

Haringey Association for Independent Living Limited Hail - Great North Road

Inspection report

68 Great North Road, East Finchley,
London, N2 0NL
Tel: 020 8340 6035
Website: www.hailltd.org

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 5 August 2015 and was unannounced. Hail – Great North Road is a care home for up to five adults with learning and physical disabilities.

There was no registered manager in post at the service, however an acting manager was in place who was in the process of registering with the Care Quality Commission. A registered manager is a person who has registered with the 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.

We last inspected this service in March 2015. At that inspection we found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to quality assurance, staff support, consent, activities outside the home and complaints handling. There were continuing breaches of the regulations relating to supervision and appraisal of staff performance, and quality management at the service, for which we issued warning notices to be met by 19 May 2015.

Summary of findings

During the current inspection visit we found that the warning notices and requirements had been met, with significant improvements to the quality management and staff support within the home.

We found that there had been an improvement in the number of opportunities for people to take part in activities outside of the home, improved recording of people's consent or best interest decisions made on their behalf, and improved complaints handling within the home.

People were content and well supported in the home, with good relationships with staff members who knew them well, and understood their needs. People, and their family members where relevant, had been included in planning the care provided and they had individual plans detailing the support they needed.

The service had an appropriate recruitment system to assess the suitability of new staff. We found that staff

were sensitive to people's needs and choices, supported people to develop or maintain their independence skills, and helped them work towards goals of their choosing, such as planning a holiday.

People were treated with respect and compassion. They were supported to attend routine health checks and their health needs were monitored within the home. The home was well stocked with fresh foods, and people's nutritional needs were met effectively.

Staff in the service knew how to recognise and report abuse, and what action to take if they were concerned about somebody's safety or welfare. Staff spoke highly of the training provided to ensure that they worked in line with best practice.

There were improvements made in the systems in place to monitor the safety and quality of the home environment and appropriate systems were in place for managing people's medicines safely.

Summary of findings

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 safe. Improvements had been made to systems for monitoring and maintaining the environment, to protect people's safety.

Staff knew how to recognise and report abuse. Staff recruitment procedures were sufficiently rigorous at checking their character and suitability to work in order to protect people from the risk of unsafe care. There were sufficient staff at all times to keep them safe.

People had comprehensive risk assessments and care guidelines to protect them from harm and ensure that they received appropriate and safe care.

There were effective arrangements in place for the storage and administration of medicines, which protected people from associated risks.

Good



Is the service effective?

The service was effective. Staff were receiving regular supervision and appraisals, and spoke highly of the support provided by management.

Best interest decisions were being recorded for people who were unable to give consent, in line with the Mental Capacity Act 2005.

There were systems in place to provide staff with a wide range of relevant training. People were supported to attend routine health checks, and staff supported people to eat a healthy diet.

Good



Is the service caring?

The service was caring. People gave us positive feedback about the approach of staff, and we observed a number of ways in which staff treated people well.

We found that staff communicated effectively with people and supported them to follow lifestyles of their choice. Their cultural and religious needs were met.

Good



Is the service responsive?

The service was responsive. People had opportunities to take part in activities of their choosing in and outside the home. The service had a complaints procedure that in an accessible format, and this was followed.

People's needs and preferences had been assessed, and care plans were developed to guide staff so that they could meet people's needs effectively.

Good



Is the service well-led?

The service was well-led. The acting manager and deputy manager had brought about significant improvements to the home. The quality of services provided to people living in the home was being monitored. Staff described an improvement in the leadership and communication at the home. We found improvements in records of routine safety checks for the home.

There was regular consultation of people using the service, and a survey of other stakeholder's views was planned.

Good



Hail - Great North 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.

At the previous inspection on 25 March 2015 we found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to quality assurance, staff support, consent, activities outside the home and complaints handling.

The current inspection took place on 5 August 2015 and was unannounced. The inspection was conducted by two inspectors. Before the inspection, we reviewed the information we held about the service including notifications received by the Care Quality Commission.

We used a number of different methods to help us understand the experiences of people using the service. We spent time observing care in the communal areas such as the lounge and kitchen areas and met with all five people living in the home. We spoke with five support workers

working at the service, and the acting manager. The deputy manager was on annual leave at the time of the inspection, but provided some additional information by telephone and email after our visit.

Some people could not let us know what they thought about the home because they could not always communicate with us verbally. Because of this we spent time observing interactions between people and the staff who were supporting them. We used the Short Observational Framework for Inspection (SOFI), which is a specific way of observing care to help to understand the experience of people who could not talk with us. We wanted to check that the way staff spoke and interacted with people had a positive effect on their well-being.

