

HF Trust Limited

The Old Print Works

Inspection Report

Unit 1-1A,
The Old Print Works,
Tapster Street,
Barnet,
Hertfordshire
EN5 5TH
Tel: 020 8447 0541
Website: www.hft.org.uk

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Summary of findings

Overall summary

The Old Print Works provides a supported living service to people in their own homes. Its services are primarily for adults with a learning disability. At the time of our visit, the service was providing personal care for 47 people across a number of supported living schemes and people's own homes.

During the inspection we talked with the registered manager who had been in post since the service was registered. They were well-known to many people using the service.

Most people using the service informed us that nothing needed changing about the service and that that they would recommend it to others. Comments included, "It's very nice" and "They're good at what they do." We found that people were safely supported with their medicines and meals, and that staff listened to them and promoted their independence.

However, a few people indicated that they did not feel safe using the service. We found that the service did need to improve in terms of keeping people safe. Although staff had received a lot of training, they did not have enough

training on safely supporting people whose behaviour challenged the service. There was not enough effective care planning on working with new people and those with complex communication needs, and so people's safety may have been put at risk.

Some records kept by the agency were disorganised or missing, and some people's support plans failed to demonstrate how they had been involved in making decisions about their care and support. We were not assured of a well-led service.

We found that most people had positive relationships with small groups of established staff who knew them well. However, some people were supported by too many agency staff, which put them at unnecessary risk of inappropriate or unsafe support. We were not assured of the service being effective at meeting people's needs.

The problems we found breached three health and social care regulations. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that people's safety may have been put at risk. There was insufficient planning and delivery of support to people newly using the service. Staff working with people whose behaviour challenged the service had not received appropriate training to enable them to support people safely. Consequently there were people whose behaviour was challenging the service who were not always safely supported. People were supported with their medicines safely.

Are services effective?

We found that the service was not always effective in its support of people. Some people's support plans did not address their communication needs effectively, and some people were supported by too many different staff, some of whom did not work with them regularly. There were systems in place to protect people from the risks associated with nutrition.

Are services caring?

The service was caring as staff had the right approach to the care and support of people and they were attentive to their needs. People had their privacy and dignity respected. Established staff knew people well and treated them as valued individuals.

Are services responsive to people's needs?

The service was responsive to people's needs because staff listened to and responded to people's choices and preferences. The provider had resources in place to assess and improve on the service provided to individuals. There was an accessible complaints system in place.

Are services well-led?

We found that the service was not always well-led. Whilst the agency did audit the quality of some aspects of its services, we found a number of omissions in the agency's records of people using the service and staff, and record-keeping was sometimes disorganised.

Summary of findings

What people who use the service and those that matter to them say

We spoke with 11 people who use the service during our visit. Due to the complex needs of some people using the service we were not always able to verbally seek people's views on the care and support they received.

People praised the service and the support provided. Comments included, "It's very nice" and "They're good at what they do." Most people told us that nothing needed changing about the service and that that they were happy using it.

People spoke positively about the staff at the service. Comments included, "Staff are doing well" and "They help me." People indicated that there were enough staff, and that they could approach them or the manager if they were unhappy about the service. A person using a wheelchair confirmed that staff supported them to move around safely.

People spoke positively about support they received for preparing and cooking meals. Comments included, "There's lots of food" and "I choose when shopping."

People were also happy with the medicines support provided. We were told, "Staff always remember my medicines."

We also received 17 questionnaires from people who use the service prior to our inspection visit. Most people indicated that they were happy with all aspects of the service. Responses indicated that the service was strong at supporting people to be independent, the general care and support provided, and introducing new staff members to people.

However, a few people indicated that the service had weaknesses. This was because they disagreed that they felt safe from harm from staff at the service, that staff were kind and caring, and that the agency responded well to complaint or concerns raised.

Overall, 14 people who returned questionnaires felt they could recommend this service to others, two did not know, and one person stated they would not recommend it.

The Old Print WorksThe Old Print Works

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

This was our first inspection of this service which we registered on 15 August 2013. We had previously inspected services provided by this agency when operated by another company which was then taken over by HF Trust Ltd.

Before our inspection visit, we reviewed the information we held about the service. We asked the provider to complete an information return which we read through. We also reviewed the results of questionnaires we had sent out. 17 people using the service and eight staff members replied to these questionnaires.

