

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

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Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

About the service

Hail Great North Road is a residential care home providing personal care to up to five people within one adapted building. The service provides support to people with learning disabilities and/or autistic people. At the time of the inspection there were four people using the service.

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

Risks to people were not well managed. The premises were not being properly maintained, areas of the service were found to be unclean and in disrepair. Maintenance and repairs were not being actioned in a timely way.

Management oversight was ineffective, and systems were not in place to monitor the quality of care provided by the service. Management were not completing audits in areas where we found concerns and there was a lack of formal engagement with people, staff and relatives.

Risks to people were not always assessed, monitored and managed with appropriate guidance in place for staff. Staff training had not been completed or refreshed in several mandatory topics.

Staff recruitment records were not available to evidence that people were supported by staff who had been safely recruited. People's medicines were not being managed in line with national guidance and risks to people relating to infection, prevention and control were not being safely managed.

Our interactions with and observations of people using the service indicated that people felt safe living within the service. Staff had completed safeguarding training and were aware of their responsibilities to report any concerns.

Support staff were committed to their role and felt supported by the Registered Manager. We observed kind and caring interactions between people and staff.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of the key questions of safe and well led the service was not able to demonstrate they

were meeting some of the underpinning principles of right support, right care, right culture.

Right support

The provider did not always ensure people received care and support in a safe, clean and well-maintained environment. People's specific support needs and risks were not always clearly identified, supported and managed.

Right care and right culture

People received kind and compassionate support from staff. The service was not gathering people's feedback and people's support plans were not always up to date to ensure staff were aware of their needs and information to ensure their wellbeing and enjoyment of life. Management oversight was poor, issues potentially impacting people's safety and experience of the service had either not been identified or sufficiently addressed. The provider told us they were taking action to address the issues identified during the inspection.

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 14 December 2018).

At our last inspection we recommended that the service seeks advice and guidance from a reputable source about safe recruitment practice. At this inspection we found the provider had not acted on the recommendation, evidence of safe recruitment procedures was not in place.

Why we inspected

As part of CQC's response to the COVID-19 pandemic we are looking at how services manage infection control and visiting arrangements. Initially we undertook a targeted inspection looking at the infection prevention and control measures the provider had in place. We inspected and found concerns, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to inadequate based on the findings of this inspection.

We have found evidence that the provider needs to make significant improvements. Please see the safe and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Following our inspection, the provider began to address some of the issues we had raised, in order to mitigate immediate risks.

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

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We found several breaches of regulation and issued the provider and registered manager with warning notices in relation to premises and good governance.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Details are in our safe findings below.

Inadequate ●

Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below

Inadequate ●

Hail - Great North 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.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one Inspector.

Service and service type

Hail - Great North 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 Great North 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection. Inspection activity started on 18 February and ended on 7 March 2022. We visited the location's service on 18 February and 23 February 2022 and provided inspection feedback on 7 March 2022.

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 three people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with seven members of staff including the registered manager, assistant director of operations and support staff. We sought feedback from the local authority and professionals who work with the service. We reviewed a range of records. This included four people's care records and medication records. We also reviewed a variety of records relating to how the provider monitored the safety and quality of the service.

After the inspection

We spoke to a relative of a person using the service. We reviewed further evidence and met with the registered manager and assistant director of operations to seek clarification and assurances. We continued to seek assurances from the provider about their actions in response to the concerns found during the inspection and we shared our concerns with the local funding authority.

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 has deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- During the inspection we found the premises were not being properly maintained, areas of the service were found to be unclean, in poor decorative order and disrepair.
- The process for repairing and maintaining the premises was not effective; repairs and maintenance identified had not been actioned in a timely way. For example, we reviewed a planned maintenance record from September 2019 and found actions identified included replacing radiators due to a risk of burns and a downstairs wet room as it was 'unfit for purpose' and 'does not meet service user's needs'. The provider had not completed these essential premises works. We will report further on this in 'Is the service well led?' section of the report.
- Other issues with premises were also found. Wall tiles within a wet room had been removed in October 2021 due to damp and had been temporarily replaced by plastic sheeting, there was no date scheduled for the tiles to be repaired. The only bath within the property had been taken out of use due to a fault in November 2021 and had since been removed.
- Within the premises we found other areas of disrepair, including a rusted wall bracket and radiator, flooring in need of repair, chipped paintwork and plaster.
- Areas of the service were found to be unclean; we report further on this within the 'preventing and controlling infection' section of the report.

