

Haringey Association for Independent Living Limited

Hail - Burghley Road

Inspection report

77 Burghley Road
Wood Green
London
N8 0QG

Tel: 02088895587
Website: www.hailltd.org

Date of inspection visit:
15 November 2017
16 November 2017

Date of publication:
16 January 2018

Ratings

Overall rating for this service

Requires Improvement ●

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

Summary of findings

Overall summary

This unannounced inspection took place on 15 and 16 November 2017 and was undertaken by one inspector.

At our last inspection in June 2015 the service was rated 'Good'. At this inspection we found that the rating had changed to 'Requires Improvement'.

Hail - Burghley Road is a 'care home' for people who have a learning disability. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home accommodates a maximum of four people in one terrace house. At the time of our inspection there were four people living at the home.

There was a new manager in post but they had not yet registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Risks to people's safety in relation to the environment were not always being addressed in a timely manner. The systems used to monitor people's safety were not always effective and this was putting people at unnecessary risk.

Staff understood the principles of the Mental Capacity Act (MCA 2005) but the associated Deprivation of Liberty Safeguards (DoLS) were not fully understood. The staff made sure that people were accompanied when they went outside the home because they would not be safe to leave the home on their own. However, this meant that people were being deprived of their liberty without lawful safeguards being put in place.

People were not always having a detailed and accurate assessment of their needs undertaken which meant that not all their needs were being met.

Staff were not always being supported to carry out their roles and responsibilities effectively because they were not receiving regular supervision, appraisals or appropriate training.

Information about how to make complaints was not available in formats that were accessible to people who used the service. We have made a recommendation about making the complaints procedure accessible to everyone.

People and their relatives told us they were well treated by the staff, felt safe with them and trusted them.

Staff knew how to recognise and report abuse and they understood their responsibilities in keeping people safe. Staff understood that people were at risk of discrimination and knew that people must be treated with respect. Staff understood that there were laws to protect people from discrimination. The service was following appropriate recruitment procedures to make sure that only suitable staff were employed.

Staff had completed training in the management of medicines and people were receiving their medicines appropriately.

People who used the service and their relatives were positive about the staff and told us they had confidence in their abilities.

Staff offered choices to people as they were supporting them and tried hard to involve people in making decisions about their care.

Relatives told us the staff kept them up to date about any changes in people's needs and they felt involved in their relative's care.

The management and staff were quick to respond to any changes in people's needs and care plans reflected people's current needs and preferences.

Staff were positive about the new manager and told us they appreciated the clear guidance and support they received.

We identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to the need for consent, safe care and treatment, staff support and good governance. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. Not all environmental risks to people's safety had been identified which placed people at unnecessary risk.

People told us they liked the staff and felt comfortable with them. Staff understood their responsibilities to keep people safe from abuse and discrimination.

There were systems in place to ensure people were supported with their medicines safely and appropriately.

Requires Improvement 

Is the service effective?

The service was not always effective. Not everyone at the home had all their needs assessed holistically and some people's needs were not being met.

Staff were not always provided with the supervision, appraisals and training they required to support them effectively and safely with their roles and responsibilities.

Staff understood the principles of the Mental Capacity Act (2005) and people told us staff always asked for permission before assisting them with any care tasks. Staff understanding of the DoLS was limited and any restrictions on people's liberty were not being authorised or reviewed.

People told us they enjoyed the food and staff knew about any special diets people required either as a result of a clinical need or a personal preference.

People's health was monitored and they had access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

Requires Improvement 

Is the service caring?

The service was caring. Staff treated people with compassion and kindness.

Staff understood that people's diversity was important and

Good 

something that needed to be upheld and valued.

Staff demonstrated a good understanding of peoples' likes and dislikes and their life history.

Is the service responsive?

Good ●

The service was responsive. Care plans included details about the nature of support required to meet people's needs and preferences.

People were supported with a range of activities both in the home and the local community.

Staff maintained records of care and had a handover system that ensured information was shared across the staff team appropriately.

Information about how to make complaints was not available in formats that were always accessible to people who used the service.

Is the service well-led?

Requires Improvement ●

The service was not always well-led. Quality and safety audits did not always identify problems with the safety of the home or service provision.

The management arrangements in place prior to the new manager being appointed had impacted on the support staff should have received with regard to supervision, appraisals and training.

