

Haringey Association for Independent Living Limited

Hail - Granville Road

Inspection report

75-77 Granville Road
Wood Green
London
N22 5LP

Tel: 02088884189
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 ●

Summary of findings

Overall summary

About the service

Hail - Granville Road is a care home providing care for 5 people with learning disabilities. At the time of our inspection there were 4 people using the service. The home is on 3 floors, bedrooms are on the ground floor and the 1st floor. Other facilities such as the kitchen and lounge areas are on the ground floor.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found

Right Support

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported.

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. The service gave people care and support in a safe, clean, well equipped, well-furnished, and well-maintained environment that met their sensory and physical needs. Staff enabled people to access specialist health and social care support in the community.

Right Care

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), pictures and symbols, could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them.

People's care, treatment and support plans reflected their range of needs, and this promoted their wellbeing and enjoyment of life. People could take part in activities and pursue interests that were tailored to them. Medicine was administered to people in a safe way. We have made 2 recommendations about the management of some medicines and maintaining up to date records.

Right Culture

People received good quality care, support, and treatment because trained staff and specialists could meet their needs and wishes. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. The management team were supportive and acted on any concerns without delay.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published on 10 November 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hail - Granville Road on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was Safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was Effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was Responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was Well-led.

Details are in our well-led findings below.

Hail - Granville Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was conducted by 1 inspector.

Service and service type

Hail- Granville Road is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hail, Granville Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 relative, 2 care workers and the registered manager. We reviewed 4 people's care records including risk assessments and 4 staff files in relation to recruitment. We observed interactions between staff and people. We also reviewed a range of management records including staff training and supervision, medicines, complaints, health and safety, and building compliance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- A relative told us, "[My relative] is safe living in the home, they are happy and like living in the home."
- Staff had training on how to recognise and report abuse and they knew how to apply it. This helped to ensure people were protected from the risk of harm.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored, and managed safety well.
- Risk management plans were personalised and contained enough detailed for staff to follow. Identified risks were mitigated as much as possible.
- People, including those unable to make decisions for themselves, had as much freedom, choice, and control over their lives as possible because staff managed risks to minimise restrictions.
- Staff managed the safety of the living environment and equipment in it well through checks and actions to minimise risk.
- Staff assessed people's sensory needs and did their best to meet them.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits. Staff were recruited safely.
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to consider people's individual needs, wishes and goals.
- The numbers and skills of staff matched the needs of people using the service.

Using medicines safely

- Medicines were managed safely. However, there were no "as and when needed" protocols in place for medicines such as tablets for pain relief. We spoke to the registered manager about this, and they acted immediately by putting protocols in place.

We recommend the provider consider current guidance on giving 'as and when' medicine to people alongside their medication and take action to update their practice accordingly.

- People were supported by staff who followed systems and processes to prescribe, administer, record and

store medicines safely.

- Medicine audits took place regularly and most issues had been picked up and addressed without delay. However, the issue about the "as and when" protocols not being in place had not been covered fully in the medicine audit. The registered manager told us this would be added to the audit tool going forward.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

There were no visiting restrictions to the home. People had visitors on a regular basis.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned with the team.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment, and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 assessments (MCA).

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider did not have up to date deprivation of liberty safeguards (DoLS) authorisations in place, the ones on file were out of date. We spoke to the registered manager about this, and they explained that the updated ones had gone to the previous manager and had not been accessible. Following our inspection, we saw evidence that the provider had applied for updated authorisations.

We recommend the provider consider current guidance on maintaining up to date records.

- We observed staff interactions with people, staff asked the person's permission before providing support. Staff knew about people's capacity to make decisions through verbal or non-verbal means, and this was well documented. One staff said, "Consent from people can be difficult as some people communicate through body language, for example, when asking a person about a holiday, the [person] looked at the pictures, the [person] gave a smile, giggling, shows they may like this, the use of body language is key."
- Records reviewed showed staff had received training in the Mental Capacity Act 2005, DoLS and best interest decision making.

Assessing people's needs and choices; delivering care in line with standards, guidance, and the law

- People had care and support plans that were personalised, holistic, strengths-based and reflected their

needs and aspirations, included physical and mental health needs. People, those important to them and staff reviewed plans regularly together. One relative told us, "Yes I am involved in the [person] care plan, I visit the home regularly and the staff always keep me informed."

- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

Staff support: induction, training, skills and experience

- Staff had suitable training to carry out their role. Training included some areas such as first aid, fire safety, epilepsy, food hygiene, disability awareness, safeguarding, medicine management and the Mental Capacity Act 2005. These were considered mandatory by the provider.
- Staff told us they felt supported by their manager, they had regular 1 to 1 meeting, topics covered were health and wellbeing, changes to the service, key working, medicine, and training. Staff had an appraisal annually. Regular team meetings took place. Records reviewed confirmed this.
- Staff completed an induction programme when they joined the service, this was comprehensive covering all aspects of care delivery. Staff shadowed experienced staff to get to know people and how best to support them.

Supporting people to eat and drink enough to maintain a balanced diet

- People's eating and drinking needs were assessed and health care professionals were involved where specialist needs were identified. Staff supported people to maintain a balanced diet. People had access to drinks and snacks whenever they wanted them.
- We observed people having lunch, staff were patient, attentive and there was a nice warm atmosphere in the home. People's eating and drinking needs were met as staff used guidance from the speech and language therapist for individual meals. Guidance from a health care professional was clearly displayed for staff to follow.
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible. People were able to eat and drink in line with their cultural preferences and beliefs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had health actions plans/ health passports which were used by health and social care professionals to support them in the way they needed. People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
- Care records showed that people had access to a range of health care professionals such as the GP, psychologist, dentist, optician and speech and language therapist. Health care actions and outcomes were recorded in people's care records. This meant that people received medical assistance in a timely manner.
- People were supported to attend annual health checks, screening, and primary care services.

