Haringey Association for Independent Living Limited

Hail - Great North Road

Inspection report

68 Great North Road
East Finchley
London
N2 0NL

Tel: 02083406035
Website: www.hailltd.org

Date of inspection visit:
26 November 2018

Date of publication:
14 December 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 26 November 2018 and was unannounced.

At our last inspection we identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to safe care and treatment, maintenance of the building and equipment, staff recruitment and governance.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe, effective, responsive and well led to at least good. We found the service had made improvements in the key questions and were no longer in breach of the regulations.

Hail – Great North Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care home accommodates five people in one adapted building, at the time of our inspection four people were using the service.

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.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from the risks of abuse as staff knew how to identify abuse and where to report it to. Staff told us they would whistleblow if they thought the registered manager and senior management at the service were not taking their concerns seriously.

People received their medicine on time and staff at the service administered medicines safely. Staff told us they would report missed medicine to the registered manager or the on-call service and complete an incident form. The registered manager audited medicines and checked them daily to support safe handling of medicines.

People had risk assessments that mitigated against known risks and were reviewed regularly.

Staff were recruited safely and checks were carried out ensure they were suitable to work with people at the

service which included criminal records checks, references and right to work.

People were protected from the risks of infection as staff wore personal protective equipment.

People were supported by staff who had the skills and knowledge to do the role. People were observed to receive good care from staff.

Staff were supported through regular supervision, appraisal and observations by the registered manager to check people were receiving good care.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and to support people to make their own decisions. Where people lacked capacity for health decisions people had advocates to support them in making best interest decisions.

People had a choice of healthy meals and drinks at the service. Staff were observed making people their favourite drink at the service and following guidelines from health professionals to support healthy eating.

People were supported to maintain good health at the service and attend health appointments and screening appointments.

People were looked after by staff who were kind and caring. People's privacy and dignity was respected at the service and people's preferences were well known by the service.

Care plans were individual and person centred. People's needs were known by staff and staff were always observant in a change in people's health or wellbeing.

People participated in a number of activities of their choice and feedback was sought by staff to see whether people had any complaints.

Staff spoke positively about the registered manager and changes they had implemented. People were happy around the registered manager who asked people how they were.

The registered manager had systems in place to monitor the quality and audit the service.

We have made two recommendations in relation to safe recruitment and supporting people with end of life wishes.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was now safe.

The registered manager had systems in place to manage medicines at the service and to deal with errors.

People were protected from the risks of abuse and staff knew how to escalate concerns to their line manager and to whistleblow if they needed to.

People had up to date risk assessments which mitigated against their known risks.

Staff were recruited safely at the service. However, criminal records checks were not always up to date.

Is the service effective?

Good

The service was now effective.

People were supported by staff who were knowledgeable and had the skills to do the job. People received an assessment of need.

Staff received an induction, relevant training, supervision and appraisal.

Staff understood the principles of the MCA and to support people to make their own decisions as much as possible.

People were supported to see health professionals to maintain good health, eat healthily and stay hydrated.

Is the service caring?

Good

The service remained caring,

Is the service responsive?

Good

The service was now responsive.

People's care plans were person centred and individual to each person. Staff at the service knew people and their needs well and actively responded to changes to people's health.

Care was regularly reviewed by the service to ensure people's needs were being met.

People took part in a number of activities of their choice and people were asked if they wanted to make a complaint about the service.

Is the service well-led?

Good

The service was now well led.

The registered manager was visible at the service and staff spoke well of the registered manager and improvements they had introduced.

Systems were in place to monitor the quality of the service and to make improvements.

Staff attended regular team meetings where best practice was shared.

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 was planned to check 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 was carried out by one inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the registered manager and five support staff. We observed care during the day.

We reviewed three people's care plans and associated risk assessments and three staff recruitment files including training certificates, supervisions and appraisals. We also reviewed other documentation relating to the running of the service which included quality audits, policies and procedures.

After the inspection we spoke to one relative.

Good

Is the service safe?

Our findings

We asked people if they felt safe at the service. One person with staff support said, "Yes, I'm happy." A relative said "Yes he's kept very safe."

During our last inspection of the service in September and October 2017 we identified breaches of the regulations in relation to staff recruitment, management of medicines, maintenance of equipment, the upkeep of the premises and the recording of accidents and incidents. Improvements had been made in all of these areas and the provider was no longer in breach of the regulations.

