Haringey Association for Independent Living Limited

HAIL - Domiciliary Care Service

Inspection report

Town Hall Approach Road
London
N15 4RY

Date of inspection visit:
15 December 2017
18 December 2017

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07 March 2018

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

Summary of findings

Overall summary

The inspection took place on 15 and 18 December 2017 and was announced. The provider was given 48 hours' notice because the location provides personal care to people in their own homes and we needed to be sure someone was in.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community and to people living in 'supported living' settings. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

HAIL- Domiciliary Care Service provides support to adults who have a learning disability. At the time of this inspection there were eight people using the service.

The service was last inspected in November 2015 the service was rated 'Good'. At this inspection we found the service remained 'Good'.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People told us they were well treated by the staff, felt safe with them and trusted them.

Staff knew how to recognise and report abuse and they understood their responsibilities in keeping people safe. Staff understood that people were at risk of discrimination and knew people must be treated with respect. Staff understood there were laws to protect people from discrimination.

Where risks to people's safety had been identified ways to mitigate these risks had been discussed with the person and recorded so staff knew how to support the person safely.

The service was following appropriate recruitment procedures to make sure that only suitable staff were employed.

Staff had completed training in the management of medicines however no one using the service currently needed any support with their medicines.

Staff were provided with the training they required in order to support people effectively.

Staff offered choices to people as they were supporting them and people told us they felt involved in making decisions about their care.

People confirmed they were involved as much as they wanted to be in the planning of their care and support. Care plans included the views of people using the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The management and staff were quick to respond to any changes in people's needs and care plans reflected people's current needs and preferences.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry.

The service had a number of quality monitoring systems and people confirmed they were asked about the quality of the service and had made comments about this.

Staff were positive about the management and understood the vision and values that underpinned the service.

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 continued to be safe.	**Good**
Is the service effective? The service continued to be effective.	**Good**
Is the service caring? The service continued to be caring.	**Good**
Is the service responsive? The service continued to be responsive.	**Good**
Is the service well-led? The service continued to be well-led.	**Good**

HAIL - Domiciliary Care Service

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.

The inspection took place on 15 and 18 December 2017 and was announced. The provider was given 48 hours' notice because the location provides personal care to people in their own homes and we needed to be sure someone was in. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection.

We reviewed other information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people using the service. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with four people who used the service. We also spoke with the registered manager, operations director and the chief executive officer and four members of care staff.

We looked at four people's care plans and other documents relating to their care including risk assessments and healthcare documents. We looked at other records held by the service including four staff files, health and safety documents, quality audits and surveys.

Good

Is the service safe?

Our findings

People told us they liked the staff and were well treated by them. We observed friendly interactions between people and the staff supporting them and we saw people were comfortable with the staff. We asked people who they would contact if they did not feel safe with staff or were worried about how they were being treated. They told us they would speak with the deputy or registered manager who visited them regularly. One person told us, "I trust [staff name]."

Staff knew how to recognise and report potential abuse. Staff had received training in safeguarding adults and understood the types of abuse people could face and potential signs to look out for that may indicate people were being harmed.

Before people were offered a service, a pre-assessment was undertaken by the deputy manager or registered manager. Part of this assessment involved looking at any risks faced by the person or by the staff supporting them. We saw that risk assessments had been undertaken in relation to mobility, hoarding and falls. Where risks had been identified, the management had discussed with the person or their representative ways to mitigate these risks.

Staff understood the risks that people faced and described the risks to us and the ways they mitigated them. For example, in one care plan, under 'keeping safe' the person had stated, 'It is important to make sure that there is nothing that I can trip over and that my home is cleaned as agreed'. People confirmed that staff had talked with them about the risks they faced in connection with their care.

Risk assessments were developed for staff in connection with their duties and a lone worker policy was available which gave staff information about keeping safe.

Part of the assessment included making sure that there was enough time for staff to meet people's individual needs. Staff did not raise any concerns with us about staffing levels and told us that they had enough time to carry out the tasks required and that they would inform the registered manager if they felt they needed more time. One staff member told us, "I don't feel rushed." The registered manager told us they did not currently provide a service to anyone who required two staff to assist them and no one required the use of a mobility hoist.

No one currently using the service required any assistance with the management of their medicines. The registered manager told us assistance could be provided if this was an assessed need. Staff had completed training in the management of medicines and understood what they should and should not do when supporting people or prompting people with their medicines.

We checked staff files to see if the provider was continuing to follow safe recruitment procedures. Staff files contained appropriate recruitment documentation including references, criminal record checks and information about the experience and skills of the individual. This meant the provider could be assured they employed staff suitable to working in the caring profession.

