

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?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

This inspection took place on the 25 April 2016. It was an unannounced inspection. The previous inspection took place on 15 January 2014 when the service met all the standards inspected. The Hoffmann Foundation for Autism, -18 Marriott Road provides accommodation for up to six people who have learning disabilities and who may have an autistic spectrum disorder and require support with their personal care.

There is a registered manager. 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 told us staff were approachable and health and social care professionals described staff as respectful and professional. We observed staff were friendly and spoke respectfully towards the people using the service.

On the day of our visit there were sufficient staff to meet people's needs. However there had been a recent turnover of staff that had caused disruption to the established staff team so there was a high use of bank and agency staff. The registered manager had taken measures to recruit new staff. The service had a recruitment policy but had not carried out all the necessary Disclosure and Barring Service (DBS) checks for some staff. This meant the service could not be sure if the employee had a criminal record or not.

The service had individual and environmental risk assessments in place to minimise the risks to people however although environmental hazards had been identified some window restrictors were missing and this put people at risk.

There were a number of gaps in staff training in particular report writing, food hygiene, fire awareness, manual handling and health and safety. Not all staff had received training to manage the behaviours of people who challenged the service.

Staff had received training in safeguarding adults and were able to describe what measures they would take to safeguard people. Staff had received training to administer medicines and the service had systems in place to ensure the safe administration of medicines.

The registered manager understood his responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards had been applied for appropriately.

People were supported to access health and social care services by staff who were well informed about the people they supported. People had person centred plans that detailed their likes and dislikes and identified future goals. People's family were involved in their care planning and reviews.

Relatives told us they felt when they raised complaints these were addressed by the registered manager and we saw complaints were responded to in a transparent and open manner.

The registered manager and the provider undertook regular audits of the service however they had not been effective in identifying the lack of valid DBS checks for some staff, the missing window restrictors and the gaps in training.

The service was quality assured by the registered manager held regular relatives meetings and sent out yearly surveys to obtain feedback on the quality of the service given.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to staffing and risk assessments .

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. The service had not carried out all the necessary recruitment checks to ensure the safety of the people using the service.

The service had risk assessments in place to minimise the risks to people however although not all environmental hazards had been addressed.

Staff understood their responsibility to recognise and report possible safeguarding adult concerns.

The service had systems in place to ensure the safe administration of medicines.

Requires Improvement ●

Is the service effective?

The service was not always effective. Not all the staff had received appropriate training to equip them to undertake their role.

The registered manager understood his responsibilities under the Mental Capacity Act and had applied for Deprivation of Liberty Safeguards appropriately.

People were supported to access health and social care services.

Requires Improvement ●

Is the service caring?

The service was caring. Staff were respectful towards people and promoted their dignity.

People's relatives were involved in their care planning.

Good ●

Is the service responsive?

The service was responsive. People had person centred plans that were reviewed on a regular basis.

The service addressed complaints and were transparent in their findings.

Good ●

Is the service well-led?

Good 

The service was not always well-led. Regular audits took place however they failed to identify and address the lack of robust recruitment checks and missing window restrictors.

There was a registered manager in post who understood their role and responsibilities.

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 the 25 April 2016 and was unannounced.

The inspection team consisted of an inspector and a specialist advisor in managing behaviours that challenge services.

We reviewed 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 with all six people using the service. Due to people's cognitive impairments we could not ask people their views about the care and support they received so we observed interaction between staff and people throughout the inspection. We reviewed four people's care records and supporting documents and six people's medicines administration records and observed the administration of medicines. We interviewed three staff members and spoke with the registered manager. We looked at four staff personnel files.

Following the inspection we spoke with two family members and three health and social care professionals and commissioners.

Is the service safe?

Our findings

On the day of inspection we saw staff on shift as described on the rota and staff came in throughout the day to support people to attend their individual scheduled activities. Some staff told us there was usually enough staff, but other staff told us there was not always enough staff describing "we have a shortage." Staff told us agency staff are used or bank staff and if staff phone in unwell someone working an early shift will be asked to stay and work a long shift. We spoke with the registered manager who told us there had been a high staff turnover recently this had resulted in an "unstable staff situation." He explained that bank staff who were familiar with the service and agency staff were used. The registered manager told us that he was planning to leave the service at the end of the following month. We saw that only three staff at the service were permanent staff members however one had given notice and was joining the bank staff. We were concerned that whilst there were staff to meet people's support needs they may not be familiar with the people who used the service and that there was not the continuity of staffing that would benefit the users of the service. The registered manager demonstrated to us that the provider was recruiting staff and making arrangements to recruit into the soon to be vacated registered manager's post.

