Care Quality Commission

Haringey Association for Independent Living Limited

Hail - Granville Road

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 8 July 2015 and was unannounced. Hail – Granville Road is a care home for up to six people with learning disabilities and autism. The premises are owned by Circle 33 Housing Association.

There was no registered manager in post at the service, however there was a manager in post who was in the process of amending their registration from being the registered manager of another care home run by the provider. 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 conducted a scheduled inspected of this service on 25 July 2014, following which we served a warning notice regarding an unsuitable environment and three requirements relating to breaches in medicines management, cleanliness and quality assurance. We conducted a follow up visit on 5 February 2015 which confirmed that the requirements of the warning notice

Summary of findings

had been met. During the current inspection we found that there were some areas in the environment which presented a risk to people living at the home, including unrestricted windows.

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

People were treated with respect and compassion. There were systems in place for recording people's consent, or best interest decisions made on their behalf to ensure that their rights were protected. There was an accessible complaints procedure in place for the home, and it was being used appropriately.

The service had an appropriate recruitment system for new staff to assess their suitability. We found that staff were sensitive to people's needs and choices, supporting them to develop or maintain their independence skills, and work towards goals of their own choosing, such as attending concerts or planning a holiday. People engaged in a variety of activities within and outside of the home, with staff support as needed.

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

Staff in the service knew how to recognise and report abuse, and what action to take if they were concerned about somebody's safety or welfare. Staff spoke positively about the training provided and this ensured that they worked in line with best practice. They received regular supervision and felt supported by the home's management.

There were systems in place to monitor the safety and quality of the home environment and to ensure that people's medicines were administered and managed safely and people's finances were managed appropriately. Quality assurance monitoring systems were in place, to ensure that areas for improvement were identified and addressed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe. Significant improvements had been made to the home environment since the previous inspection, however there were some areas of risk for people living at the home including unrestricted windows left open.

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

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

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

Is the service effective?

Good

The service was effective. Staff received regular supervision and appraisals and felt well supported by the home's management.

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

There were systems in place to provide staff with a wide range of relevant training. People were supported to attend routine health checks, and seek medical advice promptly when needed. They were supported to eat a healthy and varied diet.

Is the service caring?

Good

The service was caring. People gave us positive feedback about the approach of staff, and we observed staff treating people warmly and sensitively. People were encouraged to develop and maintain their independence.

We found that staff communicated effectively with people and supported them to follow lifestyles of their choice, including meeting their cultural and religious needs.

Is the service responsive?

Good

The service was responsive. People had opportunities to take part in activities within and outside of the home, with activities planned ahead.

People's needs and preferences had been assessed. Person centred care plans with pictures were developed with people and their representatives. Monitoring records were in place for people to ensure that changes in their health and wellbeing were addressed promptly.

Summary of findings

The service had a complaints procedure that was accessible, and was being used.	
Is the service well-led? The service was well-led. There were systems in place to monitor the quality of services provided to people. Staff said that management were approachable and supportive, and took account of their ideas and views. Where audits identified areas for improvement, we found that actions were taken to address them.	**Good** 

Hail - Granville 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 8 July 2015. The inspection was conducted by two inspectors. Before the inspection, we reviewed the information we held about the service including notifications received by the Care Quality Commission.

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

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

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

Following the inspection visit we spoke with a health care professional who supported people using the service.

Requires improvement

Is the service safe?

Our findings

Observation of people using the service indicated that they were able to move around the home safely and were at ease, and able to communicate their needs to the staff supporting them. A health and social care professional told us that the home was always clean, and staff were always available in terms of providing people with support.

At the previous inspection in February 2015 we noted that the provider and landlord had undertaken a major renovation and redecoration project which included new flooring, bathrooms and a new kitchen, and refurbishment of people's bedrooms according to their choice.

During this inspection we found that new furniture had been purchased for the rear garden, and rails were in place to support people to move around the garden independently. However the garden was in need of some attention, and staff told us that they were awaiting a visit from a gardening group within the provider organisation.