We inspected the service on 24 April 2014. This was an announced inspection, which means the provider was informed two working days beforehand to ensure that key members of the management team would be available in the office.

The inspection team consisted of an inspector, a specialist advisor to help consider the care and support of people with a learning disability, and an expert-by-experience. This was someone who has personal experience of using or caring for someone who uses this type of care service.

We visited the service's office during the morning of 24 April 2014, then met with people using the service at two supported living schemes during the afternoon. We spoke with 11 people who use the service, a number of staff members, the manager and a senior manager. We observed support and interactions in communal areas and when invited into a few people's flats. We also spent time looking at records which included people's support records and those relating to the management of the service.

Following our visit we asked the manager some further questions and reviewed management records that we had asked the manager to give us during and after the visit.

Are services safe?

Our findings

We found that people's safety may have been put at risk. There were two reasons for this. We were not assured that the provider had taken appropriate steps to ensure that staff working with people whose behaviour challenged the service had received appropriate training to enable them to deliver care to people safely and to an appropriate standard. This meant there had been a breach of the relevant legal regulation (Regulation 23(1)(a)). Details of this are below, and the action we have told the provider to take can be found at the back of this report.

We were also not assured of the safe delivery of care and support for new people using the service. This was because one person who had started using the service a few months before the inspection did not have completed assessments of need and risk, or a completed support plan, in place. They were presenting behaviour that challenged the service, which may have been reduced with appropriate assessment and planning. This meant there had been a breach of the relevant legal regulation (Regulation 9(1)(a)(b)(i)(ii)). Details of this are below, and the action we have told the provider to take can be found at the back of this report.

People who use the service told us there were enough staff to help them when they needed support. A person using a wheelchair confirmed that staff supported them to move around safely.

However, a few people informed us they did not feel safe from harm at the service.

One staff member told us, "We have recently had two new clients that have moved into our supported living service with very challenging needs. This has affected the other clients living in the building and staff. Clients are frightened and staff have been assaulted. I feel we need to have more adequate training so that we are able to deal with these issues."

We saw people at one scheme being cautious of someone whose behaviour challenged the service. Staff worked patiently with that person and helped to keep people in communal areas of the scheme safe. However, we found that most staff had not had specific training on understanding and working with people whose behaviour challenged the service. We found records of recent incidents of this person assaulting staff. The management

team told us that the provider had a national positive behaviour support team, and demonstrated the team's recent involvement in working to support staff with one person. However, the person we observed had not yet received input from this team. We were not assured that the skills of the staff team were sufficient to make sure people whose behaviour challenged the service received a safe service.

Following the inspection, we were informed that the person we had observed had left the scheme for a short period of time without the support of their assigned staff member, contrary to their risk assessment. This had occurred a few weeks before our inspection visit, however, the matter had not come to the attention of the management team until afterwards. This did not assure us of the safety of the service being provided to this person.

Risk assessments were in place for most people, to help guide staff with ensuring people's safety and welfare. However, we also found limited guidance for staff on understanding and meeting the needs of the specific person we observed. The person's support plan had not been completed, and there was no recorded assessment of the person's needs by the service that was available for staff to work from. There were some individual risk assessments within the person's file in their flat, which helped inform staff and keep the person safe. However, we were concerned that the needs and risks associated with the support of this person were not always recorded, which meant staff may not be aware of how to provide safe and appropriate support to the person.

All staff responses indicated that they knew what to do if someone using the service was at risk of abuse. Staff told us they had received safeguarding training within the last two years, and this had provided them with enough information to understand the safeguarding processes that were relevant to them. The training records we saw confirmed safeguarding training had taken place. The service had policies and procedures for safeguarding vulnerable adults. We saw that the safeguarding policies were available and accessible to members of staff, for example, as part of the 'Top 11 policies' folder accessible at one scheme.

Are services safe?

Most staff responses indicated that they had training and understood their responsibilities under the Mental Capacity Act 2005. The manager confirmed that staff had received this training. There was e-learning for new staff as part of their induction which established staff could also access.

Staff we spoke with understood their obligations with respect to people's rights and choices when they appeared to lack the mental capacity to make informed and appropriate decisions. Staff were clear that when people had the mental capacity to make their own decisions, this would be respected. We observed this to be the case during our visit, and we saw records indicating this.