We looked at all five care records, four staff files and training records, a month of staff duty rotas, the current year's accident and incident records, three people's financial records, quality assurance records and maintenance records. We also looked at selected policies and procedures and current medicines administration record sheets.

Following the inspection visit we spoke with two relatives, and two health care professionals who supported people using the service.

Is the service safe?

Our findings

We saw that people using the service were comfortable and at ease within the home, and with the staff supporting them. Those people that we were able to speak with told us that they felt safe at the home.

At the previous inspection on 25 March 2015 we were concerned to find that core safety checks by staff such as health and safety monitoring and routine fire checks were not being recorded on a regular basis. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, corresponding to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There had been significant gaps in fire alarm call point tests and health and safety inspections. At the current visit we found improvements in these areas. There was a fire risk assessment and fire safety plan in place for the home which had been reviewed recently. Fire alarm call points were being tested on a weekly basis in addition to visual checks of fire-fighting equipment. Monthly emergency lighting system tests were carried out. Regular fire drills were being held, with detailed reports including learning points, such as the need to move the home's barbeque, as it was blocking a fire exit.

First aid boxes were fully stocked and checked on a monthly basis. Staff had undertaken first aid training and were confident about how to act in an emergency. There were records of detailed monthly health and safety checks, with all relevant faults reported and followed up. Actions taken included archiving excess paperwork, providing a new light in the medicines store room, fixing a kitchen cupboard door, and arranging for a leak from the roof to be repaired. We found that safety certificates for equipment and premises maintenance including safety certificates, legionella testing, hoists, fire extinguisher and alarm servicing were up to date. Up to date risk assessments were in place for the building.

Each person's care plan included detailed risk assessments, including risk factors and actions put in place to minimise the risk of harm. The risk assessments included specific guidelines as to how staff should support people. These included risks relating to dementia, moving and handling, asthma, diabetes, swallowing difficulties, accessing the community and going on holiday. Risk assessments were being reviewed approximately six

monthly or more frequently if there were changes. One person's mobility risk assessment indicated that they needed supervision when using the stairs, and we observed staff doing this discretely as appropriate.

The home was clean and tidy. Cleaning rotas were in place and checklists were completed. Spot checks on food hygiene were carried out. Staff told us that they cleaned the rooms of people they supported with personal care, in order to avoid the risk of cross infection. At a recent food hygiene inspection by the local authority the service had been awarded five stars (the maximum). We observed current records of food storage temperature checks, and cooking temperatures, and foods stored in the refrigerator were labelled with the date of opening as appropriate.

A safeguarding policy was in place and all staff received safeguarding training. Staff we spoke with were able to describe action they would take if they were concerned that someone using the service was being abused. One staff member told us, "If I wasn't comfortable going to my manager, I would go to [one of the directors]." All people living in the home were being supported to manage their finances. Arrangements in place were suitable to protect them from the risk of financial abuse, with receipts kept for all transactions.

Six permanent support workers were employed to work at the home, with support from 'as and when' (bank) staff employed by the provider. There were three staff working in the home in the morning and evening and two waking night staff. On the day of our visit one person was out at day activities, and one person went out with a staff member within the local community. Staff told us that since the previous inspection, more activities had been arranged for people outside the home. This was confirmed by records of people's activities including recent holidays, and local trips out. Staff said that it was possible to arrange for extra staff support when activities were planned. Recruitment records of new staff recruited to work at the service showed that appropriate checks had been carried out including a criminal records disclosure, identification, and satisfactory references prior to them commencing work. This was to determine their suitability to work at the service.

Staff administering medicines to people had undertaken appropriate training, and two staff signed for each administration of medicines. Medicine administration records showed that medicines were administered as

Is the service safe?

prescribed. We checked all people's medicines and found that the number of remaining tablets corresponded with records, which helped to assure us of medicines being administered as prescribed. We found no prescribed medicines had run out, and that there were records of

medicines coming into the service and being returned to the pharmacist. Medicines were stored safely and stocks of medicines were audited by staff on shift each day, to ensure that they were correct.

Is the service effective?

Our findings

People told us, “Staff are all right,” and “I like it here, I love it here, I get a choice about what I like.” We saw people receiving effective support from staff at the service. We observed that people responded positively to the staff support they received, and engaged well with the staff on duty. Staff members we spoke with were knowledgeable about individual people's needs.