All first and second floor windows had window restrictors fitted to ensure people could not fall out,

but we were concerned to find that some of these had been overridden. Staff explained that this was in order to air the rooms whilst people were out of the home. However as there were people in the home, who had been known to go into other people's rooms, and all rooms were left open, we were concerned that this might be a risk. In the staff sleeping in room, which was unlocked, we found a kettle on the floor, next to a multiple plug socket. The acting manager advised that she was aware of this issue, and a shelf was to be installed for the kettle.

We looked through maintenance records and saw that maintenance issues were reported and addressed quickly. We looked at the safety certificates in place for equipment and premises maintenance including gas, electricity and portable appliances safety certificates, legionella testing, and fire extinguisher and alarm servicing, and found that these were up to date. There was a current fire risk assessment in place for the home, and individual emergency evacuation plans in place for each person in the home.

Regular health and safety checks and fire drills took place, and the water temperature was checked regularly. We found evidence that although various issues had been addressed, they were not being recorded on the monthly health and safety checklists, for example when a pest control issue was addressed. The communication book showed that the manager had observed that there were gaps in the records of weekly fire alarm call point checks, and addressed this issue.

At the inspection in July 2014 we found that the home was not kept to a suitable standard of cleanliness and hygiene. There were no guidelines for cleaning in the home, or audits, and most containers for hand wash, antibacterial gel and paper towels were empty. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, corresponding to Regulation 12(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this visit, we found that the home was clean and tidy and hand washing facilities were provided as appropriate. However the ground floor bathroom had a strong stale smell. It was clear that it was difficult to ventilate this room, as it had no windows. Cleaning rotas were in place, although there were some gaps in recording of tasks completed.

Safeguarding and whistleblowing policies were in place and all staff received training in these areas. Staff we spoke with were able to describe different types of abuse and the action they would take if they were concerned that someone using the service was being abused. All people living in the home were being supported to manage their finances. We looked at arrangements in place for three people, and they were suitable to protect them from the risk of financial abuse. Receipts were kept for all transactions, and checks of monies made at each handover between staff members.

Each person's care plan included detailed risk assessments, including risk factors and actions put in place to minimise the risk of harm. The risk assessments included specific guidelines as to how staff should support people. These included risks relating to challenging behaviour, mobility issues, and accessing the community. Where needed, staff consulted with health and social care professionals about how risks should be managed. For example there were detailed guidelines about supporting a person to avoid causing distress, sticking to specific daily routines, and not rushing them. Risk assessments were being reviewed approximately six monthly or more frequently if there were changes.

Requires improvement

Is the service safe?

There were three staff on duty on the morning of our inspection. The staff team was supported by as and when (bank) staff employed by the provider, who worked in the home on a regular basis. The rota indicated that there were at least two staff working in the home in the day time, with a third person working for a shorter shift in the morning and afternoon/evening. At night there was one waking night staff, and a member of staff sleeping in, in case of emergencies. On the day of our inspection, three people were out at day centres.

Staff told us that the home's staffing rota made it possible to take people out for leisure activities. However two staff said that staffing levels could sometimes restrict the number of activities people could be supported with in the community. Two staff said that they needed more regular male staff working in the home to support a particular person. The manager advised that they were also attempting to recruit a support worker who spoke a particular language, to support one person.

Recruitment records of new staff working at the service since the previous inspection showed that appropriate checks had been carried out including a criminal records disclosure, identification, an interview and satisfactory references prior to them commencing work, to determine their suitability to work at the service.

At the inspection in July 2014, we found that staff were not recording and keeping medicines safely. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, this corresponds to Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At the current inspection we found that the storage temperature of medicines was being monitored effectively, and homely remedies (over the counter medicines which do not require prescription) were not being used in the home. First aid boxes were well stocked as appropriate, with regular stock checks in place. Staff had undertaken first aid training and were confident about how to act in an emergency.

Staff administering medicines to people using the service had undertaken appropriate training. Medicine administration records showed that medicines were administered as prescribed. We checked all people's medicines and found that the number of remaining tablets corresponded with records, which helped to assure us of medicines being administered as prescribed. We found that no prescribed medicines had run out, and that there were records of medicines coming into the service and being returned to the pharmacist. Medicines were stored safely and stocks of medicines were audited against records twice daily by staff on each shift. We observed staff carrying out an audit between staff shifts on the day of the inspection, and detecting an error, which was reported as an incident to management, and advice was obtained from the GP without delay. This indicated that the medicines auditing system was effective.

