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?	Good
Is the service effective?	Requires Improvement
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 2 May 2017 and was unannounced. 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. At the time of our inspection there were five people living at the service.

There was not a registered manager in place at the time of inspection. The 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 at the service. They were registered for two other services for the provider but were not registered for Hoffmann Foundation for Autism -18 Marriott Road. We found there had not been a registered manager since November 2016. This did not assure us that the service was well-led.

The service was previously inspected on 25 April 2016 where the service was rated Requires Improvement overall when we found two breaches of regulations. Firstly in relation to staffing as there were at times shortages of staff and the staff team was mostly bank staff. During this inspection people's relatives told us there had been a number of staff changes throughout the year. We found there were staff to meet the needs of the people using the service and more permanent staff had been recruited and where bank staff were used they were mostly familiar with people and their support needs.

Secondly at the previous inspection the service had not had a robust environmental risk assessment and some window restrictors had been missing. This had been addressed following our inspection. During this inspection people had robust risk assessments in place and staff could tell us how risks to people were managed. However we found one risk assessment that had been reviewed but still contained out of date information. This was addressed by the management team immediately.

We found during this inspection that some health care monitoring records were not completed and contained significant gaps. Therefore there was not an effective overview of people's health conditions. Although audits had taken place on a monthly basis the above concerns had not been identified. This was a breach of good governance.

Staff told us they felt well supported and received supervision sessions. Staff had received training and supervision to undertake their role and could demonstrate to us they understood their responsibility under the safeguarding adults, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards legislation to protect people's welfare.

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

People had person centred care plans that detailed the support they required to eat and drink healthily and to support them in the activities of daily living. People's care plans contained their long and short term goals and people's relatives contributed to their care planning at review meetings.

Staff were described as caring and we saw caring interactions between people and staff. Staff told us how they ensured people's privacy and dignity.

People's relatives told us they could complain to the service and found the provider Hoffmann Foundation for Autism approachable and responsive to concerns.

The provider told us following our inspection that Hoffmann Foundation for Autism -18 Marriott Road will be closing and people are being moved to an identified purpose built, one level location that will meet people's increased mobility needs as they age. People's relatives had been informed of the future plans.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 17 Good Governance.

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?

Good

The service was safe. There were risk assessments to ensure people's safety and well-being. Staff could tell us about the measures required to keep people safe.

There had been a number of changes to the staff team throughout the year, however there were permanent staff and bank staff that were familiar with people living at the service.

Staff demonstrated they understood their responsibility to report safeguarding adult concerns to the appropriate authorities.

Staff administered people's medicines in an appropriate manner.

The service was clean and staff had received infection control and food hygiene training to maintain people's welfare.

Is the service effective?

Requires Improvement

The service was not effective. Some people's health monitoring records were not kept in a robust manner and contained significant gaps in recording. There was a risk to people that there was not an effective overview to inform both staff and health professionals.

Staff supported people to attend health care appointments and could tell us about people's health care support needs.

People were given support to eat healthy meals and to remain hydrated.

Staff received regular supervision and training to undertake their role.

The service had applied for DoLS appropriately and staff demonstrated they understood MCA.

Is the service caring?

Good

The service was caring. People's relatives spoke positively about staff and we saw caring interactions between staff and people.

People were supported by staff to maintain their privacy and dignity.

People's relatives were invited to their reviews and contributed to people's care plans.

People's care plans specified their ethnicity and culture and identified if the person had diversity support needs.

Is the service responsive?

Good

The service was responsive. People had a person centred care plan that contained a brief history and reflected people's long and short term goals.

People's relatives knew how to complain to both the service and the provider. Relatives felt action would be taken when they raised a concern.

Is the service well-led?

Requires Improvement

The service was not well-led. There was not a registered manager in post to provide the necessary oversight in the service.

Audits had not identified where risk assessments had not been updated to reflect the current situation or that some food charts had significant gaps.

People's relatives were asked their views of the quality of service provided in meetings and in a yearly survey.

The service was working in partnership with the local authority.

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 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 2 May 2017 and was unannounced.

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 two staff, 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 four family members and the commissioning body to seek their views on the quality of care provided.

Good

Is the service safe?

Our findings

In our inspection in 2016 we found that there was at times a shortage of staff and staff employed were mostly bank staff. As such there was a lack of continuity for people living in the service. During this inspection we found there had been a number of staff changes throughout the year, however there were now more permanent staff employed to work in the service. Although there were some bank staff in use they were familiar with the service and people living there. On the day of inspection there were staff working in the service as stated on the rota. Staff told us there were enough staff to meet people's needs, saying; "I think there is" and "Yes staff put in their effort and strength". Staff described if a staff member phoned in unwell, "The managers do their best and we have bank staff that will come in, they're good they have been here for a number of years". We observed there was adequate staff to support people to attend their activities as stated in their care plan. For example, whilst most people ate their evening meal together one person went out as per their activity plan for a meal with staff support.