We looked at staff personnel files and found that all files contained application forms, requested references and proof of identity. Some files contained Disclosure and Barring Service (DBS) checks however one file did not have a DBS check from the Hoffmann Foundation for Autism. The DBS in the file was from another organisation and was dated in 2004. A DBS check is required to ensure the staff member is a safe person to work with vulnerable people. The lack of a valid DBS check was brought to the attention of the registered manager who agreed to contact the central offices; a valid DBS was not identified. The service disclosure policy said that all employees must have a valid enhanced disclosure check approved by the provider. The registered manager agreed to address this matter.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People had individual risk assessments to protect them from harm. For example risk assessments to support staff to manage behaviours that challenged the service and the risk associated with one person's mobility on the stairs. The assessments identified the measures for staff to take to minimise the risk of harm to the person and others. The risk assessments were reviewed to reflect changing needs or as a response to an incident. We saw for example that there was a missing person's risk assessment that had been updated following an incident when a person went missing. All staff had signed the risk assessment and the missing person's policy to ensure everyone was aware of the risk and knew what to do to prevent a reoccurrence. In addition there were environmental risk assessments that included people's individual safety plans in the event of a fire. We saw it was not clearly stated in people's risk assessments and care plans what level of observation or checking was required to keep people safe throughout the day. Staff told us there is usually a staff member sitting with people in the lounge area and that they are careful to check people when they are in their rooms. We brought to the manager's attention that checking or observation times needed to be stated clearly for each person.

Some people using the service had behaviours that might put them at risk of harm so to prevent injury there were window restrictors in place in people's bedrooms. We found in one person's bedroom there was a missing window restrictor. The window without a restrictor was easily accessible to the person as it was beside their bed and could be opened wide without any difficulty. We brought this to the registered manager's attention and requested it was addressed immediately. The registered manager made arrangements for the restrictor to be put in place whilst we were present. In addition we saw a ground floor bathroom window was without a restrictor there was a possibility someone could climb out of this window. This had not been considered by the service as a potential risk to people who may climb through the window and be at risk without support in the local area. Although the service had assessed risks, the measures put in place were not sufficiently robust to ensure the safety of people.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

There were policies in place to maintain health and safety in the environment and some staff had received training in health and safety and fire awareness. There was fire prevention equipment available to use in the event of fire throughout the building and these had been serviced appropriately and there was regular testing of the fire alarms. The electrical installations check was due at the time of inspection and the gas safety tests had taken place. Portable electrical devices used in the service had been tested recently.

The service including the kitchen was clean and free from mal-odour. Food stored with temperatures of fridges recorded and monitored to ensure food was stored in a safe manner. Staff had received infection control training and to avoid cross contamination staff used protective equipment such as disposable gloves when supporting people with personal care. We saw that colour coded mops were used to avoid cross infection however we brought to the registered manager's attention that the mops were stored so that the mop heads touched each other, one mop head was clearly not clean and this compromised infection control. The registered manager took immediate action to resolve the matter.

We observed medicines administration and found that medicines were being administered to people appropriately. Staff received medicines administration training and a staff member witnessed medicines being administered and co-signed the medicines administration records (MAR) to reduce the chances of staff errors. People's MAR records contained their photo and clearly named any allergies they may have. To advise staff there was a description of each medicine and what condition it treated. All MAR were completed accurately and medicines checked tallied with the amount on the MAR. The use of PRN, that is 'as and when' medicines was described clearly so staff would know when it was appropriate to administer to people. All medicines including controlled drugs were stored in an appropriate manner. The service had systems in place for the safe administration of medicines.

Staff told us and we could see from records they had received safeguarding training. Staff were able to tell us how they would recognise and report possible safeguarding adult concerns to their manager or team leader. There was a safeguarding adults policy and procedure that staff could refer to. The registered manager understood their responsibility under the safeguarding adults legislation and records showed that safeguarding incidents were reported by the registered manager appropriately.

Is the service effective?

Our findings

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).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the Hoffmann Foundation for Autism 18 Marriot Road as the managing authority had applied for DoLS from the statutory body appropriately, having taken into account the mental capacity of people at the service to consent to their care and treatment. The registered manager demonstrated he had a good understanding of his responsibilities under the MCA. There was evidence that mental capacity assessments and best interest meetings had enabled decisions to be taken on behalf of people who lacked capacity. For example one person's mobility had decreased rapidly and they were in danger of falling on the stairs. The service had recently flagged the concern appropriately to health and social care professionals who they invited to a best interest meeting to discuss the best options for the person as they did not have capacity in terms of their care and treatment.