Staff recruitment was completed by head office and documentation was also kept there. The registered manager advised they did interview prospective staff but all recruitment checks were performed by the provider. We viewed three staff recruitment files and found prospective staff had completed an application form detailing previous experience and interview notes were completed to show how prospective staff met the competencies required. Staff also had to provide references, proof of address, identification and complete a criminal records check (DBS). However, in one staff recruitment file there was not an up to date DBS and in another file there were no verified references. After the inspection we requested confirmation that this information was held on file by the provider. The registered manager advised one member of staff was employed via TUPE rules and only one reference was available. In relation to the DBS the service were in the process of requesting an up to date check after the last DBS was carried out in 2013. The registered manager advised after the inspection that DBS were still carried out by head office but they were going to implement a check so the requests would be made by them.

We recommend the service seeks advice and guidance from a reputable source about safe recruitment practice.

Medicines management had improved, they were stored in a locked cupboard and the temperature was recorded within safe parameters. The registered manager told us they checked medicines every day and performed monthly medicine audits. They said, "There's a medication daily stock check, all staff need to check the medicine, visual but have to count. I brought in the check to maintain safety." We observed a medicine round and provided feedback to staff and the registered manager where we noted staff handled medicine without wearing gloves. Staff explained the procedure for the safe management of medicines by first washing their hands, wearing gloves, checking the person who was to receive the medicine, the time for administration and the dosage. A member of staff said, "It's very important we focus when doing the medicines." Staff worked in pairs to complete medicines administration and they completed the medicines administration chart (MAR) appropriately to confirm whether people had taken their medicines or not. Staff now wrote the date when medicine was opened and when people went away from the service took copies of people's MAR chart and not the original.

We noted there were no "as needed" PRN (pro re nata) protocols in place. The registered manager rectified this immediately and prepared a template ready to be adapted when the need arose.

Equipment was now being maintained regularly and the registered manager showed us the service contract for the equipment in the home which was performed every six months. A member of staff showed us the checks they performed before they supported anyone with the hoist to ensure it was safe for use. They showed us the checks carried out on a person's wheelchair. The member of staff said, "We check the brakes before we go out."

Portable appliance testing (PAT) was now being carried out which kept people safe from using unsafe appliances.

The premises were in a better condition, the front garden was tidy the rear garden was tidy and the registered manager advised they had sought the employment of a gardener to remove leaves. A member of staff said, "We check the trees are in good condition." However, we identified areas where repairs had taken place but were still not safe. We informed the registered manager of the bathroom door on the first floor which would not close properly without lifting, this was a safety and privacy risk. The registered manager told us they were aware of the concern and would inform the landlord of the building.

The registered manager told us they had delegated health and safety duties to staff at the service. A member of staff told us they performed checks around the building, daily temperature checks of the fridge and freezer, water temperature, food temperature, carbon monoxide monitor in working order, emergency lighting. The same member of staff said, "We check the fire extinguisher and fire blankets and report repairs as needed."

Accidents and incidents were recorded. The registered manager showed us records to confirm this and action plans were completed to show how lessons were to be learnt to prevent them from occurring in the future.

Staff knew how to report suspected and allegations of abuse. Staff received training in safeguarding adults and could tell us the different types of abuse. They told us they would inform the registered manager in the first instance. Staff knew how to whistleblow if they thought their concerns were not being taken seriously. A member of staff said, "On a daily basis when doing personal care, we check anything that was not there (bruising). Sometimes staff have recorded already or we record as incident." Another member of staff said, "I'd report abuse to the registered manager, if needed I'd call the police. I could also go to social services in Haringey and the CQC."

Risk assessments were robust and mitigated against people's known risks. Staff knew people's risks and how to manage them. For example, a mobility risk assessment gave clear guidelines on how to use the hoist and the number of staff needed to carry out the task safely. It also stated staff to inform the person what they were going to do at each stage. Another risk assessment for behaviour that challenged the service gave examples of distraction techniques staff should use to de-escalate the behaviour. Other risk assessments included moving and handling, falls, going into the community, building assessment and fire.

People were protected from the risk of infection. Good hand washing guides were placed in the kitchen and in bathrooms to promote hygiene. Staff wore personal protective clothing when delivering personal care which included aprons and foot protectors. The service had a COSHH cupboard which was locked and information about different cleaning products and their risks was provided in the health and safety folder. The registered manager said, "We continually update this folder every time we use a new cleaning product." Colour coded mops were used when cleaning the service to prevent the risk of cross contamination. The service had a contract for the collection of clinical waste. This showed the service followed good hygiene practices to protect people from infection.

Good

Is the service effective?

Our findings

A relative when asked if they thought staff had the skills to do the job said, "Yes, always thought [person] is in good care."

Staff told us they gave good care when asked. A member of staff said, "I think I give good care, I make sure [person] goes out, they go on holiday and I make sure their folder is up to date."

