Haringey Association for Independent Living Limited

Hail - Bedford Road

Inspection report

7 Bedford Road
Tottenham
London
N15 4HA

Tel: 02088002864
Website: www.hailltd.org

Date of inspection visit:
07 March 2017

Date of publication:
16 May 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 7 March 2017 and was unannounced. Hail – Bedford Road is a care home for up to six people with learning and physical disabilities.

At the time of the inspection Care Quality Commission records showed there was a registered manager in post, however, staff at the service told us this person had not worked at the service since 2015. There was an acting manager overseeing the day to day running of the service and the provider told us they were recruiting to the post of registered manager at the time of the inspection. 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 September 2015, and it was found to be breaching the regulation which required the provider to send notifications to the Care Quality Commission. A notification is information about important events which the service is required to send us by law.

At this inspection we found one incident which should have been notified to the CQC and had not been notified.

The atmosphere at the service was friendly and warm. A number of people had lived at the service for many years and staff understood people's needs and methods of communication.

Although training took place we found a number of staff required refresher training in key areas including epilepsy and communication techniques. Staff had received supervision on a regular basis in recent months, but there was a period between 2015 and 2016 in which no supervision took place. Appraisals had not taken place for the majority of staff in 2016.

Although the service was clean throughout we found an out of date meat product in the fridge which was labelled and sealed, which had been overlooked. We also found that due to issues relating to the behaviour of one person, there was no soap in two toilets or toilet paper in one toilet at the scheme.

Risk assessments were in place for the majority of risks identified and care records were up to date for most people living at the service. We could see that people had access to health care and the service had photo prompts of key health professionals on records to assist staff in communicating with people living at the service.

There was a wide range of food at the service and people chose the menu using pictures at the weekly residents' meeting.

Staff were kind and we saw they had made the garden attractive and interesting particularly for people with

a sensory loss or autism.

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. Staff understood the importance of gaining consent before supporting people and the service had in place the relevant paperwork if they were restricting people's liberty or making decisions on their behalf in their best interest.

Regular checks were completed for fire safety equipment and fire panels, electrical testing, lighting systems and gas safety. The service was in need of refurbishment in a number of areas, including a downstairs bathroom and the living room flooring which was cracked.

We saw that the provider carried out a health and safety audit on an annual basis. The acting manager checked some areas such as medicines and people's finances on a regular basis, but there were no quality checks by the provider of care records or supervision and training. Also, in the absence of the acting manager supervision, training and quality auditing of care records was not carried out by the provider.

There was a breach of the regulations in relation to the governance of the service and notifying CQC of important events. We are considering our regulatory response to this latter concern.

We have made recommendations in relation to managing behaviours at the service, staff training and risk assessments.

You can see what action we told the provider to take at the back 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?

Requires Improvement

The service was not always safe. Some risk assessments did not describe risks fully or provide information to staff on how to manage risks.

We found an out of date meat product in the fridge.

Staff knew how to recognise and report abuse.

Staff recruitment procedures were rigorous and so staff were considered safe to work with vulnerable people.

There were effective arrangements in place for the storage and administration of medicines.

Is the service effective?

Good

The service was effective. Staff received regular supervision although there had been a period when supervision had not taken place.

Best interest decisions were recorded for people who were unable to give consent.

Staff had received training in key areas but required refresher training.

People had access to health care as required and were supported to eat a healthy and varied diet.

Is the service caring?

Good

The service was caring. Staff were kind and caring.

Staff had made the garden a pleasant sensory experience for people living at the service.

Staff were aware of people cultural needs.

Is the service responsive?

Requires Improvement

The service was not always responsive. People's support plans

were detailed and outlined people's needs and preferences. However these were not always maintained fully up to date. This had been noted as an issue in the previous inspection report.

People had opportunities to take part in activities inside and outside the home.

The service had a complaints procedure which was accessible to people living at the home.

Is the service well-led?

Requires Improvement

The service was not always well-led. There was no registered manager at the service and whilst the acting manager was undertaking some audits at the service, the provider had not ensured senior management audits took place. This impacted on the quality of the service.

Staff felt supported by the acting manager and were able to influence the way the service was run.

The provider had failed to notify CQC of significant events when required.