When we inspected in 2016 we found that there were some missing window restrictors and that this had put people at risk. This was addressed following the inspection. People had risk assessments that clearly outlined measures to keep people safe. Risk assessments included trips and falls, infection control and lone working. People had risk assessments that were specific to them. This included missing person's procedures, to prevent self- harm, travelling on the service's transport, use of candles and meal time support.

One person had a risk assessment for the management of epilepsy and there were measures in place such as a monitor in their room at night, staff monitoring at bath time, the possibility of seizure on bus or at day centre was assessed and there were instructions for staff, "to ensure my medicine bag that I carry with me at all times from the medicine cabinet". However we noted that although the risk assessment had been reviewed, it was not updated in terms of the medicine used and still stated staff would need training to administer a different type of medicine. The medicine had been changed in December 2015. We checked other documents and found that the care plan and medicine administration records contained the correct information and the old medicine was no longer available in the service. Staff knew and could tell us what was required in terms of medicines. As such we concluded that this was not a risk to the person but the risk assessment had not been robustly updated and this had not been identified through the service quality control audits. Following the inspection the service immediately sent us a revised risk assessment with the updated information.

Staff had received safeguarding adults training and there was information displayed informing staff how to report abuse and an 'easy read' poster to inform people how to report abuse. Due to some people's cognitive impairments it was unlikely they would be able to refer to the written word or symbol poster. However staff were able to tell us how they would recognise symptoms of abuse such as changes in behaviour or marks on the body. They demonstrated they could report abuse appropriately "If there was a bruise I would report it to [deputy manager]".

Staff had received training to administer medicines safely in line with the medicines procedure. There were

guidelines available to staff describing the medicines and their use. Two staff signed the medicines charts as a check to ensure the correct medicines had been administered. People's medicine administration records were completed appropriately without errors or omissions. When people had PRN (as and when needed medicines), such as medicine to be administered in the event of an epileptic seizure there was a clear guideline for staff to follow. The service ensured that one person had a supply of emergency PRN medicines at the day centre, this was replaced as necessary and both The Hoffmann Foundation for Autism – 18 Marriott Road and the day service signed to say the medicines had been received. One person received medicines in a covert manner placed in food. We saw this had been agreed by the appropriate health team and endorsed by the person's GP. Information such as an allergy to plasters were highlighted clearly in people's records.

Staff had received infection control training and used protective equipment such as gloves appropriately. Staff prepared and stored food for people and had received food hygiene training to support them to do this in a safe manner. There was a domestic staff member who had a cleaning schedule and maintained the cleanliness of the service.

Requires Improvement

Is the service effective?

Our findings

People's relatives told us the service informed them when there was a health concerns however some people's relatives felt the service had not always been quick to follow up concerns. People had been supported to attend routine checks such as the opticians, dentist and the GP. We saw action had been taken when people required treatment or a check-up following an accident. Some people had been supported to attend hospital and local clinics for long term conditions.

Some health monitoring took place such as monthly weighing. One person had had some digestive problems, they were weighed on a regular basis and guidance when supporting them to eat included to increase food intake and to slow down eating as they had a tendency to eat in a quick manner. We found there were gaps in this person's food charts that were in place to track what had been eaten at each meal and for snacks. For example in the week of 3 April 2017 there was only a dinner entry on the Tuesday and little information on the Monday and Thursday whilst the rest of the week was mostly completed. The week of the 10 April 2017 there was no recording on the Sunday and gaps in recording for most of Saturday and whilst lunch and breakfast was completed on the other days there was only two dinner recordings for the whole week. If records are to be kept then they must be filled in consistently or there is a risk that will not be a clear picture of what the person is eating to assist health professionals to effectively monitor the concern. We brought this to the attention of the deputy manager and manager who agreed to address this.

There was guidance for staff about autism and people's care plans contained information pertinent to staff when working with people with autism. People who are on the autistic spectrum can be particularly sensitive to certain sensory stimuli. People's plans contained a sensory profile checklist that highlighted a list of sensory situations and the person's response to that situation. For example whether the person was attracted to lights, a poor eater or sensitive to touch. The checklist noted what was true for the person and what had changed. This helped staff recognise what was important to the person and what to avoid and noted changes in people's behaviour. Staff could tell us about people's behaviour that might challenge the service and had received training to support people. There was also regular support from an in-house team that provided guidance and support to staff.

