

Haringey Association for Independent Living Limited

Hail - Granville Road

Inspection report

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Ratings

Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Inadequate



Overall summary

We carried out an unannounced comprehensive inspection of this service on 25 July 2014. A breach of legal requirements relating to the safety and suitability of the service premises was found and we issued a warning notice instructing the provider to meet the requirements. As a result we undertook a focused inspection on 5 February 2015 to follow up on whether action had been taken to deal with the breach.

You can read a summary of our findings from both inspections below.

Comprehensive Inspection of 25 July 2014

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

No concerns had been raised and the service met the regulations we inspect against at their last inspection on the 11 July 2013.

This inspection was unannounced.

Summary of findings

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

HAIL (Haringey Association for Independent Living) - Granville Road provides accommodation and support with personal care for up to six people with learning disabilities and autism. People had their own room with a sink and shared communal facilities.

People's safety was being compromised in a number of areas. This included how the service was managing maintenance of the premises, the suitability of equipment used by people living at the service, cleaning the service to an adequate standard and ensuring medicines were kept safely. We saw that the provider and the registered manager were not ensuring that people and others who accessed the premises were protected against risks associated with unsafe or unsuitable premises due to inadequate maintenance.

The registered manager told us that audits were completed, however audits viewed showed that these were not always completed. The service did not have effective systems in place to ensure areas of concerns identified by audits were escalated to higher management within the service.

The service had not gained feedback from people, relatives and professionals who visited the service for the last two years. It was therefore not clear whether people who use the service and/or their representatives were asked for their views and they were acted on.

Staff were appropriately vetted to ensure they were suitable people before starting work.

People's health needs and risks were assessed and care records were available. Staff we spoke with were knowledgeable about people's needs. We saw that people were treated with dignity and respect by all staff during the inspection.

People were supported to maintain relationships with friends and relatives, staff were aware of the activities people enjoyed and supported them to access these.

After the inspection we spoke with the registered manager and requested additional information about the service. We also spoke with professionals from the local authority safeguarding team, the local environmental health department at the local council as well as the provider's Chief Executive Officer (CEO).

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Focused Inspection of 5 February 2015

After our inspection of 25 July 2014, the provider told us the improvements they planned to make to ensure the service premises were safe and suitable for the people who use the service, staff and visitors. We undertook a focused inspection on 5 February 2015 to check they had taken appropriate action and the service premises were now safe.

We found that the service premises had been completely redecorated since our last visit, safety concerns had been addressed and the environment of the service was pleasant and comfortable.

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?

Comprehensive inspection of 25 July 2014

The service was not safe. People who used the service were being put at risk because of poor maintenance and equipment at the service. Cleanliness had not been maintained and medicines were not managed safely.

Staff sometimes understood people's care needs, including risks associated with providing care.

The service has not completed Mental Capacity Assessments to determine if people's liberty was being restricted at the service.

Focused inspection of 5 February 2015

People were protected from the risks of unsafe or unsuitable premises because appropriate maintenance had been carried out. The environment was safe and comfortable for people who use the service, visitors and staff.

Inadequate



Is the service effective?

The service was effective. People had access to food and drink they liked and had been involved in making choices. We saw people were helped by staff to choose the colour of their bedroom walls and to personalise their rooms.

Staff received an induction and training before working with the people they cared for.

People at the service were supported to attend appointments for their physical health and this was recorded in people's care records.

Requires Improvement



Is the service caring?

Some aspects of the service were not caring. Staff we observed were kind and caring to all the people at the services. They knew people well and ensured that their privacy and dignity was respected at all times.

People did not have access to an independent advocate. We saw that most people who lived at the service did not have relatives to support them to make decisions.

People did not have their end of life wishes recorded in their care records.

Requires Improvement



Is the service responsive?

Some aspects of the service were not responsive. The service had not sought the views of people for two years. People were encouraged and supported to access activities they enjoyed in the local community.