Staff had completed infection control and food hygiene training as part of their induction and understood their roles and responsibilities in relation to these areas of care. They told us they were provided with sufficient amounts of personal protective equipment such as disposable gloves and aprons.

The registered manager told us both staff and the people they supported were encouraged to have a flu injection each year and people were provided with advice regarding infection control and prevention as part of their needs assessment and reviews.

Staff understood their responsibilities and knew how to raise concerns and record safety incidents and near misses and gave us examples of how they had done this in the past. There were systems in place to monitor and review any accidents, concerns or incidents that occurred. The registered manager gave examples of how lessons had been learnt from past incidents and how procedures had been reviewed and changes made in order to limit the risk of this happening again. For example, one person had left their home to go out but, had forgotten where they lived. Staff had worked closely with this person who agreed to carry a laminated information card which detailed their address and contact number for the service. The registered manager told us the individual was happy with this as it meant they were able to be as independent as they wanted.

Good

Is the service effective?

Our findings

We saw that assessments and care planning was carried out holistically and in line with the values of the organisation. These values included working in a person centred way to improve and promote opportunities, rights for inclusion, real relationships, employment and housing. These values matched those of the National Institute for Health and Care Excellence and other expert professional bodies.

People's needs were assessed and care was planned in a way that ensured people were not discriminated against. For example we saw the following had been recorded on one person's care plan, 'It is important that I am not treated like an invalid. I can walk but I just walk a little slowly.'

People's care and support needs were assessed and kept under regular review so any changes could be made when required.

Staff told us they were provided with the training they needed in order to support people effectively. This included health and safety, medicine management, food hygiene and moving and handling. One staff member told us, "I'm happy with the training. They put on training and tell us what's available. I've got two [training courses] coming up."

Staff completed refresher training when required. A staff member commented, "I'm up to date on all my training." Despite this we found it difficult to see from the current training monitoring system when refresher training was due for all staff. The deputy manager and registered manager told us they were in the process of updating training records on a single staff training matrix. This meant that it would be easier to identify when staff required refresher training so it could be planned and booked in good time.

Staff told us about recent training courses they had attended and how this had positivity impacted on their work. One staff member told us about a recent course they had completed regarding supporting people who had autism. They told us they understood how important routine could be for people with autism and how they should show people objects rather than just describe them.

People who used the service told us they had confidence in the staff who supported them and that staff were effective. One person told us, "[Staff name] is well trained."

Staff confirmed they received regular supervision and we saw records of staff supervision in their files. Supervision included spot checks on staff by the deputy manager in people's homes. Staff told us they discussed their training needs and any changes in the care needs of the people they supported. One staff member told us, "[Supervision] is every three months. [The deputy manager] asks if I'm worried about anything or if I have any problems. We also talk about training."

Staff told us about the induction process and that it was useful and involved looking at policies and procedures, undertaking essential training and shadowing more experienced staff until they were confident to work on their own. One staff member said, "Induction has been really good. It has given me more

knowledge about people with learning disabilities."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. Domiciliary care services must apply to the Court of Protection for legal authorisation to deprive a person of their liberty.

Staff had received training in understanding the MCA and understood what this meant for people who lacked capacity to make decisions. One staff member told us, "If a person doesn't understand something today it doesn't mean they won't understand it tomorrow."

The registered manager told us, and records confirmed, that people who currently used the service were able to make day to day decisions about their care. The registered manager gave us examples of where more complex decisions were required and when 'best interests' meetings had taken place with input from advocacy services. This included support when people wanted to make a decision to move home or not.

People told us that staff always asked for their permission before carrying out any required tasks for them and did not do anything they did not want them to do. Care plans reminded staff that they must always seek the person's consent before providing any care and support.

We saw that currently only one person required support with cooking and this only included assistance with some basic meal preparation. The registered manager told us staff would be able to support people with eating and drinking if this was an assessed need and that this support had been provided in the past. Staff had undertaken food hygiene training.

Care plans showed the registered manager had obtained the necessary detail about people's healthcare needs and had provided specific guidance for staff regarding what action they needed to take if people became unwell.

The registered manager told us extra staff time would be allocated if people needed to attend GP or hospital appointments. Staff we spoke with had a good understanding about the current medical and health conditions of the people they supported. They knew who to contact if they had concerns about a person's health including emergency contacts. The service had an on call system so staff knew they could always contact someone from the service in an emergency for advice and support.

Good

Is the service caring?

Our findings

People told us staff treated them with respect and kindness. From talking with both staff and the people they supported, we could see that professional, caring relationships had formed. Comments from people were positive about the caring attitude of the staff. One person told us, "I like them [staff]." Another person commented, "[Staff name] is very good to me."

