there was protective equipment such as disposable gloves for staff use. Most of the staff had attended food hygiene training, food was stored, appropriately for instance, opened food was labelled with the date to avoid out of date food being eaten.



## Is the service effective?

### Our findings

Staff told us they felt well supported. Staff had received regular supervision sessions with the deputy manager. Staff had an induction booklet and shadowed more experienced staff for several days to learn about the people living at the service before commencing their role. One person's records contained an autism workbook that told staff about autism spectrum disorder in detail. However some records we saw were in the process of being made into a folder and the autism workbooks were not available to look at. A staff member told us they received training to assist them in their role and gave examples of safeguarding adults, epilepsy and first aid.

The training matrix showed some gaps in staff training. All staff had received training in safeguarding adults but there were gaps in fire awareness, infection control, medicines administration, health and safety, manual handling and only three staff had attended equality and diversity training. However a number of training sessions had occurred in 2017 including planned training for new staff. One bank staff member had only attended two training courses. We saw that training sessions had been identified for this bank staff member to attend who was becoming permanent at the service. The deputy manager told us that if a bank staff member does not attend training sessions then The Hoffmann Foundation for Autism will no longer use them.

Some people who lived in the service displayed behaviour that challenged the service. Recent incidents showed that one person in particular was at risk to themselves and to other people, we were told staff had been hit on a number of occasions. Staff had not received training to manage behaviour that challenged the service and this was not training identified on the training matrix. We brought this to the manager's attention. The manager showed us that there was a MAPPA (Management of Potential and Actual Aggression) training course being held the following week for Hoffmann Foundation for Autism staff, we raised with the manager that no staff names from the service were on the attendance list. The manager told us they would add staff names to the list of staff attending. We were not confident that without our intervention this training need would have been identified.

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

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).

People living at the service did not have the capacity to consent to their care and treatment. As such the service had applied for DoLS appropriately on their behalf and had requested reviews of people's DoLS in a

timely manner. Most staff had received MCA and DoLS training and we saw identified training for staff to be held later in the month. The staff member we spoke with had not received training but told us they were to receive training in the near future. They explained to us however that some people did not have capacity to make decisions "Everyone is different". They told us how they got people's permission before providing care. "I will not push people, try to wait, distract them and then try again". They described how they gave people choice by offering two items of fruit so the person could choose what they preferred.

Staff supported people to access appropriate health care services. Some people required support from health and social care professionals to manage their behaviour and we saw that they were supported to attend their psychiatrist clinic on a regular basis when medicines reviews took place. In addition the service had a behavioural support team that visited every six weeks to observe people and staff practice in the morning and to hold a work shop to support staff in the afternoon. They also wrote guidelines to support staff to work effectively with the person. People's care plans were updated to reflect changes in support and monthly reports were written to give a clear picture of the person's behaviour throughout the month.

We noted an inaccuracy when the monthly report for March 2017 said there had been no incidents of behaviour that challenged the service that month when there had in fact been an incident when people were harmed. As the information from people's care records are used to inform health professionals views there was a danger that this gave the wrong impression that the person had remained settled throughout the month when in fact they had not. We brought this to the attention of the manager and deputy manager who agreed to amend the information.

People's care records contained "My Health Support Needs" that gave an overview of people's health support needs and there was a "Health Care Action Plan" that was updated by support staff on a regular basis when people had attended the GP, well woman clinic, an eye test or had a blood test. One person who had a diagnosis of epilepsy had an individual epilepsy care plan that was endorsed by their GP in 2016 and there were guidelines for staff consistent with their medicines administration records in the event of a seizure. People had a hospital passport that contained medical information relevant to the person and told hospital staff how people liked to be supported.

We observed people were comfortable in the kitchen and dining area and they approached staff for drinks and snacks. When people came in from day centres staff also offered people drinks. People were supported to make a cup of tea or take a can of cold drink from the fridge. People were supported to eat a healthy diet. There was an appetising meal made on the evening of our visit and people had good sized portions. There was a wide selection of fruit available for people and fresh produce in the fridge with ingredients to make lunches such as fresh vegetables, cold meats, eggs and cheese.