Hail - Bedford 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 7 March 2017. The inspection was conducted by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed the information we held about the service including notifications received by the Care Quality Commission.

Some people could not let us know what they thought about the home because they could not always communicate with us verbally. We spent time observing care in the communal areas such as the lounge, and dining areas and met with six people living in the home. We spoke with the acting manager and two support workers working at the service.

We looked at the care records for four people who lived at the home, two recruitment records for staff and training records for the team. We looked at accident and incident records, quality assurance records and maintenance records. We also looked at selected policies and procedures and medicines administration record sheets for three people.

Following the inspection visit we contacted two relatives of a person living at the home and two health and social care professionals who supported people using the service for feedback. We also spoke with the service director who worked for the provider.

Requires Improvement

Is the service safe?

Our findings

People living at the service appeared relaxed and calm on the day of the inspection. Although people could not always communicate verbally, staff appeared to understand their ways of communicating and through touch, signs, pictures and words were able to meet their needs.

Staff understood the importance of safeguarding vulnerable adults, were aware of the different types of abuse that can occur, and were able to tell us what they would do if they had any concerns. Safeguarding and whistleblowing policies were in place and all staff received training in these areas.

Risk assessments had been updated in the last 12 months and covered the majority of risks identified. We saw body charts were regularly completed recording any marks, rashes or scratches observed on one person. The acting manager told us this person was at risk of itching due to the side effect of medicines but this had not been noted in their risk assessment. This meant that staff may not have been aware of this risk and how to help the person.

We also noted one person had behaviours that put another two people at the service at risk of assault, however the risk assessment related to this person was vague and simply stated they needed to be supervised at all times when in the living room. This meant that staff may not have enough information to ensure people were protected from this risk.

We recommend all risk assessments are reviewed to ensure they identify all risks and provide guidance for staff on how to mitigate the risks.

We checked the accident and incident records. We could see that staff were made aware of incidents that occurred either through the communication book, at staff handover or at a team meeting.

The service was clean throughout and we saw staff using aprons and gloves when required. We found a cooked meat product in the fridge that was sealed and labelled, but was three days out of date, and a soft drink that was opened but not labelled. Other cooked meat was safely labelled and sealed. The cooker, fridge and microwave were clean. There were different chopping boards for food preparation but no guidance for staff as to which board was used for which produce.

We discussed the out of date food with the acting manager. They explained that they checked the fridge on a daily basis when working to ensure food was within date, but they had not been at work for the last few days. Following the inspection checking the fridge daily has been added as a task to the shift task list so it is not dependant on one person checking the fridge. They also said they would inform staff which chopping boards to use for which foods.

We also noted that in two toilets there was no soap and in one toilet there was no toilet paper. The lack of toilet paper and soap related to behaviours by one person living at the service as this person blocked the toilet using tissue paper and dispensed soap until it was used up. In two other bathroom facilities the soap

was placed high up so this person could not reach it, and in another bathroom the toilet tissue was placed in a bag so the person would not locate it. The acting manager explained they had tried numerous strategies to address the issues but was not aware if the service had sought advice from a health professional with expertise in this area.

We recommend the provider seeks best practice advice to provide positive behaviour support at the service.

Medicines were stored securely in a locked cupboard and within a safe temperature range to maintain their efficacy. The majority of medicines were in blister packs and these were correctly administered. For boxed medicines we could see that records matched against stocks, but for tablets in containers as there was no 'tablet counter' we could not tally stocks against records, and neither could the service. We noted for some medicines the service was not carrying over the number of remaining stocks from one period to another on documentation, which would make it difficult to effectively audit medicines administration. The acting manager told us that they audited MAR sheets regularly but did not keep records and was not checking stocks within containers. Following the inspection the acting manager has purchased a tablet counter to ensure they can periodically check stocks against records accurately.

The service managed the money for people living at the service on a day to day basis. We were unable to check people's balances against records on the day of the inspection as a key was not available. However, we checked the records and could see that the acting manager spot checked people's money on a regular basis.

The rota indicated that there were at least two staff working in the home in the day time, and a sleeping in staff member and a waking night staff on duty at night. The staff team was supported by as and when (bank) staff recruited and trained by the provider, who worked in the home on a regular basis.