Staff spoken with were able to describe how they obtained people's consent to care and support by working with them at their pace, observing their mood and returning to the person if they did not appear happy to have the support at the time offered. Staff demonstrated they had read the care plans and knew how people preferred to be supported. Staff explained how they offered choice to people by using objects of reference and showing a physical choice such as holding up two items of clothing when they were supporting people to dress or offering two choices at meal times. We noted there was no consent form for the use of photos in people's files the registered manager agreed to address this.

Staff received supervision on a regular basis; supervision addressed concerns and gave staff the opportunity to discuss issues. Staff told us they received regular supervision and found it supportive staff told us "it is good to take the time to express how I am feeling and it helps me to talk through ideas."

Staff told us they received training to support them to undertake their role. We saw new staff had received induction training that included the use of an induction workbook that covered for example communication systems and staff signed to say they had read and understood the key policies. In addition there was an autism workbook that explained the characteristics of autism; staff were required to complete the book giving examples to show they understood the information.

All staff had received safeguarding adult training and most had received emergency first aid training and infection control. There had been a workshop that staff had attended to manage a person's epilepsy

medicines in the event of a seizure. We noted that only some staff had received MCA training. Two staff were attending training to manage behaviours that might challenge the service. Staff told us it was an interesting and useful course. However there were staff who had not received training to manage behaviours that challenged the service. There were also gaps in training for some staff in food hygiene, fire awareness, manual handling and health and safety. There had been no training in report writing for any staff. The registered manager explained there was a rolling programme within the service for staff to attend the training for managing behaviour that challenged the service and training was being arranged for staff to address the gaps in the other areas. Whilst some training was taking place the service had not maintained staff's training to ensure they all had the skills and knowledge to support the people living in the service.

Staff supported people to access appropriate medical care. People had regular GP visits and annual health checks for example people were supported to attend well women checks and also to scheduled medical procedures. Staff had supported people when they returned home following successful surgery. People had a 'My Health Action Plan' which contained known allergies, opticians appointments, dentist appointments, chiropodist appointments and GP visits were recorded with the outcomes of investigations. People had routine weight checks undertaken monthly and recorded for monitoring any weight loss. People's care plans included their dietary preferences to ensure people were encouraged to eat and drink healthily. We saw people being offered a choice of meal and being encouraged to have drinks to keep them hydrated.

The building was not purpose built and as such had narrow stairways from the ground floor to the third floor that meant there was little space for a staff member to walk beside or pass someone going up or down the stairs. All people had lived at the service for many years and some were now becoming less mobile. Staff had met with health and social care professionals to discuss options for one person who was no longer managing the stairs with ease and required close supervision by staff. Some areas of the service required decorating as the décor looked tired and institutionalised. In particular the décor for the communal areas such as stairways, hall and landing required decorating to make them homely and more inviting. The main lounge was basic and would benefit from some objects that might engage people.

Is the service caring?

Our findings

Relatives told us staff were approachable and named some staff they considered to be "excellent". Health and social care professionals told us that staff were "respectful", "very supportive" and "professional" towards people using the service. They told us staff greeted people when they came to support them saying "good morning" and were "courteous" towards people.

Staff told us they "talk to people in nice way; they like attention, we offer what they prefer or like and use the words they are familiar with." On the day of inspection we observed staff spoke to people in a friendly manner using an appropriate tone of voice. Staff spoke politely to people for example said "thank you" when people took their medicines with a drink of water. Staff spoke to us about people they provided care for in positive terms and could tell us about people such as their likes and dislikes and their history.

We saw staff arrived on time to support people to their individual activities and maintained people's dignity supporting them to dress smartly and appropriately for a visit into the local area. Other staff supported people to adjust their clothing to maintain their dignity. Staff listened to people's answers with regard to clothing. For example a staff member asked a person sitting in the lounge "would you like your shoes on?" the person answered "no no" and the staff member listened to their response and put the shoes to one side. Staff knocked on people's bedroom doors before entering and people's personal information was kept in an appropriate confidential manner.

Relatives told us they were invited to regular reviews where they gave their opinion about the care people received and were consulted about the future goals. Relatives described how staff had on a number of occasions supported people to family celebrations such as weddings and birthday parties to ensure they had an active part in family life.