People had health care action plans that contained information about people's diagnosed conditions such as hay fever, asthma and epilepsy and the treatment they required. These had been reviewed and updated appropriately. People had hospital passports to be used should they visit hospital and contained details of their medical history and how they would like to be supported.

People received staff support to eat their meals, such as supervision not to eat quickly or support to sit alone when eating as this was the way the person enjoyed their meal the most. People were encouraged to eat healthy diets and the menu was varied. Meals on the menu included quiche and salad, chicken and rice, salmon and potatoes and roast dinners. People had individual snack boxes that contained snacks they enjoyed, one person's box contained peanuts and another person's a selection of sweets. People were encouraged to drink sufficient fluids to remain hydrated we observed staff ask "[X] would you like coffee or

tea or a cold drink?" using objects of reference to support the person to make a choice.

Staff told us they had received a thorough induction "Spread over two months doing something every week, [deputy manager] is good with it and covers it all." Staff completed an induction programme that was signed to say they had covered each area. Staff had received a mixture of e-learning and face to face training in areas such as first aid, fire awareness, health and safety, manual handling medicines administration, safeguarding, and food safety. Some newer staff had not yet received all their training but the management team had an overview that gave a clear picture of training received and where training was still required.

Staff told us they received supervision and found it helpful and "feel well supported". We saw that training was discussed in supervision sessions that were held on a regular basis and staff training needs were identified. Three relatively new staff had received training to manage behaviour that challenges the service in April 2017. Staff confirmed they felt confident to raise concerns in supervision.

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, following up review requests when there had been a delayed response. Staff had received e-learning training in MCA and DoLS and some staff had also received face to face MCA training. There was a MCA and DoLS policy available for staff reference. Staff could demonstrate they had an understanding of the legislation and told us when people do not have capacity to make a particular decision, "There will be a best interest meeting where we give our view and the decision will be in the best interest of the person". Staff told us they explain to people what they are doing and gave examples of offering people choice to encourage independence such as going to the fridge to choose jam or cheese for breakfast and offering choice of cereal so people could choose which they want.

The service was a three story house on a quiet residential road. The service was not purpose built and there were narrow stairs to access people's bedrooms. To ensure people's safety a bannister rail had been put in place. On the ground floor some areas had small steps from one room to another. People had lived at the location for a long time and some were beginning to experience age associated mobility difficulties and required staff supervision when using the stairs. Following our visit we were informed the provider planned to move people from Hoffmann Foundation for Autism -18 Marriott Road to an identified new location that was on one level, so as people aged they would not have to negotiate stairs from their bedrooms to the communal areas. People's relatives we with spoke with were positive about the move and felt it was a better long term provision for their family members.

Good

Is the service caring?

Our findings

People's relatives told us they found the staff caring, saying "Very happy with the care here" and "Found care to be excellent". Some people's relatives spoke of their family member's key worker. This is a staff member who is allocated to be the person's main carer and is a point of contact for relatives. One relative in particular found their family member's keyworker had been consistent and was "Very caring and [their family member] was very fond of them". Another relative told us that staff who had known their family member for many years had left and as such felt the changes in staffing in the past year might result in a staff team that were not so familiar with their family member's needs.

Staff told us how they care for people. One staff member described "One person likes having they face stroked, another I chat to, some people prefer it if you are quieter around them". Another staff member told us they ensure people looked clean and well dressed for their dignity "For [X] I always make sure a clean shower and smart, I get good feedback that [X] looks smart from other staff". We observed people's dignity was maintained when staff encouraged people to wear clothes protectors when eating to remain clean from food spillages, these were removed as soon as the meal was finished. Staff described how they maintained people's privacy by knocking on bedroom doors before entering and closing doors when supporting people with personal care to give them privacy and maintain their dignity.

Staff told us to be caring they needed to know how people communicated, and described people had different ways of telling them what they wanted. Staff gave us examples that one person took staff by the hand and led them to the kitchen to show them they wanted, another person used communication cards. We observed staff spoke to people in a respectful way and praised them "Well done [X]" and "Thank you [X] it was lovely of you, you did it fine".

People living at the service did not have the capacity to agree to and discuss their care. People's relatives told us they were invited and attended their family member's care plan reviews. We saw that care plans were updated on a regular basis.

People's care plans stated people's ethnicity and family cultural background. People's family religion was stated and care plans noted when people had not shown an interest in exploring their family religion or culture. People's care plans gave their family structure and who was important to them.

Good

Is the service responsive?

Our findings

People's care plans were person centred and they contained a brief history with family background and "Things I like" and "Things I don't like". There were guidelines to tell staff how to engage people in a list of activities they liked, this included walking, types of music, attending day centre and eating preferences. Care plans described in detail how people communicated such as in simple sentences or by objects of reference and how people might express emotions such as anger by singing out loud or joy by humming. Care plans also gave guidance to staff about how people understood information. All guidelines were detailed and there were explanatory notes for staff reference.