Requires Improvement



Summary of findings

People's needs were recorded in their care records in an easy to read format. Staff were aware of how to support people to complain and we saw information in people's care records, however systems were not in place to enable people who could not communicate to complain.

Is the service well-led?

The service was not well led. People were put at risk because systems for monitoring quality were not effective. The provider had been aware of ongoing problems with repairs at the service, but had not acted to protect people against the risk of harm due to poor maintenance at the service.

Staff were aware of whistle-blowing and were able to explain signs of abuse, who they would report this to, both within the organisation and externally to the local authority.

Inadequate



Hail - Granville Road

Detailed findings

Background to this inspection

This inspection report includes the findings of two inspections of Hail - Granville Road.

We carried out both inspections under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspections checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The first, a comprehensive inspection of all aspects of the service, was undertaken on 25 July 2014 and identified breaches of regulations. The second inspection was made on 5 February 2015, and focused on following up on action taken in relation to one of the breaches of legal requirements we found on 25 July 2014. You can find full information about our findings in the detailed findings sections of this report.

Comprehensive inspection

We visited the service on the 25 July 2014 and spoke with five care staff and the registered manager. We observed care and support in communal areas and also looked at the kitchen and some people's bedrooms.

We viewed personal care records for all six people, as well as personnel, training and supervision records for five staff. We checked medicines management and the cleanliness and maintenance of the premises. We also looked at other records such as, audits relating to the management of the service.

Before the inspection the provider was sent 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 asked the provider to complete this after the inspection as they had not received it beforehand. This was subsequently completed by the provider following our inspection. We reviewed the information we held about the service and we also spoke with the commissioners at the local authority.

The inspection team consisted of a lead inspector, a second inspector and a specialist advisor with expertise of people with a learning disability and autism.

At the time of our inspection there were six people using the service. Most people who used the service had complex communication needs, and so were unable to tell us of their experiences of the service. We used an observation tool called the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us to determine the safety and quality of the support they received.

Focused inspection to follow up

We undertook an unannounced focused inspection of Hail - Granville Road on 5 February 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our inspection had been made. The team inspected the service against one of the five questions we ask about services: is the service safe? This is because the service was not meeting some relevant legal requirements.

The inspection was undertaken by one inspector. During our inspection we spoke with two people who use the service, one team leader and one care worker. We looked around the service premises and viewed records relating to maintenance and safety of the building and its grounds.

Is the service safe?

Our findings

Findings from the comprehensive inspection of 25 July 2014

The service was not safe. We found that people using the service were presented with significant risks to their safety which amounted to breaches of Regulations 12, 13 and 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw that people were supported to clean their rooms. However staff were responsible for cleaning all the communal areas. We saw that most of the cleaning was completed by the night staff and that they had a cleaning schedule. However when we walked around the building we found that this schedule was not effective. The registered manager and the provider did not have appropriate standards of cleanliness and hygiene at the home.

Day staff were allocated cleaning such as the kitchen, toilets and hoovering. However we could see no guidelines or a schedule showing that the service was auditing that cleaning had occurred and to a sufficient standard. Due to the poor maintenance at the service, staff explained that it was difficult to clean some areas. Staff had access to gloves and aprons; however, we found that most containers for hand wash, antibacterial gel and paper towels were empty. Staff told us that these were refilled by the person responsible for cleaning which had not happened consistently.

This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

During the inspection we looked at how people's medicines were ordered, stored and dispensed. Staff were not recording and keeping medicines safe. Staff told us they were not allowed to administer people's medicines until they had received training and had been signed off as being competent by the manager or other staff who were qualified. Some staff we spoke with did not understand the medicines and were unable to tell us about known side effects, such as medicines for epilepsy. Therefore there was a risk of staff not being aware of signs that people were experiencing side effects from their medicines.

We saw medicines were stored in a small room in two cupboards however, only one of the medicine cupboards was secured to the wall and neither of them were locked.