People confirmed they were involved as much as they wanted to be in the planning of their care and support. People told us staff listened to them and respected their choices and decisions. Staff told us they enjoyed supporting people and demonstrated a good understanding of peoples' likes, dislikes and life history. This matched the information we saw in people's care plans.

Staff gave us examples of how they communicated with people who did not always use verbal communication, for example through use of pictures or Makaton. Makaton is a language programme designed to provide a means of communication to individuals who cannot communicate efficiently by speaking. The Makaton language programme has been used with individuals who have cognitive impairments, learning disabilities and autism.

The registered manager and staff understood how issues relating to equality and diversity impacted on people's lives. They told us that they made sure no one was disadvantaged because of, for example, their age, sexual orientation, disability or culture. The Equality Act 2010 introduced the term 'protected characteristics' to refer to groups that are protected under the Act and must not be discriminated against. Staff gave us examples of how they valued and celebrated people's differences.

Staff told us it was important to respect people's culture and customs when visiting and gave us examples of how they did this in relation to religious observance, language and culture. The registered manager told us that people's diversity including their background and culture was looked at as part of the pre assessment of their needs. They told us that they tried to match people and staff in terms of their cultural background and a staff member told us, "They try and match us."

People confirmed they were treated with respect and their privacy was maintained. Staff gave us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity.

Good

Is the service responsive?

Our findings

People using this service told us the registered manager and staff responded quickly to any changes in their needs. We saw from people's care records and by talking with staff that any changes to people's health conditions were noted by staff and reported to the management so they could take the required actions.

Each person had a care plan that was designed to meet their identified needs. Care plans reflected how people were supported to receive care in accordance with their needs and preferences. This sometimes included support with accessing the community. We met with three people who were attending a day centre run by the organisation. We also saw that people had access to other activities including those that were culturally relevant to them. One person told us that they attended church on a regular basis.

We checked the care records for four people. We saw that people had been involved in their care planning and each person or their representative had signed the plan to confirm they agreed with the support they were being given.

People's needs were being regularly reviewed by the service, the person receiving the service, their relatives and the placing authority if applicable. One person told us, "They did a review. It was okay, things had changed." They told us the management had responded well to these changes and provided equipment to improve their independence.

Staff were proactive in identifying any issues or problems and we saw evidence that action was taken when problems occurred. For example, we saw that a staff member had contacted the person's landlord when they noticed their hot water was not working.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry. One person told us, "I would call my friend and they would speak with the manager."

The registered manager had dealt with past complaints swiftly and had maintained accurate records of the complaint investigations. People had received a written apology where mistakes had been made and complaints regarding staff had been dealt with through supervisions or the organisation's disciplinary procedures.

The registered manager told us that currently no one using the service required palliative care. However, there were sections in the care plans relating to supporting people who were near the end of their life called 'planning for the future'. The organisation had the relevant policies and procedures in order that staff understood this important aspect of care should it be needed.

Good

Is the service well-led?

Our findings

People using the service and staff were positive about the way the service was run. People told us they felt included and their views were sought and valued. One person commented, "[The deputy manager] asks me if I'm happy with the service." One staff member said, "HAIL is a good employer. [The registered manager] is open and supportive."

Staff told us their views and suggestions were taken into account and they gave us examples of where their suggestions had been taken up by the management. This included suggestions in relation to better ways to communicate with people as well as the provision of specialist equipment to help people to be more independent. A staff member commented, "[The registered manager] will listen to you. She will let you use your ideas and give you the opportunity to express yourself."

Staff understood the vision and values of the organisation and told us how these were promoted and upheld. One staff member told us, "we talk about these [values] and we talked about them in our induction."

There were systems in place to monitor the safety and quality of the service provided. These included staff and customer surveys, spot checks on staff and yearly internal and external quality audits. The outcomes of these monitoring systems were being published and shared with staff and managers throughout the organisation.

People confirmed they had been asked for their views about the service and they could contact the registered manager to discuss any issues and they were listened to. We saw completed surveys that indicated people were satisfied with the service. Comments recorded from the most recent survey were positive. One comment stated, "Staff listen to me." The registered manager told us they would contact the respondent if there were any issues that needed addressing straight away.

There were several initiatives which were supported by the organisation including fair access to employment opportunities for people with disabilities. By encouraging flexible working the organisation had been able to employ over 50 staff with a learning disability. The registered manager told us some staff working at the service had a learning disability. They also gave us examples of how they worked with other organisations including Advocacy and mental health services.

The registered manager kept a record of all incidents, complaints, survey responses and issues discussed at team meetings in order to look for trends in service provision. They used this information to identify potential problems or to look at ways to develop the service further.