Good

Is the service effective?

Our findings

We saw people being supported effectively by staff at the service. People we were able to speak with told us that they were happy with the staff support they received. Others responded positively to the staff support they received. Staff members we spoke with were knowledgeable about individual people's needs.

Staff were receiving supervision sessions approximately every two months, as set out in the provider organisation's policy, and the manager had started to carry out appraisals with the staff team. Topics discussed at sessions included key working, team work and the Mental Capacity Act 2005. Staff told us that they felt supported by the home's management, and were kept up to date with changes to people's needs and risk management strategies.

Regular staff team meetings were being held to develop communication, consultation and team work within the home. Records indicated that these included discussion of people's needs, and topics relevant to the running of the home such as medicines, shift planning, quality monitoring, and activities.

New staff had received induction training, and had the opportunity to shadow more experienced staff. All staff had attended mandatory training and training on other relevant topics including learning disability, communications, autism, epilepsy, professional boundaries, making sense of sensory, mental health, personalisation and understanding behaviours. Staff said that the training provided by the organisation was helpful and of a good standard. They displayed a clear understanding of how to support people in line with best practice, particularly in communicating with people with complex communication needs. Staff training was planned for the year ahead, including refresher courses in mandatory areas. Staff were supported to undertake national vocational qualifications in care, and staff had completed or were working towards The Qualifications and Credit Framework (QCF) at level 3 in care.

There were arrangements in place for recording and reviewing the consent of people in relation to the care provided for them. Best interests decisions were recorded for people who did not have the capacity to consent to significant decisions being made on their behalf. The manager advised that there were two advocacy agencies that the home could access, and advocates were being approached to support people in producing their end of life plans. Permanent staff working in the home had undertaken a training course on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). They displayed an understanding of how it protected the rights of people living at the home. The manager was in the process of applying for DoLS for all people living at the home as they were unable to go out of the home unescorted, and we saw completed applications to confirm this.

The kitchen was well stocked with fresh fruit and vegetables, and a variety of foods to meet people's dietary requirements and preferences. Staff had undertaken training in nutrition and healthy eating, and were clear about people's nutritional needs and preferences. The menus were chosen at a weekly 'customers' meetings' using photographs of meals available, and people were offered alternatives if they did not like the food served to them at the time. We observed meals being cooked from fresh ingredients in line with what was on the menu for that day. Records of meals served indicated that a varied and nutritious diet was provided.

We observed lunch at the home, with staff supporting people in an unhurried and attentive manner. Throughout the day people were able to help themselves to snacks and drinks from the kitchen, with support from staff when needed.

At the previous inspection in July 2014, we found that some out of date food, and items stored in the refrigerator and freezer that had not been covered or dated once opened. During the current visit we found that perishable foods were stored properly, labelled with the date of opening, and disposed of by the expiry date. Food storage temperature checks were in place, and records were kept of cooking temperatures.

Staff had a system in place to check the contents of the refrigerator regularly. A supply of food was kept in the kitchen cupboard, with other food stored in a locked cupboard situated outside. Staff told us that that they did a main shop for food once a week and that people went out to the shops to buy fresh fruit and vegetables. Staff confirmed that there was enough money available to buy healthy food and drink of people's preference.

Good

Is the service effective?

Records indicated that staff were prompt to seek medical advice if they had any concerns about people living at the home. We found records in place regarding people's regular visits to a range of health care professionals including GPs, hospital consultants, dentists, opticians, chiropodists, and physiotherapists, with the outcome of appointments recorded. Hospital passports with important health information were in place for each person. We saw appropriate recording of body charts detailing any marks or injuries found when carrying out personal care. A health and social care professional spoke highly of the support provided to people by staff in the home, and good communication within the staff team.

Good

Is the service caring?

Our findings

We observed that people had developed positive relationships with staff at the service, and there was a cheerful and relaxed atmosphere in the home. Staff took time to understand what people wanted. Meals were unhurried and we observed staff supporting people in a variety of activities of their choosing. A health and social care professional told us that the attitude of staff towards people was very good, and they were always pleasant, kind, and in good spirits.