Staff were recording the temperature of the room daily however, they had not been reading the thermometer correctly and the room had been over 28oC on 15 occasions in July 2014. The service did not have a suitable process for ensuring that medicines were stored at or below the correct temperature of 25oC.

The service used 'homely remedies', these are over the counter medicines that do not require a prescription. We found medicine that was not prescribed in the medicines cupboard. Staff told us this was for one of the people at the service. However this was not recorded on their medicines administration record (MAR) chart. We reviewed the provider's 'administration & management of homely remedies' medicine policy. Staff were not currently recording homely remedies in line with the medicine policies and procedures and were therefore placing people at risk of receiving homely remedies incorrectly.

This was a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff and the registered manager told us that they had concerns about the repairs that needed to

completed at the service. The registered manager had contacted the landlord since she became the registered manager in October 2013 to request repairs be completed. We asked to view the repairs book to help us understand how repairs were reported and view some of the repairs that had been outstanding for some time. We found that the provider and the registered manager were not ensuring that people and others who accessed the premises were protected against risks associated with unsafe or unsuitable premises due to inadequate maintenance.

We looked at all six bedrooms used by people living at the service. All had a number of repair issues, such as window frames that were rotting and missing window restrictors. Therefore people would have been able to fully open the windows and could have fallen out. In some rooms we found a number of hazards. For example, in one bedroom we saw that there had been a leak from the ceiling from recent rainfall. Staff told us that they were concerned about the water running down the walls as this was beside an electrical switch. The laminated flooring had lifted due to water damage and become a trip hazard. This had not been reported to the landlord. Staff said that this was an ongoing problem and each time it rained, water poured into the room. Staff told us they were unable to move this

Is the service safe?

person's bed away from the leak as this would cause them too much distress. They were concerned that this person would be frightened if the leak occurred during the night as this was beside their bed.

In a third bedroom we saw that the floor covering had been removed and covered with hardboard and a plastic sheet therefore the person living in this room was at risk of slipping on the plastic sheets.

We found several outstanding repairs in the communal bathroom and shower room. Staff told us that in the bathroom the shower had not been working for two years, despite repeated requests to have this repaired. Therefore, people only had access to one shower. We saw that both toilets seats at the service were broken.

In the kitchen there were a number of repair issues, for example, a kitchen drawer containing sharp knives was unable to be locked due to a broken lock. Therefore people were able to access sharp knives which could have caused harm to themselves or others. In other communal areas around the building, including the staff office and sleep-in room, we found the flooring was uneven and slippery. The uneven flooring would have been a trip hazard for people accessing these areas. We saw that the main front door to the building did not close securely. Therefore people who lived at the service were not safe and secure in the home. We spoke with the registered manager who said they would contact the landlord.

In the back garden the grounds had not been adequately maintained. There were two steps to access the main garden; we saw that one person was unable to access this area without staff support due to hand rails not being available. Several paving stones were uneven in the main garden, which were a trip hazard. We were concerned for people's safety in relation to maintenance of the premises and raised a safeguarding alert with the local authority. We also contacted the Environmental Health Officer who told us that they would conduct a visit to the service.

This was a breach of Regulation 15 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider did not allow people choice. People did not always have choice in the facilities at the service. For example, in one room we saw one person had a commode (movable toilet). We were told by staff that this was because the neighbours had complained about the noise this person made going up and down the stairs at night to

use the toilet. We asked the manager if they had taken steps to look at alternatives so the person could continue to use the toilet. They told us that this decision had been made by the previous registered manager and they agreed it needed to be reviewed. The provider had not taken appropriate steps to review the suitability and layout of the premises to ensure this person's needs were met.

We reviewed the minutes of a 'residential meeting' chaired by the service director who stated, "the repairs in Granville Road are shocking." The manager said, "It's appalling." They stated that the landlord, had been informed a year ago, but had still not resolved the ongoing maintenance issues.

Health and safety checks occurred monthly and we reviewed checks which took place on 22 February 2014, 13 May 2014 and another with no date. The last health and safety checklist stated, "yes," to the question of whether all flooring was in good condition and stated that handrails were wobbly, but ok. Then later in the checklist it stated, "banisters undamaged and secure." This was in contrast with what the inspectors saw on the day of our visit.