Staff were positive about the new manager and told us they appreciated the clear guidance and support they received.

Hail - Burghley 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 unannounced inspection took place on 15 and 16 November 2017 and was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection. We reviewed other information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people using the service.

During the two days of the inspection we spoke with all the four people who live at the home. Because some people at the home had different ways of communicating, it was not always possible to ask them direct questions about the service they received. We observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being. We also spoke with three care staff, the manager and the operations director. After our visit we contacted two relatives to gain their views about the service.

We looked at all four people's care plans and other documents relating to their care including risk assessments and healthcare documents. We looked at other records held by the service including five staff files, health and safety documents and audits.

Is the service safe?

Our findings

Records showed that a fire risk assessment of the home had been completed by an outside contractor in February 2017. This risk assessment had highlighted a number of risks that required action and an action plan was included in the assessment. These highlighted risks included a lack of staff training, fire equipment maintenance and people's personal evacuation plans that required reviewing. The operations director told us that some of these issues had been addressed however, we saw that one person's evacuation plan needed to be reviewed and none of the staff had yet to attend any fire safety training. Only one staff had completed fire warden training however, the certificate was dated 2008. This meant there no other staff were designated fire wardens at the home and the staff member might not recall the training as it was completed some years ago.

We saw records of regular fire drills carried out by both staff and people using the service. This showed that staff understood what action they needed to take in the event of a fire.

We looked around the home with the manager and visited people's rooms with their permission. We identified a number of environmental risks to people's safety. Window restrictors on the second floor were either missing or broken and a sink in one person's room had hot water coming out the cold water tap and cold water coming out the hot water tap. A buildings risk assessment had been completed and was dated February 2017. This assessment had not included window restrictors or identified the risk of people being scalded with hot water from the cold water tap. This meant that not all risks to people's safety had been identified and mitigated against. The manager contacted us after the inspection to inform us that they had arranged for these issues to be addressed.

The above issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Individual risks to people's safety had been assessed and ways to mitigate the risk had been recorded in people's care plans. For example, where people had been assessed as being at risk from harm due to their limited road safety awareness, staff made sure they were always accompanied when they were outside the home. Staff were aware of the individual risks people faced and this matched the information in people's care plans.

People who used the service told us they liked the staff and said they were well treated at the home. Relatives told us that they trusted the staff and felt people were safe at the home. One relative told us, "[My relative] would tell me if there was something going on." Another relative commented, "The home is quiet for him and the staff understand his needs very well. They know what [my relative's] limitations are and are watchful over him."

Interactions between staff and people using the service were relaxed and friendly and people were comfortable spending time with staff.

Although staff had not received any recent and updated training in safeguarding adults, they knew how to recognise and report potential abuse. Staff understood the types of abuse people could face and potential signs to look out for that may indicate people were being harmed. Staff were confident that the manager would take action if they had any concerns. Staff knew they could also report safeguarding concerns to outside organisations such as the police, the local authority and the CQC.

The service had an easy read version of a policy entitled 'Say no to abuse'. The manager told us that they would ensure this was discussed at the next house meeting with people living at the home.

There had been a recent safeguarding incident at the home and the manager had raised an alert with the local authority, notified the Care Quality Commission and a healthcare professional had been contacted which were all in line with the provider's safeguarding policy and procedure. We discussed if any other professionals may have needed to be contacted due to the nature of the incident. The manager and service director told us this would be reviewed when the safeguarding incident had been concluded in order that any lessons learnt could be taken on board by the provider.

We checked medicines and saw satisfactory and accurate records in relation to the receipt, storage and disposal of medicines at the home. All medicines were audited at each handover. Staff told us this was time consuming but did mean that any potential errors could be picked up and addressed quickly. Records showed that one person had an allergy to Penicillin. The staff were aware of this person's allergy however this was not recorded on their Medicine Administration Chart (MAR). The manager told us she would address this issue with the local pharmacy.

The staffing rota for the home indicated that there were two staff on duty throughout the day and one staff on waking duty at night. The waking night staff had recently been changed from a sleep in staff due to the increasing dependency needs of a person living at the home. We saw there were times when staff were busy and the manager had to step in when two staff were required to help a person's with their personal care. However, staff or people's relatives did not raise any concerns about staffing numbers at the home. One staff member told us, "Yes, we have enough time."