The manager told us best interest meetings were held when necessary, to discuss a person's care and support. Best interest meetings take place when informed choice about a significant decision cannot be made by a person using the service, and considers the views of all those involved in the individual's care. The manager noted that the Independent Mental Capacity Advocate commonly used by the local authority when needed was someone well known to many people using the service due to a previous role they had. This helped to ensure that the person's preferences were represented as far as possible.

People were happy with the medicines support provided. We were told, "Staff always remember my medicines." We checked the records of a couple of people's medicine support, and found these to be up-to-date and with no omissions. The manager said that annual competency assessments were carried out on all staff relating to the administration of medications. We saw records indicating oversight of this, and for new staff to receive three such assessments before being considered as safe and competent to administer medicines.

We saw records indicating that staff communicated effectively to reduce the risk of medication support errors. For example, handing over that someone needed further support to take medicines, and that someone had started a short course of additional medicines. We checked records of this short course, and found that support had been provided to the person to promptly acquire the medicine following health professional input.

The manager told us of a few medicine omission errors that were reported to the funding authority at one unit in the last six months. This had resulted in further staff training and competency observations, along with daily audits of medicines at that scheme.

Are services effective?

(for example, treatment is effective)

Our findings

We were not assured of the effective delivery of support to people using the service. This was because people received inconsistent support with communication. Some people's support plans did not address their communication needs effectively, and some people were supported by too many different staff, some of whom did not work with them regularly. This meant there had been a breach of the relevant legal regulation (Regulation 9(1)(a)(b)(i)(ii)). The action we have told the provider to take can be found at the back of this report.

Support plans held at the agency's office were not as up-to-date or complete as support plans held in people's homes. One person's communication section of their support plan at the agency's office had nothing on how staff should engage with them. Another person's support plan at the agency's office had a communication section related to support needs. However, it did not include how the person expressed themselves through behaviour that challenged the service. A separate section of the plan included triggers to behaviours that challenged the service, and some detail on distraction techniques that were primarily focussed on staff safety rather than meeting the needs of the person. We also found a professional's report on how to support this person dated April 2013, however, there was some inconsistency between the recommendations and the support plan currently in place. The management team told us this person had recently been physically aggressive towards staff resulting in a staff member being off sick.

We saw communication aids in place for some people, for example, picture books relevant to their needs and preferences. One person we met could communicate well with a particular member of staff, but we were told that they struggled to communicate with some other staff who were assigned to work with them. We noted that this person's support plan indicated for an increasing use of Makaton, a sign language developed for people with a learning disability. However, we did not see this being used, which was of concern for enabling communication with less familiar staff. We were not assured that staff communication with people was sufficient to enable people to be routinely understood and have their needs met.

The service was organised so that nine different staff teams worked in small 'clusters' with small groups of people using the service. This meant that each person should be consistently supported by the same small group of staff. We looked at a previous week's scheduling of staff to four different people. Whilst two people were assigned a small team of established staff, two others were not. One person was supported by eight different staff members, four of whom were supplied by an employment agency. This matched feedback from a few staff members, who felt that the agency's recruitment processes were not producing enough new staff and that there was inconsistency of care through regular use of agency staff. We were not assured of people receiving consistent support from established staff that helped to meet their needs, for example, through effective communication.

Most people indicated good overall care and support and spoke positively about the staff at the service. Comments included, "Staff are doing well" and "They help me." Most people indicated good support for being as independent as they could be, and staff felt they did a good job at this.

People spoke positively about the support they received for meals. Comments included, "There's lots of food" and "I choose when shopping." We visited a few people in their flats and found they had been supported to cook and eat meals of their choosing. People's support plans included sections on food and drink. These noted support needs and risks. One person had information on choking risk and referenced a risk assessment, Health Action Plan, and Speech Therapist report for more details.

Many staff indicated that they received the training they needed to meet people's needs. The manager told us of recent updates to staff training that had just taken place. We saw staff training records which showed that many staff had recently had refresher training on many topics such as medication, health and safety, and manual handling. The records indicated that most staff training was in-date. We also saw a training plan that included focus on autism awareness, however, nothing had been recorded for the specific needs of some people using the service such as Down's syndrome or dementia.

We saw evidence of the service using a detailed induction training programme for new members of staff. The process included a period of time shadowing of an experienced member of staff. Staff were required to be assessed during their probationary period before being confirmed in post.

Are services effective?