At the previous inspection on 25 March 2015 we found that there was a continued breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, corresponding to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to staff supervision and appraisal, and so we issued a warning notice. At the current inspection we found that staff were receiving supervision sessions at the frequency stipulated by the provider organisation's policy (every two months), and annual appraisals. Staff told us that the appointment of a new deputy manager based in the home had made “a huge difference.” They described consistency provided by the deputy manager with support from the acting manager. Comments included, “Everyone is very happy,” and “It's everything I wanted in a working environment.” Staff told us the deputy manager listened to their views, was “very helpful,” and “motivates staff.”

Supervision records for all staff including the deputy manager included feedback about people living at the home and their changing needs, working practices, policies, and training. Goals were set for each staff member such as providing more activities for people, further personalising one person's bedroom, and undertaking specific training. Records were signed by the supervisor and the staff member being supervised. Self-appraisal forms were completed prior to staff meeting with their manager for an appraisal meeting, during which strengths and areas for further development were discussed. The deputy manager had a planner in place for scheduling all staff supervision sessions and appraisals. The acting manager advised that in addition to these, more regular meetings could be arranged at short notice if needed, or staff requested. People were supported by staff who received appropriate support and supervision to carry out their role.

A staff communication book was in use at the home. It was used to update all staff members about any changes to the care people needed, and good practices issues, such as triggers to look out for that might lead to particular behaviours and how best to address these. Team meetings were held in the home every two months, and these were well attended, with topics discussed including the staffing rota, health and safety, people's changing needs, infection control, and core responsibilities of each staff member. Actions to be taken were listed in the minutes, and progress was checked at the next team meeting.

Training records showed that staff had received induction training prior to commencing work. They attended mandatory training and training on other relevant topics including learning disability, autism, dementia, diabetes, and epilepsy. Staff were positive about the standard of training provided by the organisation and displayed a good understanding of how to support people in line with best practice. Staff training was planned for the year ahead, including courses in safeguarding adults, learning disability, professional boundaries, communication and the Mental Capacity Act 2005. Four of the six permanent staff had completed a national vocational qualification in care equivalent to level three or above. Overall we found that people received care from staff who had the knowledge and skills to carry out their roles effectively.

At the previous inspection on 25 March 2015 we found that there were insufficient arrangements for recording and reviewing people's consent about the care provided for them, a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, corresponding to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Best interest decisions were not recorded for people who did not have the capacity to consent to significant decisions being made on their behalf. At the current visit we found that there were arrangements in place for recording and reviewing the consent of people in relation to their care provision. A best interest decision in retrospect had been completed for a person who had purchased their own specialist weighing scales at a significant cost, with independent advice from health and social care professionals included indicating that this was in their best interests. Each person had a ‘circle of support’ identified for them, including family members, or other significant people in their lives when they did not have family members to advocate for them.

Is the service effective?

The service had taken steps to ensure that a best interest decision was made prior to one person undergoing a significant surgical procedure for which they could not consent, the purchase of a wheelchair for one person, and agreeing people's holiday budgets. Staff described clear systems in place to ensure that people woken by night staff for personal care, due to them going out to day activities, had the option of declining this care if they did not wish to get up. We observed that staff encouraged people to make choices where possible such as choosing what to eat or drink, where to spend the day and what to do. One person told us, "[A staff member] helps me to choose my clothes, I like them and say what I want." People's bedrooms were personalised and care records showed that they were asked about their likes and dislikes, cultural needs and preferred activities.

Staff showed awareness of the Mental Capacity Act 2005 (MCA) and were able to describe the need for best interest decisions when people lacked mental capacity to agree to significant aspects of their care, based on decision-specific capacity assessments. An MCA folder was available in the home's office including information and forms to use to ensure that people's best interests were taken into account for any particular decision that they were unable to consent to. Staff had covered aspects of the MCA in completing national vocational qualifications, and some had undertaken a specific training course in this area, with further training planned for the remainder of the team.

The acting manager advised that one application for a Deprivation of Liberty Safeguard (for people who were unable to go out of the home unescorted) had been submitted to the local authority, and applications were being prepared for the remaining four people living at the home, following the most recent Supreme Court judgement about how these safeguards should be applied.

The kitchen was well stocked with a variety of foods including fresh fruit and vegetables. Where needed, staff followed guidelines for food preparation and assistance with food, for people assessed by a Speech and Language

Therapist. Staff were aware of the nutritional needs and preferences of people and offered them a choice of meals and snacks throughout the day of our visit. We observed meals being cooked from fresh ingredients in line with what was on the menu for that day. Photographs of different meals were used to record the menu on the kitchen wall. We observed one person being given a visual choice of options for their lunch, so that they could make a clear choice. At weekly residents meetings people chose the menu for the week, and any extras that they wished to have. For example one person had recently chosen crumpets and spam, and these were purchased for them.