There were two independent advocacy services available to people who used the service. Staff demonstrated that they had developed effective communication pathways with people living at the home who had complex communication needs. They showed a good awareness of people's choices and preferences, and also consulted with people's next of kin when appropriate. Staff used a variety of methods to communicate with people, such as using Makaton (a language using signs and symbols to help people communicate), picture charts, touch, facial expression and objects of reference (items that symbolise a particular activity or idea for example a glove to indicate support with personal care).

We observed staff interaction with people during the inspection. Staff were caring and attentive to people's needs, remaining calm and positive at all times. They ensured that people understood what was happening or going to happen by using a variety of communication tools and skills developed from experience working with people on an individual basis.

We saw staff members supporting people to go outside in the local community, do jigsaw puzzles, play games, and carry out some household chores. Their responses indicated that they enjoyed these activities, and spending time with the staff members. Staff were able to tell us what people liked to do. They had recorded social stories, with photographs of people carrying out activities that they enjoyed, to enable the person and other staff to understand the support they needed during the activities. Staff encouraged people to be as independent as possible and people were able to make their choices known. We saw that people's care plans recorded people's current skills and needs.

People had their rooms decorated and personalised according to their own choice, including photographs of family and friends. Each person had a key worker who recorded their preferences with regards to goals and support, and took steps to address these.

Staff had undertaken training in equality and diversity. They had some knowledge about people's personal histories and these were recorded in care records under the section "About me". This provided a background picture of the person using the service and information on what was important to them. Staff understood people's cultural and religious needs in relation to food, and attending a place of worship, and we saw that this information was recorded in people's care plans.

Staff we spoke with understood the need to respect people's privacy and dignity and told us they had received training on this. Throughout our inspection, we observed that staff respected people's privacy and dignity when they were supporting people with personal care, such as prompting them discretely and closing the door during personal care.

Staff told us they had plans to turn one of the spare sitting areas into a quiet lounge for people to have time alone or for friends and relatives when they visited.

Good

Is the service responsive?

Our findings

We observed staff anticipating and responding to people's needs during the inspection, and those who were able to told us that their needs were being met. We found that people were offered a variety of activities within and outside of the home. On the day of the inspection three people were out attending a day centre. One person went out with staff support, and two others were supported in activities of their choice within the home. We observed people helping in the kitchen, watching television, listening to music, spending time with staff, spending time in the garden, doing a puzzle and playing games.

Other activities recorded for people included attending a lunch group with people from other care homes run by the provider, including sewing sessions and a future Punch and Judy session, taking walks, massages, visiting parks, going shopping, movie nights, going to concerts, and undertaking household chores with support as needed. People were supported to help clear the cups and plates after meals, take the rubbish out, sort out recycling, bring their laundry down, and assist with cooking. Records were kept of activities provided, although we did find some gaps in these records. Staff told us that due to the home's vehicle being out of service, there had been a reduction in group trips arranged outside of the home. However the provider was considering purchase of a new vehicle for the home. People were supported to keep in regular contact with family members where possible, and holidays were being planned for some people living at the home.

We observed the staff handover between morning and afternoon shifts, and noted that this included discussion of each person's wellbeing, checking each person's monies held for safekeeping in the office against transaction records, and the medicines for each person, against administration records.

Care plans were written from the point of view of the person receiving care, including pictorial person centred plans, life stories, and details about people's preferences. Social stories were also included to help explain particular ideas and activities to people. People's assessments provided detailed information about managing risks to each person and meeting their holistic needs. We found that care plans were up to date and all sections had been completed appropriately. They were being reviewed approximately six-monthly or more frequently where significant changes to people's needs had occurred. However some people's care files were difficult to navigate as they included many versions of care plans and assessments, so it was difficult to find the most up to date version.

People's needs and progress were discussed at six monthly reviews. Actions agreed at meetings and appointments with health and social care professionals were followed through by staff. For example a speech and language therapist's suggestions that different coloured equipment be used for one person had been followed. A health and social care professional gave positive feedback about the service's responsiveness to people's changing needs and communication about changes.

There were also detailed monitoring records within the home including night time checks, behavioural and epilepsy charts, weight records, and incidents and accident reports including body maps. Staff had noted a recent change in one person's weight and sought medical advice, putting in place a plan to address this with them. There were some gaps in records of goals for people living at the home, and we informed the manager of this, who indicated that these would be developed with key workers.