Adapting service, design, decoration to meet people's needs

- The home was suitable for people's needs; however, some communal areas of the home could benefit from redecoration. The lounge area and 2 of the bathrooms would benefit from being redecorated as they appeared old and worn in areas. Each person had their own bedroom, and there were shared bathrooms and kitchens. People personalised their rooms and were included in decisions relating to the interior decoration and design of their home. There was a sensory room for people to access if they wanted to. The home was well maintained. The registered manager told us there were plans to carry out some redecoration of the home.
- There was a large garden out the back for people to use. People had full access to the garden. The garden area needed some minor maintenance. However, it was tidy. There was a seating area available for people

to use. The registered manager told us they planned to have a gardener come in regularly and maintain the area and new garden furniture would be purchased in the coming weeks.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. A relative told us, "My [relative] has good support from staff, they [staff] are caring and compassionate."
- Staff interacted with people in a meaningful way and when a person became distressed staff observed their body language and responded appropriately. Staff offered the person a lot of reassurance about their safety. The person responded well to this approach.
- Staff had training in equality and diversity, this meant that staff had a clear understanding of people's different needs and were able to offer appropriate support. For example, one person enjoyed dressing in clothing that reflects their culture and background, staff were very supportive of this and made sure the person was able to express their needs. This was in line with the person's care plan.

Supporting people to express their views and be involved in making decisions about their care

- People were given time to listen, process information and respond to staff and other professionals. Staff supported people to express their views using their preferred method of communication. During our visit we observed staff using a mixture of communication styles. For example, one person was supported to make choices with the use of pictures. Another person was supported to make a drink using key words and phrases. A relative told us they can speak to the staff and management team about any decisions to be made about their care.
- Staff rotas were flexible to meet people's needs. Staff were able to ensure people had individual plans and regular meetings took place to involve people in their care. Staff knew how to communicate with people, staff observed people's body language or facial cues to establish what a person was trying to express. This supported people to be fully engaged in making some decisions about their care and support.
- We observed people making decisions such as what food to have and what activity to do. Reviews took place on a regular basis which enabled people to have a voice in the service.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected, and their independence was promoted. Staff supported people to be as independent as possible. For example, we observed one person being supported to make a drink, the emphasis was clearly on asking the person what they could do for themselves and staff offering a lot of reassurance.
- Staff told us they supported people in a dignified way, for example making sure the person was covered up when providing personal care.

- We observed staff knocking on people's doors and closing doors when providing personal care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were personalised, the provider used person-centred approaches to capture information about people, likes and preferences were recorded.
- Staff told us they knew people well; they understood the way in which people liked to be supported. Staff were able to explain what person-centred care was and how to apply these approaches in the home.
- We observed people being supported in a person-centred way, staff took time to speak to people and offer emotional support.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and met.
- Interactions between staff and people were positive, staff used different methods of communication for example, we observed staff using pictures, use of key words and phrases, short direct sentences which were in line with people's care plans.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and understood when people were trying to tell them something.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in their chosen social and leisure interests on a regular basis.
- Relatives told us they were able to visit the home on a regular basis. One relative told us, "My [relative] has been able to celebrate different events and festivals. They used to go on more day trips which I feel can be increased if possible."
- Staff provided person-centred support with self-care and everyday living skills to people.
- We observed people accessing the community for a musical session on the day of our visit, everyone seemed to enjoy this activity.
- Visits from family members took place on a regular basis.

Improving care quality in response to complaints or concerns

- The provider had an effective complaints process in place. The registered manager told us there had been 1 complaint in the last year, a record of this was in the complaints log.
- Staff told us they would raise any concerns with the manager, and these would be addressed.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.

End of life care and support

- The provider had an end-of-life policy in place; however, no one was in receipt of end of life care at the time of our inspection.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs/ oversight of the services they managed.
- The provider had a quality assurance system in place, to ensure that the quality of care was monitored on a regular basis, audits such as medicine, health and safety, care plans and staff files, were carried out regularly and action plans showed actions and outcomes recorded.
- The registered manager understood what to notify CQC about if needed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider promoted an open and honest culture in the home. Staff told us they could raise concerns or make suggestions for improvements, and these would be addressed.
- Staff told us they felt supported, listened to, and valued by the management team. One staff member said, "Yes the leadership team are supportive, you can pick up the phone when you need support, and talk to them directly, there is an open-door policy."
- Outcomes for people were documented and staff understood how to support people to achieve their goals. Management and staff put people's needs and wishes at the heart of everything they did.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a good understanding of the duty of candour and the need to be transparent when things went wrong, we saw from the complaints record that an apology had been made to the complainant following their complaint.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider involved people, relatives, and staff in the service through feedback and a survey which had been sent out to get people's views on the service. One relative told us they have had regular contact with the staff and management team and found them very approachable and supportive.
- People had regular key worker sessions, these were recorded, and decisions were made in people's best interest.
- The provider considered people's protected characteristics when providing care for example, care plans

included details about people's background including the person's culture and religious needs. One person attended a place of worship and took part in regular religious festivals, as this was important to them.

Working in partnership with others

- The provider collaborated with other organisations such as the local authority and multi-disciplinary teams to provide good care to people.