One person was coughing on the day of the inspection, and we observed staff arranging a GP visit for them promptly in line with their wishes. We found records in place regarding people's regular visits to a range of health care professionals including GPs, dentists, opticians, and consultants, with the outcome of appointments recorded. Hospital passports with important health information were in place for each person to take with them. Dementia care plans were in place for relevant people and we saw appropriate recording of body charts detailing any marks or injuries found when carrying out personal care. Menu sheets and fluid intake records were also maintained as needed.

We received mixed feedback about how actions agreed at meetings and appointments with health and social care professionals were followed through by staff. One health care professional who worked closely with people living at the service gave positive feedback about the support provided to people and the service's responsiveness to people's changing needs. However another health care professional had some concerns about how staff at the home responded to one person's changing needs and their recommendations as to how best to support this person. We discussed these concerns with the acting manager, who agreed to look into the issues raised, and advise us of action taken to remedy the situation.

Is the service caring?

Our findings

People using the service were positive about the staff support they received, and we observed that they had developed positive relationships with staff at the service including regular bank staff working at the home. Staff took time to listen to them and understand what they wanted. For example one person was offered the opportunity to have a haircut, but did not want to go out that day, so they were assisted to choose an alternative date. There was a lively and friendly but relaxed atmosphere in the home during mealtimes and throughout the day.

Staff described people living at the home as a “family,” noting that people were very close to each other, having lived together for many years. They were all very aware that “this is the customers’ home.” Staff chatted and joked with people and offered them clear choices where possible. People were given information in a way they understood. Staff used photographs, symbols and objects of reference to support communication, and told us that they had received training on this.

Our observations showed that staff treated people with respect. Staff were polite to people, and encouraged them to be independent. Staff did not enter people’s rooms without their permission. We observed sensitive and

appropriate interactions between people using the service and staff. Staff on duty demonstrated a good understanding of people’s individual preferences and had a positive approach to supporting people.

People were encouraged to be independent. Their care plans included details of ‘what I can do,’ and ‘what you need to do,’ to ensure that they maintained their independence skills. We observed people being encouraged to assist in preparing their own snacks, and taking cups and plates to the sink when they had finished. At weekly residents meetings they chose activities that they wanted to do that week, and menus for the week ahead.

People were encouraged to have their rooms decorated and personalised according to their own choice. Staff recorded people’s preferences with regards to goals and support, maintaining contact with their families and meeting cultural or religious needs, and took steps to address these. One person was supported to attend a place of worship regularly, according to their choice, and another person had cultural foods purchased for them according to their wishes. Two people had recently been on holiday with staff support, and staff were planning a holiday with another person at the time of our inspection. People were able to choose the staff that they wanted to support them on holiday, and in other activities.

Is the service responsive?

Our findings

At the previous inspection on 25 March 2015 we found that people did not have many opportunities to go out of the home and engage in the local community, a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, corresponding to Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During the current visit people told us about a number of different activities they had been involved in recently. Staff told us, and records confirmed that there had been an increase in activities provided both within and outside of the home. One staff member told us that people living at the home were now more relaxed and happier as staff responded to them when they asked to do things. One bank staff member was taking a lead on organising activities at the home. They told us that the deputy manager was very supportive of activities ideas, and they had discussed arranging a regular daily activities slot at the home.

We looked at records of people's daily activities and found that there had been recent trips to the zoo, the coast, the circus, an aircraft museum, and monthly group meetings of 'ladies who lunch'. One staff member had been developing monthly activities timetables with people living at the home. We saw records of regular trips to eat out and shopping trips. Activities within the home included quizzes, board games, enjoying the garden, photo and art sessions, cooking and baking, and craft sessions including bead work. A folder was available with tactile art and craft work completed by people living at the home, photos and details of other activities they had undertaken, and local activities available. For example one person was being supported to make their own tea, with support, and there were photos of this in progress. Two people continued to attend a day centre on a regular basis, and one person was supported to attend a place of worship according to their choice.

On the day of the inspection the activity board in the kitchen had pictorial information about what people had planned to do that day. Staff told us that people chose their activities in advance with the help of these pictures, however, they were able to change their mind on the day. One person was supported to go out for a haircut, another person chose to postpone this to another day, and one person went shopping with support from staff. One person

had recently returned from a holiday, and chose to stay in bed a bit later that morning. Staff were planning a trip to a museum for another person living at the home, and a Punch and Judy show was planned for the 'ladies who lunch' group.