Staff told us providing support to people in the morning in a calm unhurried way was difficult, and we could see when we arrived that staff were busy supporting people. One person required one to one supervision when they were in the company of other people which meant staff had to co-ordinate their support to ensure people's safety.

At the time of the inspection there were changes in the provision of leisure activities at the service. On occasion people's activities had been cancelled which impacted on staffing requirements at the service. However, the service director told us the acting manager could use bank staff if they needed more staff support and the provider was planning to recruit fully to the posts to support leisure activities.

Staff recruitment records had references in place prior to staff starting work. Evidence of the person's right to work in the UK, and up to date Disclosure and Barring Service (DBS) disclosure checks were on file for all staff members. This meant staff were considered safe to work with vulnerable people who used the service.

A health and safety annual audit took place and we could see weekly health and safety checks took place. Regular checks were completed for fire safety equipment and fire panels, electrical testing, lighting systems and gas safety.

The service was in need of refurbishment in a number of areas. A downstairs bathroom had a significant crack in the ceiling, the living room flooring was cracked which would make it difficult to keep clean, and there were several areas where the paintwork was marked. The service director undertook to contact the landlord to make the necessary repairs, and to get the work completed by the provider if there was a significant delay in the landlord carrying out the works. We noted plug sockets were at waist height in the

living room which meant they were easily accessible to people living at the service. These could pose a risk if a person living at the service stuck an object into them. The acting manager said they would assess the risks and take remedial action if necessary.

Good

Is the service effective?

Our findings

Staff members were knowledgeable about each person's specific needs and appeared to be providing care effectively. Relatives were confident staff had the skills to do the job. One relative told us "They do a brilliant job with the resources available."

Staff undertook an induction when they started at the service which included shadowing staff providing care to people. We noted that training had taken place in key areas for staff. These included safeguarding adults, infection control, moving and handling and medicines administration. However, we noted a number of staff required refresher courses in key areas as their training was out of date.

We also noted that whilst four people had completed effective communication courses in the past, they had required refresher training from 2012. Most people at the service did not use verbal communication, and one person had dual sensory impairment so effective communication was important.

We discussed these issues with a service director who told us Hail ran repeat courses every three months, and specialist courses as required, so staff could access training as required. The service director acknowledged the changes in management at the service and the period when there was no manager in place had likely contributed to this oversight. The acting manager told us they were aware staff were due to undertake refresher training and undertook to book people onto courses at the earliest opportunity.

We recommend that the service have an effective system to ensure all staff have up to date training.

We noted that supervision was taking place regularly for staff at the service since June 2016. However, there had been a period of between five and ten months in 2015 and 2016 when no supervision had been provided to staff, as there was no manager at the service on a day to day basis. Also whilst there were appraisals on file for staff in 2015 we did not find any for 2016. We discussed this with the service director who acknowledged there had been a period when staff had not been supervised due to staffing issues. The acting manager had plans to carry out appraisals in 2017 for staff at the service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found that the service was compliant with the MCA and DoLS as there were applications for DoLS for all the people living at the service. Records showed best interest meetings had taken place to enable people to have medical procedures as they could not give consent themselves. Staff understood the importance of consent.

Staff told us that they felt well supported by the acting manager and could seek advice as their "door was always open". Records showed regular team meetings took place so staff could discuss issues that arose in relation to people living at the service as well as broader organisational issues.

Menus were chosen by people living at the service at the weekly residents' meeting using photo picture cards as prompts. Staff understood the food preferences of each individual at the home, and offered a wide choice of food. To ensure staff understood how to cook each meal the recipe was detailed on the back of the picture card. This was helpful as staff had clear instructions as to how to prepare each dish. The service had a blender to ensure people had access to fruit drinks.

The kitchen had a variety of fresh fruit and vegetables, and other food stuffs. People were weighed monthly and we could see that when one person had lost a significant amount of weight in the winter of 2016 remedial action was taken, and health professionals involved. This person had since gained weight. There was another entry in the preceding year when this person's record showed they had lost a significant amount of weight, but the acting manager advised this was an error in recording which they acknowledged should have been noted by staff.

We could see from team meeting minutes that when another person had gained a lot of weight in a short space of time, there was a team discussion with suggestions as to how to support this person to lose weight. This person's relative appreciated the service managing their family member's weight effectively.