We found no evidence that people had been harmed, however, the premises were not being properly maintained. This placed people at possible risk of harm. The above issues relate to a breach of Regulation 15 (premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Risks to people were not always assessed, monitored and managed to keep them safe.
- For example, where a person required the use of a hoist to mobilise and support to reposition due to a risk of pressure sores, we found appropriate support plans, risk assessments and monitoring were not in place. Following the inspection, the person was assessed to be at high risk of pressure sores.
- We also found other examples where people's risks relating to swallowing difficulties, epilepsy, falls and oral care were not sufficiently documented within peoples support plans with appropriate risk assessments and monitoring in place. A lack of detailed information and guidance for staff meant people were placed at risk of possible harm.
- There were no current risk assessments in place for the premises, and during the inspection we found areas of the service which placed people at potential risk of harm. For example, we found uncovered radiators some of which were hot, throughout the property and exposed pipework within a bathroom where the bath had been removed. The registered manager told us people did not use the bathroom without staff, however it was located next to people's bedrooms where people spent time without staff present.

- We reviewed a fire risk assessment which had been completed by an external provider in June 2021 and found the service had not completed all of the actions identified. These included the review of a person's Personal Emergency Evacuation Plan (PEEP).
- We were not assured the procedure for managing accidents and incidents was effective. During the inspection the registered manager told us about a minor incident and a near miss which had not been recorded. We reviewed the available records of accidents and incidents and found these were incomplete and details of follow up actions and lessons learnt were not recorded.
- We found examples where people's support plans had not been reviewed and updated. The service was not completing a regular audit of people's care records. Following the inspection, we were shown evidence of an audit of people's care records completed by the provider, we will report further on this in 'is the service well led?' section of the report.
- The provider was completing a health and safety audit; however, it did not identify the issues we found during the inspection. We will report further on this in 'is the service well led?' section of the report.
- We reviewed staff training records and found training had not been completed or refreshed in several mandatory topics including manual handling, health and safety, fire safety and first aid. We will report further on this in 'Is the service well led?' section of the report.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised our concerns about the premises with the registered manager who told us a housing provider was responsible for the maintenance of the communal areas of the building. Regarding the apparent delays in repairs and maintenance being completed the registered manager said, "We chase it up, but they don't respond." The assistant director of operations told us the pandemic and visiting guidance relating to care homes had prevented repairs and maintenance from being completed. The registered manager told us they would escalate the concerns about the premises and take action to address the issues identified.
- On our second site visit we saw some maintenance and cleaning had been completed. The bathroom with exposed pipework was locked so people could no longer access it and we were told a new bath would be installed in March 2022.
- Following the inspection, we saw evidence the provider had raised concerns about the premises with the housing provider prior to the inspection. We were informed that one of the bathrooms had been refurbished, which included the installation of a new bath.
- Following the inspection, the registered manager informed us they had completed actions from the fire risk assessment and arranged for an external organisation to review PEEP's in March 2022. An interim risk assessment was put in place for radiators and we were told they would be replaced with low surface temperature radiators.
- The registered manager also told us they were taking action to update staff training. We were told support plans were being reviewed and were sent some updated care records, however, we felt further improvements were required. The registered manager told us they would action these.
- The service was carrying out other building safety and equipment checks to ensure the safety of people living within the home. Despite the concerns raised about the premises, records showed some actions relating to the management of the premises had been completed.
- Staff told us people's support plans contained enough information to support them safely.

Using medicines safely

- We found several areas where the service was not managing medicines safely in line with national

guidance.