At the previous inspection on 25 March 2015 we found that there were insufficiently clear records of complaints about the home or how they had been addressed, a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, corresponding to Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the current inspection we found that the home had a complaints policy and procedure which was accessible to people including an easy read version for people living at the home. A Comments, Suggestions and Complaints folder was available with clear records of complaints made about the home and how they were addressed. Appropriate systems and processes were in place to address complaints about the home, with a view to continually evaluating and improving the service provided. However, one relative said that they did not always receive prompt feedback about suggestions or concerns they raised. We passed this information on to the acting manager, who advised that they were addressing the concerns raised.

We asked staff how they knew how people wanted to be supported, especially when they were unable to communicate verbally. They told us that they would give people choices and involved family members and people in the person's circle of support. Care plans were written from the point of view of the person receiving care, including pictures and photographs where appropriate. They had a high level of detail about people's likes and dislikes, such as 'interesting things about me,' and 'some things to talk to me about' such as one person's interests in football and music.

People's assessments provided detailed information about managing risks and meeting their holistic needs. Where appropriate, relatives confirmed that they were consulted about their family member's care plan and their views were recorded. We found that care plans were up to date and all sections had been completed appropriately. They were being reviewed approximately six-monthly or more frequently where significant changes to people's needs had occurred. People's needs and progress were discussed at

Is the service responsive?

six monthly review meetings. Goals had been identified with people, and we saw evidence that they were being supported to achieve these, such as planning holidays, or developing particular independence skills.

We observed detailed monitoring records within the home including night time checks, behavioural, pain and epilepsy charts. There were regular records of people's weights and

detailed incidents and accident reports including body maps. A handover meeting was held between staff shifts, to ensure that staff were up to date with people's needs, and their wellbeing on that day. These systems helped staff to ensure that they monitored people's health and wellbeing and took action when needed to address any concerns.

Is the service well-led?

Our findings

At the previous inspection on 25 March 2015 we found a continued breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, corresponding to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to insufficiently rigorous quality assurance systems, and so we issued a warning notice. During the current inspection we found that there was no registered manager in place for the home, however the acting manager for the home was in the process of registering with the Care Quality Commission. A new deputy manager post based at the home had been created, and staff gave very positive feedback about their impact on the service.

People using the service were positive about the way the home was managed. One person told us that the service was “very good.” Staff described the new deputy manager as “excellent,” “very on the ball,” “approachable,” and “caring.” One staff member told us, “He addresses things straight away,” and told us that the acting manager was “very responsive to anything suggested.” Another staff member told us, “Management support is fantastic,” and “There has been a positive change since [the deputy manager] came.” Staff described good communication and good team work at the service. Staff team meetings were taking place every two months, and records indicated that these had facilitated communication, consultation and team work within the home.

We found that there was improved consultation with people living at the home. Records of residents meetings indicated that these were held on a weekly basis. They were used to discuss people’s preferences regarding the menu and activities, and obtain feedback from people about their views on the way the home was run. Each week different questions were considered such as “How do you feel about the way people treat you/ and what do you think about your home, how well does it suit you?” Questions were asked in a way that people could understand, for example, “what shall we do in August?”, “Are we happy or sad?” and “What do people want to eat this week?” The records included a photograph of each person, with what they had said, including non-verbal communication such as smiles or a ‘thumbs up’.

The acting manager advised that a survey of other stakeholders in the home was being arranged by the provider organisation. The most recent internal audit undertaken by the service director took place on the week of the inspection, and we were sent a copy of the findings. Actions included implementing a new handover checklist to be completed at each staff handover between shifts, to ensure that all key tasks had been completed. There was a detailed action plan following the previous internal audit of the service in May 2015, and found that these actions had been completed. This included reformatting the home’s health and safety files so that they were easier to access, re-delegating core tasks within the staff team, and having health and safety as a standing agenda item for all team meetings.

We found an improvement in the information recorded regarding the frequency of measuring people’s blood pressure and weights, so that this reflected what was actually taking place, with a decision made that only medical staff would undertake blood pressure testing. New curtains had been provided in the home, however, the acting manager advised that a new curtain rail was now on order, as were a new sofa and kitchen table and chairs. Staff confirmed that these items had been chosen by people living at the home with their support.

Accident and incident reports were maintained as appropriate, and we found that notifiable incidents had been reported to the Care Quality Commission without delay. In October 2014 a health and safety audit was undertaken by the landlord for the home’s premises. The provider organisation was also audited in November 2014 for the Quality management System Certification ISO 9001:2008 which included detailed checks on records kept at the service. The service was being audited again during the week of our inspection.

The acting manager confirmed that the service had undergone some difficult times in the past year, due to a lack of clear leadership. However she felt that the service was being brought back up to the standards expected by the provider organisation. Key improvements included team building, and quality assurance audits to ensure that procedures and systems were in place that met the standards required.