We saw staff prepare and support people with lunch in an unhurried and attentive manner. They interacted with each person throughout, explaining what they were going to do next. Within care records there was a section on how to support people with eating. We found these were generic in nature, and risks identified in the risk assessment were not carried over into "What I need at mealtimes" guidance. For example, two people's guidelines did not say to cut up food although one person had no teeth and another person's risk assessment stipulated they needed their food cut up. As staff had worked with people living at the service for a long time, and regular bank staff were used, the acting manager told us they were aware of people's needs in relation to food management. However the acting manager undertook to update the mealtime guidance so that staff knew how to support people effectively.

Care records detailed people GPs, dentists and other health professionals involved. Photos of key people such as dentists, opticians and GP's were on file to explain to people who they were going to see which was very helpful.

Hospital passports with important health information for people to take to hospital with them had been completed for each person. One relative told us they were always made aware of health issues promptly; another relative told us there were occasions when there had been delays in being notified their family member was unwell, but in general communication was good.

Good

Is the service caring?

Our findings

People had lived at the service for a long time, and staff had also worked there for many years as either permanent or bank staff. This meant that staff understood people's needs and preferences well which was positive as not all the people living at the service communicated verbally. Relatives told us staff were very kind and caring to their family members.

Care records had information regarding people's families and personal history, and contained photographs of happy times and of the people with their friends and families. This was positive as it provided a holistic view of a person.

People's cultural and religious backgrounds were noted in care records. One person's hair products were specified so all staff understood how to care for a person's hair. At the time of the inspection no-one was practising their faith at a place of worship but staff were willing to support people should they wish to attend. A wide range of food dishes were prepared to reflect the cultural backgrounds people came from.

Care records contained detailed information on the activities people could participate in. For example, detailed instructions were in place for people's routines for getting up, getting washed and dressed, and for going to bed. These outlined whether a person could wash themselves if handed a flannel or assisted into the shower or if they chose to lay in the bath alone to relax before washing. In this way we could see the staff were caring and keen to promote people's independence. One staff member told us "There's always something people can do, we just need to find it and encourage it."

Staff had worked with people living at the service in the garden. Staff had asked family and friends to provide pots or old shoes that they had put plants in. As one person had dual sensory loss they had focused on plants that had a fragrance. There was a small fountain installed providing the sound of trickling water and in the trees there were toys and fun objects to catch people's attention as they walked around the garden.

As there were reduced activities for some people outside of the service temporarily whilst new plans were being organised, a staff member had been active in promoting more activities at the service. Musical instruments were available to create sounds, and simple games were available. People were involved in baking and other sensory experiences.

People's rooms were personalised with photos and other items that they had chosen, and the service was homely.

People were treated with dignity and respect in a number of ways. Staff knocked before entering people's rooms, people were given choices as to what to wear. People were supported to go on holiday and family and friends were always welcomed at the service.

Weekly residents' meetings were held at which the menu for the following week was agreed. People had a

drink and biscuits and it was a social occasion.

Requires Improvement

Is the service responsive?

Our findings

Care records covered a wide range of areas. Three out of the four care records were detailed outlining a person's care needs, health needs, their abilities and their method of communication. The records also explained how this person coped in familiar or unfamiliar settings, their night time care needs, mobility needs and the activities they enjoyed doing. This was extremely helpful for staff as the care records conveyed a holistic view of the person and provided detailed information regarding their history and preferences.

One care record had a number of 'post it' notes at the front of the file. The acting manager told us the keyworker had put these in to remind themselves which area needed updating. A section on daily living had not been updated since 2013. The acting manager told us this person's daily living needs had not changed in recent years. A section on mobility was very limited and didn't give guidance to staff as to how this person behaved when on buses or tubes, if they could use elevators or lifts. The sections on 'me, my family and friends' was missing, as was goals and memories. This care record also contained limited information on this person's hobbies or interests. We noted at the last inspection that not all care and support plans were up to date.

Staff had worked at the service for a number of years either as bank or on a permanent basis, so staff could explain what people's needs were and how they provided assistance to them. We discussed this care record with the acting manager who told us the keyworker had had to take time off unexpectedly so the record was not updated. The acting manager undertook to update it as a matter of priority, so that if bank staff were working care records would be up to date and help them provide the right support to this person.