Staff files contained the appropriate recruitment documentation required to ensure only suitable people were employed at the home. This included references, criminal record checks and information about the experience and skills of the individual. Staff told us they were not allowed to work at the home until the provider had received their criminal records check.

No domestic staff were employed at the home and staff were expected to clean the communal areas and encourage people to keep their rooms clean and tidy. On both days of the inspection the home was clean and no malodours detected. Bathrooms and toilets had anti-bacterial soap and paper hand towels to limit the risk of cross infection. Staff told us they had sufficient amounts of personal protective equipment and understood their roles and responsibilities in relation to infection control and hygiene.

Staff understood their responsibilities and knew how to raise concerns and record safety incidents and near misses and gave us examples of how they had done this in the past.

The operations director told us that they discussed any incidents or accidents with the provider and any learning was shared between the services run by the organisation. They gave us an example of where this had happened recently in relation to the missing person's procedure and that this procedure had been reviewed and improved and sent to all the organisation's services. The operations director also informed us that CQC reports were discussed at the management committee board meetings and between managers of

the services in order to share learning.

Is the service effective?

Our findings

Two people had been living at the home for a considerable amount of time and their original needs assessments were not available. Despite this, we saw records of regular reviews carried out by the home and the placing authority which looked at the needs people had and if the home was continuing to meet these needs.

Last year two people had been placed at home when their supported living service had closed. Two staff from the same service moved with the two people and were subsequently employed at Burghley Road. A relative told us that this meant staff understood their relative's needs. They told us, "[My relative] went with staff to visit [Burghley Road] and they assessed his needs. [Staff member's name] went with him and I'm happy with that."

We were informed that the placement costs for each person had remained the same as their supported living costs which had not included their accommodation. We were informed that this meant that not all services were available to them. For example, we were informed by the operations director that the funding did not fully cover the two people's requirements in relation to activities and accessing the community. One relative told us, "I would like him to go out more, like he used to. I went one week and they told me he hadn't been out for two days." This meant that not everyone at the home was having all their needs assessed holistically and some people's needs were not being met. The operations director acknowledged that this current situation needed addressing and we were informed, after the inspection, that a meeting had been organised with the local commissioning team.

Staff told us about recent training they had completed which included medicines management, moving and handling and food hygiene. Although staff told us they were happy with the training they received, staff had not completed all the training they required to deliver safe and effective care and support.

Training certificates in staff files were out of date and, although the provider had put on some staff training across the organisation, staff at this home had not always attended. For example, no one from Burghley Road had attended recent fire training. This meant that staff might not have the knowledge and skills required to meet people's needs and keep them safe.

Staff told us about recent supervision they had completed with their line manager. Records showed that staff supervisions had restarted in October 2017 after a gap of over a year. Staff could not remember when they had completed their last appraisal and no records were available. Despite this staff told us they felt supported and could talk about any issues they had. One staff member told us, "I have time to elaborate more about the clients, if I need any support and to look at training."

The newly appointed manager and service manager acknowledged that staff supervision and appraisals had not been taking place on a regular basis and that an audit of staff training was a priority.

The above issues were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf for people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff understood the principles of the Mental Capacity Act and told us it was important not to take people's rights away and that they must offer as much choice to people as they could. One staff member told us, "We can't just assume that people with learning disabilities don't have capacity to make decisions. We must assume capacity."

Where people were not able to make major decisions about their care and treatment we saw that meetings had taken place so social and healthcare professionals could discuss and decide what should happen in the person's best interests. We observed staff asking permission from people before they undertook any activity or care task with them.

Staff did not have a clear understanding of the Deprivation of Liberty Safeguards (DoLS) procedures. All staff told us that three of the four people who used the service would not be safe leaving the home on their own due to their limited understanding of road safety. This risk to people's safety if they left the home unaccompanied was also recorded in people's care plans. This meant that if people wanted to go out they were always accompanied by staff.

Despite this, no one at the home had been referred to the local authority for a DoLS authorisation. These safeguards are put in place when someone had been assessed as requiring a restriction of their liberty for their own safety. These DoLS authorisations are also regularly reviewed so that the person and their representative can be assured that the restriction on their liberty is still required. Not having these safeguards in place meant that people's liberty was being restricted and not being reviewed appropriately.