The service was not purpose built and people using the service had good mobility and used the stairs to access their bedrooms. To ensure people's safety a bannister rail had been put in place. The ground floor contained a communal lounge, kitchen dining area and a conservatory. There was a self- contained spacious garden.

## Is the service well-led?

### Our findings

There was no registered manager at the time of inspection. 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.

There was a manager in post who had been working at the service since 21 February 2017 they were also the manager for a Hoffmann Foundation for Autism day centre situated in the house next door to the service. The deputy manager who had worked in the service since August worked two days a week undertaking office based managerial duties such as rotas and audits and three days in the service in a more 'hands on' role. During our visit we found that the manager who was relatively new to the service was not yet familiar with aspects of the service for example the location of personnel records. The manager told us they worked at Hoffmann Foundation for Autism – 4 Park Avenue for two days of the week. Whilst we were inspecting the manager was called away to support with an emergency situation at the day centre. The manager was in close physical proximity to support the deputy manager when they required advice or in emergency. However dividing their time between two services providing care to people with complex needs meant they went between the two services on a very frequent basis and there was not an effective oversight.

We were informed following our inspection that the manager was no longer managing the service and the Head of Operations would be supporting the service for the Hoffmann Foundation and was applying for registration with CQC. We spoke following the inspection to the deputy manager who confirmed they were well supported by the Head of Operations who was visiting on most days. There had been four managers since our last inspection in August 2016 and there had not been a registered manager since November 2016. This did not assure us that the service was well-led.

A safeguarding adult concern that took place in March 2017 was not reported to the appropriate bodies this included the CQC. Failure to send a notification to the CQC is a breach of the law.

We found the above concern a breach of the Care Quality Commission (Registration) Regulations 2009 (Part 4) Regulation 18

We concluded that there was a lack of manager oversight at the service evidenced by the unreported safeguarding adult incidents, the fact that damage to the property did not trigger an enquiry by the manager as to what had taken place. In addition there was not an effective audit tool to support the manager to recognise incident trends in the service and to ensure actions arising from incidents were robust and would prevent further occurrence.

The gap in staff training was not identified to equip the staff team to manage the behaviours of some people using the service. There was inaccurate information in one person's monthly report that had not been identified through the auditing process.

The above concerns are a breach of Regulation 17 of the Health and Social Act 2008 (Regulated Activities) Regulation 2014.

The deputy manager told us communication in the service was good between staff describing a handover to the night staff from the shift leader to ensure all information was shared. There was also a communication book used to flag information by staff and the deputy manager. We saw staff meetings were held at least once a month and more frequently if there was a matter to discuss. Staff told us the management team were approachable "If I have a problem I can speak up everyone is open to finding a solution". The deputy manager supported staff and gave an example that they sat down with staff during their allocated administration time so they can learn to complete care plans and records. The deputy manager told us they felt well supported by the provider in their role and could approach senior management staff for support.

The deputy manager and an allocated staff member completed weekly health and safety checks and shift leaders counted and signed to say people's finances were correct when handing over to the oncoming shift. This ensured there were no errors and all people's monies were accounted for. The deputy manager undertook monthly audits to ensure care plans; risk assessments and reviews were up to date and audited medicines administration on a monthly basis. There was a quarterly audit undertaken by the providers' policy officer and a registered person visit that was unannounced every two months.

We spoke with one person's relative, one said they could talk with the managers at the service and were asked their views of the care provided. They told us that the house was "beautiful" and that their family member "had a lovely home there and they could not fault the service". People's relatives were asked for feedback on the quality of the service provided at reviews and in the provider's yearly survey.

The service had met with the commissioning commissioning body and were working with them in partnership.

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 17 HSCA RA Regulations 2014 Good governance  Regulation 17(1)(2)(a)(b)(c) The provider did not have systems and processes in place to ensure there was an oversight of incidents occurring in the service to ensure the appropriate actions were taken.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Regulation 18(1)(2)(a) The provider did not ensure staff received training to enable them to undertake their role effectively.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Regulation 12(1)(2)(a)(b)(c)(d). The provider was not have robust processes in place to identify safeguarding adult concerns and report safeguarding concerns to the appropriate body.

### **The enforcement action we took:**

A warning notice was sent to the provider.