People's likes and dislikes were set out clearly using pictures and staff members we spoke with told us about the activities of the people they supported. Each person had a key worker who was

responsible for updating care plans. Staff communicated well with people and were able to understand non-verbal communication.

Staff told us about some changes in people's behaviour and needs over recent months, and strategies in place to address them. Staff felt that changes within the staff team may have contributed to some of the changes, as this was distressing for people who had autism. It was clear from these discussions and records of people's care that appropriate support had been sought from relevant health and social care professionals. Triggers to behaviours that challenged were recorded, and staff were very aware of how to address these, and minimise the risk of a situation escalating.

Appropriate systems and processes were in place to address complaints about the home, as part of the quality control processes for the home. The home had a complaints policy and procedure which was accessible to

Good

Is the service responsive?

people. Staff were able to explain how they would support people to make a complaint and understand the complaints process. We saw that pictorial 'how to make a complaint' information was available for people. Staff told us that complaints were discussed at the weekly 'customers' meeting'. We saw evidence of this in the records of these meetings. Two complaints had been made since the previous inspection, with a record of the action taken to address them.

Good

Is the service well-led?

Our findings

The people we were able to speak with were happy with the way the home was run. We observed that there was a positive and relaxed atmosphere within the home. Staff were clear about their roles, and the home appeared to be well organised.

At the inspection in July 2014 we found that people were left to live in a service which was inadequately maintained, and noted gaps in medicines audits. This meant that people were not protected against the risk of inappropriate or unsafe care. This was a breach of Regulation 10 (1)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, this corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the current visit we found there were effective systems in place to assess and monitor the quality of the service and the breach had been addressed. People living at the home that we were able to speak with indicated that the home was run well. A health and social care professional told us that the management were approachable and forthcoming and the home was well run.

Staff told us that the manager was very supportive, and approachable, and that the home was well organised. They felt confident that any concerns they had would be listened to. One staff member told us, "The manager is fantastic, very helpful." However staff did express concerns at the use of many 'as and when' (bank) workers, which could be disruptive for people living at the home. The manager advised that this was an area that she was addressing.

Staff knew what to do in the event of an incident or accident, and who to contact and notify. The manager reviewed all incident and accident reports, had noticed particular trends in frequency, and was taking action to address triggers that led to particular incidents.

Weekly 'customer's meetings,' were held and regular staff meetings took place. We found that the manager addressed concerns raised by people living at the home and staff at these meetings, and actions were carried forward to the next meeting to ensure that they had been completed. Topics discussed included meal choices, health care appointments and activities, and personal shopping that people wanted to do.

The service had been working towards an Autism Accreditation programme. This is a continuing accreditation process which requires the service to meet specific standards. However the manager advised that this had been put on hold while working to make the improvements to the home environment and other issues required from the last CQC inspection.

The last internal audits undertaken by the service director took place in May and June 2015, covering the wellbeing of people living at the home, staff on duty, training undertaken and needed, each person's care records and reviews, finances, and medicines, and the general appearance of the home. Areas for action were recorded following the audit, to be followed up at the next one including an improvement to the recording of medicines administration.

Petty cash and people's monies were checked at every staff shift handover, and monthly audits were undertaken of people's monies, signed off by a service director. Medicines administration was also checked at every staff handover, and this process was found to be effective. The last medicines audit was undertaken on the 18 and 19 May 2015 and identified a risk assessment that required updating, which was addressed. Entries in the staff communication book showed that the manager was identifying any gaps in people's care records or health and safety records, and prompting staff to take action promptly.

There was a business plan in place for the provider organisation. The provider was audited on 8 November and 22 November 2014 for the Quality Management System Certification ISO 9001:2008 including a visit to Hail – Granville Road. The provider was now working towards ISO 9001:2015. A business continuity plan was in place for the home for use in the event of circumstances affecting the running of the service, to ensure people's safety was protected.

Surveys had recently been sent out to gain the views of people living at the home, family members, and other stakeholders. All people living at the home had a recent placement review, during which they discussed their satisfaction with the service they received.