The above issues were a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The communal areas of the home required some redecoration and the new manager had highlighted this as part of their improvement plan. However the home was clean and tidy and the poor standard of decoration did not appear to be affecting peoples' well-being. Everyone's rooms were nicely decorated and a person we spoke with confirmed they had chosen the colour scheme.

People told us they enjoyed the food at the home. Minutes of house meetings showed that people were asked what they wanted to eat and had input into menu planning. One person commented, "I like chicken, rice and peas," and we saw that this was on the menu.

Staff were responsible for cooking the meals and had undertaken food hygiene training. The kitchen had been inspected by the environmental health department in September 2015 and had received the top score of five 'scores on the doors'. We noted that the fridge seal was warped and so the fridge door did not close properly. The manager told us this must have only recently occurred as fridge temperature records were within safe limits. The provider ordered a new fridge and this was delivered on the second day of the

inspection.

Staff had a good knowledge of people's dietary preferences and any special diets that people required as a result of assessments by the Speech and Language Therapists (SALT). This included ensuring people had a soft diet where appropriate so they could reduce the risk of choking.

People were appropriately supported to access health and other services when they needed to. Each person's personal records contained documentation of health appointments, letters from specialists and records of visits. Relatives told us and records confirmed that people had regular access to health and social care professionals. A relative commented, "The staff support [my relative] when he is not well or if he has a GP or healthcare appointment. They tell me about [my relative] and how he is getting on and about his welfare in general."

Everyone had an up to date 'hospital passport' which was a document that would be sent with the person if they had to go to hospital. This document contained important information about the medical, healthcare and communication needs of the individual so staff at the hospital knew how best to care for that person.

The operations director gave us examples of how they had worked with other organisations when people using the service required further support. This included providing social and healthcare support when a person at the home had a diagnosis of dementia.

Is the service caring?

Our findings

We observed positive and kind interactions between staff and people during our inspection. It was clear from talking with both staff and people that professional and caring relationships had formed. One person told us, "I like it here." A staff member commented, "The clients are lovely." A relative commented, "The staff are attentive and kind."

Staff knew people living at the home well and understood how they communicated their needs and preferences. We saw that staff provided emotional support to people if they were unhappy or worried about something and these interactions allowed people to express their feelings in an open and safe way. Staff were patient and people using the service and their relatives told us they liked the staff at the home.

Staff made sure people's dignity was upheld by ensuring their personal appearance and hygiene were maintained. People were well dressed and very well groomed. One staff told us that a person she was key-worker for regularly visited the hairdressers, manicurist and pedicurist. This person showed us their nails which they were very proud of. A keyworker is a staff member who is responsible for overseeing the care a person received and liaised with professionals or representatives involved in the person's life.

Staff understood how to communicate and explain important information to people to make sure they were not disadvantaged because of their communication differences. They gave us examples of how people were actively involved in making decisions about their care and preferences.

People different communication needs were recorded in their care plan. For example, one person's care plan stated, 'Speak slowly and wait for me to process the information.' We saw minutes of house meeting where people were asked about their views with regard to holidays, social activities and menus.

Staff were aware of equality and diversity issues and understood that racism, ageism and homophobia were forms of abuse. They gave us examples of how they valued and supported people's differences. They told us that it was important to respect people's culture and customs. One staff member told us, "The organisation makes it clear that all people should be protected."

Staff told us they enjoyed supporting people and demonstrated a good understanding of peoples' likes and dislikes and their life histories. This matched the information we saw in people's care plans.

We saw that people were treated with respect and their privacy was being maintained. Staff gave us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity.

Is the service responsive?

Our findings

Staff knew the people they were supporting well and this included an awareness of any changes to people's needs. The health of one person at the home had recently become an issue of concern and we saw that the GP had seen this person regularly and was monitoring their health. The staff were clearly concerned and had involved other healthcare professionals in trying to identify and find out what was wrong.

People's ongoing health and emotional needs were being recorded in their care plan so staff were aware of any changes required to the way people should be supported. The new manager had started to audit care plans to ensure they were current and updated regularly.