- The provider did not have guidance in place for staff to know how and when to administer medication prescribed to be taken as needed (PRN).
- Staff had not refreshed their training or had their competency to administer medicines assessed in line with national guidance.
- The service was not effectively managing medicines stock and we found an excess amount of various medicines within the service. The registered manager told us staff had been reordering people's medicines without checking the current stock levels within the service.
- Hand-written entries on Medication Administration Records (MARs) had not been signed or checked by another member of staff, this meant the provider could not be assured this information was correct.
- Where medicines had been opened, the date was not always recorded and a risk of fire associated with emollient creams had not been assessed.
- The service was completing a regular medicines audit, however, where issues had been identified action had not been taken to make or sustain any improvements. We will report further on this in 'Is the service well led?' section of the report.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate medicines was effectively managed. This placed people at risk of harm. This was a further breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us the issues with medication would be addressed, PRN protocols would be put in place, staff competency would be assessed, and excess stock would be returned to a pharmacy. Following the inspection, we requested assurances and evidence that issues with medication had been addressed, however, these were not received.
- The provider had an up to date policy and procedure in place and we found no gaps in recording on MAR's. Medicines stock held by the service matched the MAR.

Preventing and controlling infection

- Areas of the service were found to be unclean whilst others were in disrepair, these areas were an infection control risk.
- Kitchen cupboards and utensils, areas of a bathroom and carpet were found to be unclean. A radiator was rusted, a section of flooring was damaged, and paintwork/plaster was chipped.
- Staff told us they had access to regular testing and Personal Protective Equipment (PPE), however, we observed face masks were not consistently worn appropriately by staff.
- The registered manager told us, and staff confirmed formal training in Infection Prevention and Control (IPC) had not recently been refreshed.
- The service was completing an IPC audit; however, it was not sufficiently detailed and did not identify the issues we found during the inspection. We report further on this in 'Is the service well led?' section of the report.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate that risks associated with infection control were safely managed. This placed people at risk of harm. This was a further breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite a lack of recent IPC training, staff told us they received support from management around COVID-19. One staff member told us, "I don't remember any training. We practice the procedures; we stick to the

rules we are vigilant about that. We're always sanitising, wearing a mask, following the guidelines, changing our PPE."

- Policies and procedures were in place to prevent and control infection including COVID-19.
- The provider was facilitating visits for people living within the service in accordance with current visiting guidance. A relative told us visits were managed safely with testing and PPE in place.
- From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Staffing and recruitment

We made a recommendation at the last inspection that the service seeks advice and guidance from a reputable source about safe recruitment practice. At this inspection we found Improvements had not been made.

- Staff recruitment was not safe; records were not in place to evidence safe recruitment procedures were being followed.
- During the inspection we requested to review recruitment records for three members of staff, however, only partial records for two members of staff were made available to us.
- The service was not completing an audit to ensure recruitment processes and checks had been completed and were kept up to date. We will report further on this in 'Is the service well led?' section of the report.

We found no evidence that people had been harmed however, processes and checks were either not in place or comprehensively completed to ensure safe staff recruitment. This placed people at the risk of potential harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised our concerns with the registered manager and the assistant director of operations, who told us staff records were not held at the service and may have been archived. Despite several attempts to locate them during the inspection they could not be found. After the inspection the provider told us staff files had now been located at head office.
- The registered manager told us staff had been recruited safely and we were sent a recruitment procedure which we were told would be followed for any future recruitment.
- During the inspection we observed staffing levels were sufficient to meet people's needs. Staff told us the service was short staffed, but existing staff were able to cover shifts to ensure people were supported. One staff member said, "We are short staffed, we are covering as best as we can. We get everything done; we are covering more hours."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Policies and procedures were in place; staff had completed safeguarding training and were aware of their responsibilities to report any concerns.
- Our interactions with and observations of people using the service indicated people felt safe living within the service. People had been living within the service for a number of years and we observed established relationships and caring interactions between people and staff.