Staff received an induction which lasted six weeks and had six months to complete core training. Records confirmed staff completed mandatory training in; fire safety, health and safety, positive behaviour support, medicines, administration of midazolam, first aid and emergency first aid, equality and diversity, safeguarding, epilepsy, moving and handling, infection control, mental capacity, learning disability awareness. Staff had the appropriate skills and qualifications in care in order to provide effective care.

Staff told us they felt supported by the registered manager and could ask for support at any time. A member of staff said, "Yes I'm supported, we all work well together."

Records confirmed supervisions took place in accordance with the service policy and the registered manager had blocked time to ensure staff received their supervision. Staff also received an annual appraisal where applicable. A member of staff said of their appraisal, "We all have an appraisal, with goals to work towards."

People received a holistic assessment of need before their care began at the service, which included their health and social needs. Care plans were written in a non-discriminatory way and respected people's individual health conditions. Care was regularly reviewed to ensure people received effective care.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Records confirmed that DoLS authorisations were up to date and the registered manager had a reminder to apply again before people's authorisations expired.

People were presumed to have capacity and staff understood the need to offer people choices to encourage

independent decision making. A member of staff said, "This is the centre of their care, give them choice. [Person] I show them pictures to help." The same member of staff referring to another person said, "[Person] they can say what they want." Staff told us they let people choose their own clothes. A member of staff said, "We ask what do you want to wear?"

Consent to care was asked before staff carried out tasks and we saw that people were not forced to do anything. For example, where someone was being prompted to the bathroom they refused to go at that time, and staff waited patiently until the person agreed.

Where health decisions needed to be made, people had an advocate and records confirmed they were contacted to act on people's behalf.

People were supported to eat healthily and stay hydrated. People were offered choices of food at mealtimes and once a week there was the option of a takeaway meal. In the kitchen we saw pictures of the food which was going to be served that day which kept people informed. Staff knew people's favourite food and drink and to encourage a reduction in sugar to promote a healthier diet.

The service worked with the speech and language therapist (SALT) for people who needed support with their food. Records showed guidelines were displayed in the kitchen for all staff to be aware of the correct way to support people safely with their food. Staff showed they were knowledgeable in relation to people's special dietary needs, a member of staff said, "[Person] has fork mashable food, the guidelines are on the board in the kitchen, SALT are very supportive here."

People were supported to maintain good health and the health professionals attended the service where people were unable to go to the surgery. Records confirmed people were seen by the GP, dentist, nurse and physiotherapist. Staff at the service also supported people to have annual health check-ups with the chiropodist and optician and health screenings which helped people maintain good health.

Good

Is the service caring?

Our findings

A relative told us they thought staff were caring. They said, "Up to now always thought [person] is in good hands."

We observed kind interactions between staff and people at the service. We could see people were listened to as staff would always respond to people's questions and were asking people if they were alright.

We heard people speak fondly of staff. One person said, "I love you" after they had been supported by a member of staff to complete a drawing. A member of staff said, "[Person] is always saying they like the staff." Another member of staff said, "We are here every day, we're here to give them the best life possible." A third member of staff said, "I get a lot of job satisfaction

People were involved in decisions about their care and their wellbeing was always thought of. The service operated a key working system (where staff work with a named person in the service) but all staff were able to support people and understand their needs. Staff told us they were due to travel to the beach on the suggestion of someone living at the service. However, everyone was not able to attend but the service ensured people who could not attend were able to enjoy a day out to a place of their choice. This showed the kind nature of staff to support people's emotional wellbeing and prevent isolation.

People's privacy, dignity and independence were respected at the service. During personal care we observed staff closed people's bedroom door and staff would knock before entering a person's bedroom, bathroom or toilet. A member of staff told us they positively encouraged people to do tasks for themselves to help them maintain some of their independence. A member of staff said, "I encourage [person] to clean themselves." Another member of staff said, "[Person] can put toothpaste by themselves and [person] can hang their laundry in their room." People were also supported to have time in their bedrooms if they wished to be alone. Staff told us people could spend their time where they wanted. A member of staff said, "If they want to eat in the lounge they can."

The service had a longstanding workforce and knew people very well. New staff got to know people quickly as they spent time with them. Staff knew people's preferences, likes and dislikes. A member of staff said, "[Person] likes his music and to ready their newspaper. All staff knew a person at the service liked to be called by their preferred name and we heard staff call them by this name.

People were supported to have relationships and meet new people at the service by attending a social club each week. Staff at the service told us there was no one who identified as lesbian, gay, bisexual or transgender (LGBT). However, staff told us they would respect people's wishes and support them as needed. A member of staff said, "I'd respect their wishes and I would support them to attend places to meet people if they wished, we've had training in equality and diversity."