Care plans contained long and short term goals. One person's long term goal was "to develop greater understanding and independence" and their short term goal was to prepare their breakfast with staff support. The plan outlined to staff the support required to do this. People's care plans stated how they should be supported in activities of daily living such as personal care and dressing. Care plans were signed by staff to show they had read and understood the support required. As such when one person was travelling on a public transport bus, guidelines told staff to be very specific about where to sit on the bus, to say "Stop, sit down" and described how to put their hand over the person's hand to support them to 'tap in' their freedom pass. People had individual activities and for example went out with staff support for a walk. Care plans specified the number of staff required. During our visit we saw one person go out with the specified staff support for a walk as stated on their activity time table.

People had personalised bedrooms that contained craft items they had made at the day centres, were in colours they liked in particular and some had items they liked such as candles or a flag denoting their country of origin.

People's relatives told us they could raise a concern and "felt able to pick up the phone". There was a complaints procedure and a complaints log. Only one complaint had been logged in the year since our last inspection, it was a small matter that did not require an investigation and an apology had been made by the service. However people's relatives told us they could speak with the deputy manager or manager if they needed to. Several people's relatives also told us they could and had spoken with senior management at provider level at The Hoffmann Foundation for Autism including the chief executive officer. They found them approachable and felt concerns would be taken seriously and addressed.

Requires Improvement

Is the service well-led?

Our findings

There was not a registered manager in place at the time of inspection. The 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 had been four managers since our last inspection in May 2016 one of whom had been registered until November 2016. When we inspected we found a manager registered to two other of the provider's services was managing Hoffmann Foundation for Autism –18 Marriott Road for one day a week. People's relatives spoke of "a series of managers" and some felt there had been "too many changes of personnel" in the last year that had impacted on the quality of the service provision.

Staff referred to the deputy manager as "dealing with everything I can go straight to [deputy manager] she is a good overall manager" "She will pick you up on things in a nice way - she notices things and is very observant" and "She keeps on top of things, pulls us along as a team". We saw that the deputy manager had taken the responsibility for the day to day running of the service during the changes of manager and had been supported by the current manager one day a week since 21 March 2017. There had not been consistent oversight by a registered manager since November 2016 and this did not assure us that the service was being well- led.

Following our visit we were informed the provider planned to move people from Hoffmann Foundation for Autism -18 Marriott Road to a new location. People's relatives told us they had been informed of the move and some relatives had visited the intended location and all felt it was a positive way forward. People's relatives all spoke very positively of Hoffmann Foundation for Autism -18 Marriott Road, describing most people had lived there for 20 – 30 years and they had been "hugely satisfied" with the service that had been provided over the years, however some felt the last year had not been satisfactory in terms of continuity of staff, management and care quality.

Relatives were asked their views to ensure quality of the service provided in a provider survey this had been sent out in March 2017 and at the time of our visit responses were still being analysed. The provider had a quality assurance committee and a relative who had a family member at Hoffmann Foundation for Autism - 18 Marriot Road attended. This committee met and looked at quality of care across all the provider services. We saw that there had been audits, two had taken place in January and February 2017 by the policy officer, these were unannounced audits that looked for example people's care plan records. Concerns identified at audit were highlighted in red. An action plan showed that issues identified had been addressed. There was also a 'registered person's visit' this could be manager from another of the provider's services or a board member that took place every three months. Audits had occurred in September 2016 and December 2016.

Daily, weekly and monthly checks were undertaken by the deputy manager. This included medicines and health and safety. The manager checked the finances each month and we observed this occurring on the day of our visit and the check was thorough. However during our inspection we found that one person's risk

assessment was not updated to reflect the current PRN epilepsy medicines from December 2015 and one person's food charts contained significant gaps that demonstrated ineffective monitoring and a lack of overview by the management team. Therefore although audits were occurring they had not identified these concerns in a timely manner. As such there was not robust governance in the service to ensure quality of service provided.
The above concerns are a breach of Regulation 17 of the Health and Social Act 2008 (Regulated Activities) Regulation 2014.

There was good communication within the service. Staff used a communication book to share information. This was also used by management to remind staff of good practice. For example in April 2017 there was a reminder from the deputy manager to staff to report any bruising to the management team. There were team meetings every two weeks. Staff told us they could raise concerns and the management team had shared information.

The service worked in partnership with the commissioning body and had agreed for a visit to take place. The service had put into place recommendations made from the visit which included the lone working and infection control policy.

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 17(1)(a)(b)(c) The service was not keeping an accurate contemporaneous record of care as risk assessments and food charts were not completed accurately.