The provider involved people and their relatives in care planning by; ensuring key workers and the manager establish good strong relationships with people and their families involving them in the decision making process through best interest meetings and through e mail or phone contact.

People had key workers who focused on meeting their wider goals, encouraging independence and knew their needs well.

There had been recent changes in the provision of activities for people living at the service. Historically the majority had attended external day services, but these facilities were no longer available and the provider had taken over responsibility for people's activities. The provider was now commissioned to offer a range of activities at a centre in the local community. However, due to recruitment issues, two people were being provided with a reduced level of activity at the time of the inspection.

There was a complaints policy in place and an accessible version for people living at the service. As most people were unable to articulate their needs, staff used cards with smiling or sad faces to obtain the views of people in relation to specific issues. Relatives told us any issues raised were dealt with quickly at service level, and they felt confident with how the acting manager responded if they had any concerns. There were no formal complaints in the last 12 months.

Requires Improvement

Is the service well-led?

Our findings

Whilst CQC records showed there was a registered manager in post, staff told us this person had not been in post at the service since 2015. In the interim period there have been two acting managers in post. The provider told us they were currently recruiting to the post of registered manager.

For a period between September 2015 and March 2016 there was no manager at the service on a day to day basis. It was during this period no supervisions for staff took place. During this period management cover was provided by a service director who was not based at the service, and who has subsequently left the organisation.

Whilst health and safety audits continued to take place at the service by senior managers, audits that focus on service delivery for the people at the service, referred to as Person in Control visits by the organisation, had not taken place. Neither were monthly returns completed for senior management oversight and scrutiny. These audits are important as they cover a wide range of areas including reviewing care records including risk assessments and support plans, leisure activities, checking staffing rotas, medicines, supervisions undertaken, complaints, incidents and accidents and health and safety matters. The service director working for the provider acknowledged these two quality assurance processes are valuable tools to ensure the service is providing good quality. They also enable the provider to oversee any patterns or issues that may be arising at a service and therefore help staff address quality issues. The service director acknowledged that they had not been taking place at this service. Or if they had, they were not available for us to look at as the service director working with this service had left approximately six months ago.

We also noted that not all support plans were up to date at the last inspection and this was still the case at this inspection.

We concluded that the above concerns were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the inspection in September 2015 there was a breach of the legislation that requires CQC receive a notification in the event of important events taking place at the service. This is essential as CQC, as the regulator of services needs to be informed of important events affecting either individuals or care provided across the service as part of the monitoring of services. At this inspection we found one incident that had not been notified to CQC although it had been dealt with safely and other relevant services informed and action taken to safeguard the person.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

In other ways the service was well led. The acting manager was viewed positively by staff and had an open and transparent approach. Relatives told us she was responsive if issues were raised and they were happy with the actions taken. We saw that the acting manager was undertaking regular supervision with staff. Team meetings took place regularly with staff, covered a wide range of issues and staff told us they felt able

to contribute to how the service was run. Residents' meetings took place on a weekly basis so people could decide the menu for the coming week and discuss any joint activities that were to occur.

The acting manager had ensured risk assessments were updated regularly and checked medicines on a regular basis although she didn't keep records of checks. We saw that people's money which was held by the service was checked regularly by the acting manager and this was recorded in the transaction records. Two weekly health and safety checks took place at the service and the acting manager was aware that one of the support plans was in need of updating in a number of significant areas.

The service director told us that Hail run family carers events at which they get feedback on their services. They have found these more successful than asking relatives to complete survey forms. Hail is planning to roll out an online support plan system by the end of 2017. This will enable support plans to be available on tablets and personalised to the customer which will help with communication across staff and family members and will more easily facilitate quality audits.

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 18 Registration Regulations 2009 Notifications of other incidents Reg 18(1)(2)(e) Care Quality Commission (Registration) Regulations 2009 The registered person had not notified the CQC of an incident where a service user suffered abuse or an allegation of abuse had occurred.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Section 33 HSCA Failure to comply with a condition Regulation 33 (a) (b) Failure to have a registered manager in place to manage the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 (1) (2) (a)(b) 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured systems and processes to monitor the quality of the service were operating effectively and this had impacted on the quality of the service.