People's cultural and spiritual needs were respected. Staff told us some people enjoyed listening to the choir. People were supported to attend their chosen place of worship if they wished.

Good

Is the service responsive?

Our findings

People's care plans were person centred and were written in a way to understand what people wanted from their care, what they could do for themselves and future goals. For example, a care plan said, "I can pour cold drinks but hot drinks are hazardous for me" and "I can squeeze toothpaste onto toothbrush with encouragement, I can often start brushing my teeth. I need help finishing off brushing my teeth."

People's care plans also contained life stories, their interests and activities, preferences, how to support them with their health conditions, emotional, social and communication needs. Information was provided in a way to help staff understand people's specific needs. For example, in a care plan we saw a loud environment could make people upset, what staff should do to calm them down and if a person was in pain what staff should look for and signs a person would make.

Staff told us they met with people each month to complete a review of care and each week people were asked how they felt to ensure they were meeting people's needs. The registered manager told us care plans were reviewed on an ongoing basis or every six months if nothing had changed. This was an improvement from our last inspection in September 2017 as care plans were not being regularly reviewed by the service. A relative told us they were invited to reviews and kept informed of their family members health and wellbeing.

The registered manager provided a number of examples of how staff were responsive to people's needs at the service. One example involved staff noticing concerns after someone used the toilet. This prompted them to contact the on-call service, the person was seen by a health professional and an incident was logged by the service.

People were supported to attend a number of activities of their choice and the service supported people to go on holiday with staff support. On the day of the inspection we observed people being taken to their daily activity called "day ops" by a member of the bank staff. A member of staff responsible for art activities showed us people's completed work which had been framed around the service. Photographs of the art activities and other activities showed people were involved and were supported to be with other people at the service which helped prevent social isolation.

Staff maintained daily logs of people's daily activities and how they felt during the day. This helped staff see that people were receiving care that met their needs or if there had been any change in their moods or health.

During feedback sessions with people this was an opportunity to find out if people had any complaints. Records showed there were no complaints made by people at the service however staff were responsive to people's needs and would raise complaints on behalf of people to the registered manager. For example, records showed a complaint had been raised when it was identified staff were not following the guidelines set by the SALT team for a person using the service. The registered manager responded to this and informed staff to follow the correct procedure for the person in question

There was no one at the service who required end of life care but some people had made advanced decisions about what they would like their care to look like at the end of their life. A member of staff said, "We have not had training on end of life but [Person] has put their wishes down."

We recommend the service seeks advice and guidance from a reputable source about managing people's end of life wishes.

Good

Is the service well-led?

Our findings

During our last inspection we identified a breach of the regulations in relation to good governance. The registered manager said, "I have been focused in bringing the service up" when discussing improvements that have been made.

The registered manager had implemented systems to ensure the oversight of the service. This included ensuring there were now operational service contracts for the maintenance of equipment, medicines were audited regularly and learning from errors took place to improve the quality of the service. Risk assessments, and care records were up to date however we fed back the review dates were not clear. The registered manager advised they would amend this to make it clearer when a review had taken place and when the next one would be due.

The registered manager completed spot checks on staff to see that they were providing a quality service to people and treating people with respect. The registered manager also complied with their statutory obligations to notify the CQC of statutory notifications.

Staff spoke positively of the registered manager. A member of staff said, "Yeah, a lot has improved since [registered manager] has been here, this board is a good addition." The member of staff was referring to a board in the kitchen which told staff people's upcoming activities and appointments for that week.

Records confirmed the service held monthly team meetings. During these meetings the registered manager and staff shared best practice, improvements to be made and encouraged staff to share information during handovers. A member of staff said, "Yes, we have regular team meetings, think its important everyone gets together and talks. Everyone in the same room is good." The same member of staff said, "We talk about how we can change things and best practice."

The registered manager gave an example of one of the improvements they made to the service, they said, "I introduced monthly summaries so I know how customer felt when they went on activities." They also discussed how they supported staff at the service if they were busy. The registered manager said, "I don't mind mucking in, if staff have gone out to support people". This showed the registered manager showed staff they understood their role and helped them to give a good service.

Staff told us the morale at the service was good and there was transparency from management about matters that took place at provider level. There was an open-door culture and staff told us they could speak to the registered manager at any time. The registered manager managed staff issues in a diplomatic way to ensure staff learned from the experience.

The registered manager told us the provider had not sent a questionnaire to staff at the service to seek feedback for the current year but had done so last year.

The registered manager advised due to this focus in improving the service, they had been unable to attend

external provider forums but they hoped to be able to do so once the service had improved.

Records for staff were kept securely at head office and were easily accessible. People's records were also kept securely and in order at the service.