(for example, treatment is effective)

We looked at two staff files. They did not provide much assurance of staff having had supervision or training within

the last six months. However, feedback and other records we saw indicated that supervisions had taken place, and that appraisals were being planned for as they last took place a year ago.

Are services caring?

Our findings

People we spoke with said they were happy with the care provided and could make decisions about their own care and how they were looked after. People's comments about the service included, "It's very nice", "They're very caring" and "They help people."

People indicated that staff were kind and caring. We observed staff attending to people's needs in a discreet way which maintained their dignity. Staff felt that people were treated with dignity and respect. We saw staff ask permission to come into people's flats, through ringing door bells or knocking. When we were invited into one person's flat, a staff member waited outside to provide support if needed but did not intrude. We also saw staff giving people time to make decisions and respond to questions.

During the inspection we saw staff working with people patiently and in a friendly manner. Our observations indicated that established staff knew people well and treated them as valued individuals. For example, we noticed that people had been supported, where needed, to be well presented. Some people had had their nails varnished. We also saw a recent letter from a relative complimenting the service on these matters.

People indicated that they were introduced to new staff members. Staff responses were similar, indicating that they received information on people's needs and preferences before working with them. This helped to build positive relationships between new staff and people using the service, and indicated respect and value of people using the service. The manager told us that people using the service were invited to be involved in staff recruitment processes, from which their views were taken on board when selecting suitable people to employ. We also saw records indicating that people using the service who were close to someone who had died, had been supported by the service to attend the person's funeral.

The manager told us tenants' meetings were held on a monthly basis. We saw records of these in an easy-read format, which helped people to understand the meetings. The minutes demonstrated that people were encouraged to express their views, and that actions were taken as a result of previous meetings. For example, assistive technology was being tried out that would enable people to access their own flats with finger prints. We saw that this had been set up for some people at the time of our visit.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

People indicated that they were involved in planning their own care and support, and that the agency involved people of their choosing in important decisions. We saw that staff supported people to make choices, for example, on how to spend their time when receiving staff support. Staff reminded people where they had a community appointment such as a choir group, to help ensure that they would not be late. People had a copy of their support plans in their flats. Where kept up-to-date, plans reflected people's choices and preferences.

The manager gave us examples of how people's individual support had been reviewed and adjusted to better meet their needs. One person's bedroom furniture was being significantly altered, to reduce their anxiety around personal care support. We saw a report analysing another person's behaviour over a period of time, from which environmental alterations were being made to help reduce their anxiety. The manager knew how to refer to funding authorities when people's support needs increased, and could demonstrate how this had enabled increased staff support visits for some people. We also saw records and heard from team leaders that an advantage of the provider

now being a national organisation was that they could better access specialist advice in response to people's increased needs. For example, one person had received occupational therapy intervention within a few days through the provider.

People told us that they could approach staff or the manager if they were unhappy about the service. We were shown easy-read complaints guidance, and a form to fill in, that people had, to help them raise concerns. However, a few people disagreed that the agency responded well to complaints or concerns raised.

We looked through the record of complaints made at the service across the last year. There were six entries, including two from a person using the service and three from another person's relative. We noted that people's views were considered, although there was no record of conveying outcomes to the person using the service. The manager told us the person had been verbally informed of outcomes. Written responses were in place for the relative, although we noted that the most recent complaint took a few days longer than the provider's policy of 28 days to deliver an outcome. The outcomes we saw indicated appropriate consideration of the concerns.

Are services well-led?

Our findings

We found that the service was not always well-led. We were not assured that accurate records, in respect of people using the service and staff, were routinely kept because of a number of omissions that we found. This meant there had been a breach of the relevant legal regulation (Regulation 20(1)(a)(b)(i)). The action we have told the provider to take can be found at the back of this report.

We saw a staff files audit from October 2013 which identified the need for team leaders to evidence that supervisions and work practice observations were up-to-date for some staff members. We had checked the file of one person identified as needing further supervision and observation within a deadline set from the audit, and found that these had taken place. However, the file indicated that nothing had taken place since then. Much of the feedback we received from staff indicated that supervisions were up-to-date, however, the two files we checked did not support this. The files did not have the most recent supervision reports for two staff as these were being held securely, awaiting filing, by the supervisor. We therefore concluded that there was an ineffective system of recording and appropriately storing staff records.