Care plans were generally holistic in nature and focussed on the person's whole life and how staff were to meet each individual need including their health, emotional and social needs and preferences. Where people at the home were becoming older, their care plan included reference to their wishes relating to their end of life care. The operations director told us about someone who had lived at the home for a long time and who had developed dementia and required end of life care. They told us this had been a difficult time for everyone and how they had wanted this person to have been able to spend their last days at the home. They told us that lessons had been taken on board to enable the service to fully develop an end of life strategy for the future.

Apart from the issue of two people at the home having limited access to the community, people told us they enjoyed the activities available to them at the home. We saw staff carrying out activities with people who were enjoying spending time together. One person told us, "I like doing puzzles and jigsaws" and we saw this activity taking place on the two days of the inspection. Despite the limitations on two people's ability go out of the home, we saw that staff tried hard to make sure everyone was able to be escorted outside for walks and shopping trips.

People's care plans were being reviewed and staff told us they tried to involve the person in the review as much as possible. They told us they would sit with the person and talk through their plan and phone their relatives if needed. Yearly reviews were taking place with the placing authority but we could not find any records of reviews of the two people placed at the home last year. A relative we spoke with told us they had not been involved in a recent review. Staff communicated and updated each other about people's changing needs at regular staff handovers and through daily progress notes for each person.

The relatives we spoke with told us they had no complaints about the service but were unclear about the procedure if they did have a concern. The manager told us that it might be difficult for some people living at the home to fully understand what making a complaint meant and more work was needed to ensure everyone at the home knew what to do if they had a concern. There were no records of complaints at the home.

We recommend that the provider seeks advice and guidance from a reputable source, regarding making the complaints procedure accessible to people with learning disabilities including autism.

Is the service well-led?

Our findings

A manager had been recently employed at the home and was in the process of registering with the CQC. They told us that they had completed their induction and had been working full time for approximately a month at the time of this inspection. Prior to this there had not been a manager at the home for some time and deputy managers had been acting up in this role. Staff told us that these managers had worked very hard but the absence of a full time manager had impacted on the service.

Relatives were unclear about the management structure and who was in charge. One person whose relative had been at the home for a year told us, "Since [my relative] has been there, there have been three changes of manager." This inconsistent management approach meant that staff had not been supported effectively through training and supervisions.

There had been no management oversight and important management functions had not taken place. The new manager had set up a team meeting in October this year. Prior to this the last record of a team meeting was June 2015. The manager and operations director acknowledged that the lack of any consistent management had meant staff had not been supported enough and the overall governance of the service needed to improve.

There were systems in place to monitor the safety and quality of the service provided. These included three internal audits and one external audit a year as well as monthly reports by the manager. The operations director told us they also undertook quality monitoring visits. However, these audits had not identified the issues we found in relation to health and safety and staff support during the inspection.

The above issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were positive about the new manager and told us they could already see improvements. One staff member told us, "There is now a more open culture." Another staff member told us, "[The manager] came with some valid points." Staff we spoke with told us they felt supported by the new manager. One staff member told us that the new manager had made them feel more confident and open about reporting any issues or concerns, "No matter how small." The manager knew the people living at the home well and interactions we observed were supportive and friendly.

Staff were clear about their roles and responsibilities at work and as part of the wider organisation. They told us that the people living at their home were always their main focus. A staff member told us, "We are supported by the management to improve resident's lives." The staff understood the underpinning values of the organisation which included celebrating diversity and ensuring people were not discriminated against. One relative commented, "The staff are very good at their work."

The operations director told us about several initiatives which were supported by the organisation including fair access to employment opportunities for people with disabilities. They told us that by encouraging

flexible working the organisation had been able to employ over 50 staff with a learning disability. They also gave us examples of how they worked with other organisations and carers groups.

The operations director told us that the organisation did not undertake quality monitoring surveys as this was not thought to be an effective way of finding out what people felt about the service they received. Instead house meetings and daily records were used to monitor people's experience of the service.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>Staff understanding of the Deprivation of Liberty Safeguards (DoLS) was limited and any restrictions on people's liberty were not being authorised or reviewed.</p> <p>Regulation 11(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
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>Not all risks to people's safety had been identified and mitigated against.</p> <p>Regulation 12(1)(2)(a)(b)(c)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality and safety audits were not always identifying problems with the safety of the home or service provision.</p> <p>Regulation 17(1)(2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff were not always being provided with the supervision, appraisals and training and they required to support them effectively and safely with their roles and responsibilities.

Regulation 18(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.