- During the inspection a relative raised concern about a person's support. The registered manager was informed, and a referral was made to the local authority safeguarding team for further investigation.
- Staff told us they did not have concerns about the safety of people living within the service. One staff member said, "No not at all. Everything is okay." A health professional told us, "From my experience, service users and their families report being happy at Great North Road."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence 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 has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- Management oversight was found to be ineffective and systems were not in place to monitor the quality of care provided by the service.
- During the inspection we found significant issues with the maintenance and cleaning of the premises, management of risks to people, oversight of accidents and incidents, staff training, management of medicines, recruitment and IPC as detailed in other sections of this report.
- The service was not completing audits relating to peoples care records, cleaning, accidents and incidents, staff training and recruitment.
- Health and safety and IPC audits were being completed; however, these did not identify the issues we found during the inspection.
- The assistant director of operations told us they had identified areas for improvement. We reviewed a medication audit they had completed and a record of planned maintenance, however we found where issues had been identified, improvements had either not been made or not sustained by the service.
- We reviewed records of meetings between the assistant director of operations and the registered manager, however, we found there was a lack of specific actions for improvement in areas where we found concerns. The service did not have a service improvement plan in place.
- We were not assured of the registered manager's understanding of their regulatory responsibilities. There was little evidence of management oversight in several areas to monitor the quality of service provided, record actions and identify opportunities for learning and improvement.
- Following the inspection, we asked the registered manager and assistant director of operations to provide us with evidence and updates of their progress in addressing the risks identified, however, we did not receive sufficient assurances. The registered manager sent us an improvement plan; however, it was not specific and did not detail timescales for improvement.
- The lack of effective management oversight within the service placed people at risk of receiving care which was not safe. This also meant learning and improvements could not be identified or implemented.

Whilst we found there was no evidence that people had been harmed by the issues identified above, systems were either not in place or robust enough to demonstrate that there was adequate oversight of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

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

- The service did not plan and promote good outcomes for people through person centred care. Some people's support plans had not been reviewed, significant risks to people had not been assessed and there was a lack of written guidance for staff to ensure people's safety.
- People, relatives and staff had not been formally asked for their feedback about the service. There were no resident's meetings taking place or other processes by which the service was collecting and recording people's feedback.
- The registered manager and support staff told us, and records confirmed staff meetings were not happening on a regular basis.
- A relative told us they were unhappy with the service provided and their relationship with the registered manager had deteriorated due to concerns raised.

Whilst we found there was no evidence that people had been harmed by the issues identified above, systems were either not in place or robust enough to demonstrate that there was adequate oversight of the service. This placed people at risk of harm. This was a further breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised our concerns with the registered manager and the assistant director of operations. The registered manager told us, "I've got complacent, there is no excuse. There's been a period of self-reflection." We were told the management team was committed to improving the service.
- Following the inspection, we raised our concerns with the funding local authority.
- Following the inspection, we were shown evidence of an audit of people's care records completed by the provider a month before the inspection. The audit had identified areas for improvement in peoples care records, however these had not yet been actioned.
- Despite a lack of formal engagement and team meetings most staff told us the registered manager was approachable and supportive. One staff member said, "Yes, he's easy to talk to."
- Staff were committed to their roles and worked additional hours to ensure people received care from familiar staff. Staff spoke positively about people they cared for and we observed kind and caring interactions with people during our inspection. One staff member said, "People living there are happy, when I'm not working, I miss them."
- A relative told us they felt the service had started to improve following meetings with the provider to address their concerns.
- Despite a lack of updated support plans and risk assessments, records contained detailed information about people's backgrounds and preferences.

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; Working in partnership with others

- Policies in place identified the actions staff should take in situations where the duty of candour would apply.
- The service worked in partnership with other health and social care professionals including speech and language therapists, occupational therapists and GP's.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to people were not always assessed, monitored and managed to keep them safe. Clear guidance and instructions were not always provided to care staff to minimise or mitigate any such risks.</p> <p>People were at increased risk because medicines were not always managed safely and in accordance with national guidance.</p> <p>Risks relating to infection, prevention and control were not always managed to keep people safe.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Processes and checks were either not in place or comprehensively completed to ensure safe staff recruitment.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The service premises were not being properly maintained

The enforcement action we took:

We issued a Warning Notice on 24 March 2022.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Management systems were either not in place or robust enough to demonstrate that there was adequate oversight of the home. This placed people at risk of harm.

The enforcement action we took:

We issued a Warning Notice on 24 March 2022.