Staff told us about people's diversity support needs describing for example that one person enjoyed "flavourful foods". They had supported the person to shop and purchased the foods and brought it back to the service to cook a lunch involving them in the preparation. Another person had their national flag in their bedroom, staff explained during holiday planning "we include supporting people to have access to their culture". Some people's relatives had been involved in advance care plans so directives were in place for people in terms of their end of life wishes these were signed by a relative this addressed their cultural and religious end of life support needs.

Is the service responsive?

Our findings

People had person centred plans called "About Me" and personal profiles. People's care plans recorded the things that were important to the person for example "must haves", "things I like/ enjoy", "things I dislike" and "what people say about me". The care plans detailed the important people in the person's life, their life history and their routines. Reviews looked at what was working well in the person's life and what was not working well. The reviews identified goals staff were working towards supporting the person to achieve, these were reviewed every six months. There was a key working system in place so people had an identified staff member who was responsible for ensuring the goals were worked towards.

People's methods of communication were described in their care plan naming words people used and how they understood staff interaction. The plan supported staff to recognise what people were communicating through their body language and their behaviour. The staff used objects of reference to support people to understand and to make a choice.

People had individual activity plans these included confidence building, activities of daily living, daily activity care plan and social inclusion. On the day of our visit we saw people were undertaking activities as set out on their activity plan for example one person was building with Lego prior to going out. Some people were going to their day centre and were ready for their transport to arrive. One person was scheduled to go out with a support worker on a one to one basis into the local area later in the morning and this occurred as stated.

People's bedrooms were personalised and people had CD players, televisions and photos of people important to them and crafts they had made at the day centre. The service had a room where activities could take place. There were some drums and games but there was also stored items making the room less usable for activities. There was a lounge with a television and comfortable furniture. There were limited sensory activities for people to choose from in the service we discussed with the manager who undertook how this could be explored further.

Relatives told us they would feel comfortable making a complaint if they needed to. The registered manager showed us a complaints log that showed all complaints had been addressed appropriately. For example there was a complaint that the phone had not been answered when a person had rung to speak to staff. The registered manager had investigated and written back to the person explaining the phone had been out of service and they had been unaware of the fault.

There was a complaints procedure policy and leaflet. There was not a leaflet displayed in the communal area and there was no easy read or pictorial leaflet for people we brought this to the attention of the registered manager who undertook to address this.

Is the service well-led?

Our findings

Staff told us the registered manager was "excellent, he never gets angry, you can approach him at any time, and he has a good rapport with his staff". Another staff member said they felt "privileged" to work with him.

The registered manager told us he has regular supervision and staff meetings to ensure there are clear lines of communication with staff and that they have an opportunity to "express themselves and raise concerns or bring ideas." He explained in addition there are daily handovers when staff come onto their shift where tasks and responsibilities are designated. There were regular staff meetings, staff told us they had staff meetings every two weeks and felt able to raise concerns. We saw in staff personnel files that staff complaints and concerns were responded to by the registered manager. The manager investigated complaints and had taken disciplinary action when he deemed it necessary.

The registered manager told us family members express their views of the service at people's reviews. The service wanted to involve the family members as much as possible so there were family forum meetings every three months. Also one relative was a member of the yearly quality assurance meeting for the Hoffmann Foundation for Autism to discuss the quality assurance framework. Relatives told us they were kept informed of any changes to the service for example they had been informed in writing about staff changes and why the changes had been made. Relatives told us the registered manager was open and transparent when there was a concern. Relatives were sent a questionnaire once a year by the provider to quality assure the service given. The results of the survey were published in a report and actions were taken to address any negative comments.

Daily checks were in place in the service, for example medicines were countersigned at each administration and checked on delivery. They were also audited on a monthly basis. The service managed people's day to day finances and the team leaders checked the transactions at handover each day. The provider audited the finances on a monthly basis. The registered manager undertook a health and safety audit once a month in addition to random spot checks to ensure procedures were being adhered to. However the monthly health and safety audit had failed to identify the lack of a restrictor on the upstairs bedroom window and downstairs bathroom window. Every two months there was an internal audit report from the provider. Different themes were looked at for example person centred planning, care and support, risk assessments, speaking to staff and testing knowledge on topics such as safeguarding adults, checking staffing numbers. The audit identified areas that needed improvement such as staff not recording fridge temperatures on a regular basis. This had been addressed by the registered manager. However the provider audit had not identified the lack of a valid DBS check.

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)(b)(d) Risk assessments must be undertaken and the measures taken to minimise risks must be implemented in a robust manner.

The enforcement action we took:

N/a

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Regulation 19 (2) There must be robust recruitment checks before a staff member is employed.

The enforcement action we took:

N/a