We found similar concerns about the organisation of paper records about people using the service. We looked at the files of four people held at the agency's office. They were not kept in good order and were not up-to-date. Information such as assessments of need and historical information were not routinely present, which made it hard to gauge if the service was meeting the person's needs. There was inconsistent evidence of people being involved in their care and support planning. For example, one person's plan did not clarify how the person was engaged in their own care and supported to make choices about it. The section for the person's views on their support plan was left blank. We noted that this person had strong family involvement, however, their views were not evident in their support plan. There was inconsistency in evidencing reviews and updates of aspects of support plans to make sure that they accurately reflected the person's current needs and abilities. When asked, the management team confirmed that these files were not routinely audited to ensure that they had appropriate information in them.

We saw goals within people's support plans, however, these were vague in the actions planned. We did not see

records reviewing progress towards the goals. One person's plan review stated that the goals were still relevant six months later but with no update on progress. It was therefore unclear whether the person had, for example, saved for one luxury item a month as per an originally-set goal.

We also checked the support file held by one of these people in their flat, and whilst it did provide some evidence of support planning, the process was not complete. They had started using the service in February 2014. There was no written assessment of needs by the service in their file at the agency or at their flat. The manager told us that she was still in the process of writing the assessment, despite the person using the service for over two months. An accurate care and support plan had consequently not yet been developed. There were records in the communication book of the person assaulting staff in the week before our inspection. However, these had not been recorded as incidents on the provider's new online incident reporting system. They may not have been alerted to senior staff in the organisation so that risks to people's health and welfare could be better identified, assessed and managed. These recording and reporting omissions failed to protect people against the risks of unsafe or inappropriate care, and did not assure us of a well-led service.

At the time of our inspection the service had an experienced registered manager in post. We saw that she knew people as individuals and was clearly well-liked by people using the service. She could give us examples of how the service had worked to meet people's individual needs.

Most people informed us that the agency had asked them what they thought of the services provided. We saw records of the provider surveying people and stakeholders nationally in 2013, from which key strengths and weaknesses were acquired. This helped the service set a detailed Statement of Intent dated January 2014. It included objectives and actions for the coming year, additionally based on the provider's own standards of minimum requirements.

We saw reports prepared for the management team on the staffing arrangements provided by the agency. We also discussed staffing arrangements with a senior staff

Are services well-led?

member, and checked the staffing schedules of four people who use the service. This assured us that arrangements were in place to schedule sufficient numbers of staff to meet people's individual needs.

The manager told us that since the new provider had taken over the running of the agency, there had been opportunities to review and re-evaluate services. We saw documentation and heard feedback about staff roadshows that set plans for the future and took on board the views of staff. We were told of improved communications through the new provider's online systems that staff could access from any internet portal, and we saw team briefings in support of this. This indicated a positive, open and developing culture.

The management team showed us audits of information relating to the running of the service. These included analysis of falls, incidents, and medication errors. Actions were set to address identified issues. For example, the number of falls experienced overall by people using the service had reduced across the last six months. The manager explained that this was because the support of appropriate healthcare professionals had been sought for individuals identified at most risk. Another audit considered many aspects of the standard of care provided at one scheme, based on feedback and records. An action plan was set to address areas for improvement, including the sharing of findings amongst other schemes to promote learning and consistency.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	<p>Regulation 9(1)(a)(b)(i)(ii) HSCA 2008 (Regulated Activities) Regulations 2010.</p> <p>Care and Welfare of Service Users</p> <p>The registered person did not take proper steps to ensure that each service user was protected against the risks of receiving care that is inappropriate or unsafe, by means of planning and delivering care in such a way as to meet the service user's individual needs and ensure their welfare and safety.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 20(1)(a)(b)(i) HSCA 2008 (Regulated Activities) Regulations 2010.</p> <p>Records</p> <p>The registered person did not ensure that service users were protected against the risks of unsafe or inappropriate care arising from a lack of proper information about them, by means of the maintenance of an accurate record in respect of each service user and staff member.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 23(1)(a) HSCA 2008 (Regulated Activities) Regulations 2010.</p> <p>Supporting Workers</p> <p>The registered person did not have suitable arrangements in place to ensure that staff were appropriately supported to enable them to deliver care</p>

This section is primarily information for the provider

Compliance actions

to service users safely and to an appropriate standard. This was because staff had not received appropriate training on working with people whose behaviour challenged the service.