The service conducted an environmental risk assessment yearly. We saw health and safety certificates for the home such as, an annual gas check which was up to date. However the five yearly periodic inspection and testing had expired in December 2013. This involved testing for any potential electric shock risks and fire hazards. The manager had sent a request to the landlord for this to be completed however, this had not been done when we inspected.

Staff told us that people did not have any special equipment. We looked at the furniture and fittings at the service and saw that some of the furniture was not fit for purpose. For example, the dining room table was too high and chairs were too low. This made it difficult for people to reach the table to eat their meals. In the garden we saw several garden chairs that were broken, therefore people were unable to use the garden furniture as it was unsafe.

We observed staff providing care to people in the communal areas of the service. Staff knew people well and their needs, they reassured people and made sure they understood what was happening at all times. Staff were constantly observing what people were doing and

Is the service safe?

supported them by making them more comfortable and reassuring them. People were relaxed and responded positively to staff when interacting with them, the atmosphere of the service was very relaxed and calm.

We asked staff how they ensured people were kept safe, they explained that they all knew people well and that each person had a detailed risk assessment. They were able to explain the risks posed for some of the people they were supporting and how these were managed. For example, by being patient and calm with a person when they were out in the community. We also observed and were told by staff that people were encouraged to take positive risks for example, making their own hot drinks.

The risk assessments for the six people using the service were written in a very detailed and clear way which enabled staff to understand people's risks. However, several had not been reviewed or signed. For example, one person's risk assessment identified that they had mobility issues as the result of a medical condition. The risk assessment had not taken into account this person's health needs for all their activities of daily living and staff we spoke with were not aware of this person's health condition.

We asked staff what they would do if they suspected someone was at risk of abuse. They were able to explain what they would do if they thought someone was being abused, and types of abuse such as financial and physical. Staff told us that they had received training some time ago.

During our inspection we saw that people were free to walk around the service and out into the back garden, however the front door was kept locked and people did not have a key to get out. Staff explained that people would not be safe to leave without staff support but if they wished to leave they would be supported to do this, provided enough staff were on duty. We asked the registered manager if she considered the locked front door to be a restriction of liberty, as people could only go out if there were sufficient staff on duty. She told us that she believed the local authority were happy with the current situation. After the inspection we contacted the local authority who said they would liaise with the service to support them to assess people's capacity.

On the day of our inspection we noted that the service was short by one staff member and it took some time before a third member of staff arrived. We noted that one person

was meant to receive one to one care. This was documented in their care records, however, there were insufficient staff on duty to accommodate this. As one person needed to go to the hospital this left no flexibility if another person wanted to go out or had increased needs. The registered manager said this person only received one to one care in specific situations. After the inspection we referred this to the local authority.

The service had frequent fire drills and fire alarm tests. We saw these were recorded and staff knew what their roles were should an emergency occur. Staff had recorded two incidents in 2014, one for aggressive behaviour and one for a fall when out in the community. The records were detailed, they described what happened and the steps that were undertaken to minimise the risk of similar incidents happening again.

The provider had an effective recruitment process that ensured relevant checks had occurred before and after staff were employed to ensure they were of good character. Staff recruitment information was not held at the service or available to us at the time of our visit, however the registered manager provided us with these documents shortly afterwards. The six personnel records we viewed at the service were disorganised, with loose paper and important details were very difficult to find.

Findings from the focused inspection of 5 February 2015

During this visit, we focused on whether the provider had met the requirements of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We looked around the service premises and saw that the provider and landlord had undertaken a major renovation and redecoration project. One person we spoke with told us the renovation was "nice, I like it. Much better".

The service premises had new flooring and new paint throughout and a new kitchen had been installed. We looked into three people's bedrooms and saw that each was newly decorated with new wardrobes installed. A staff member told us that each person had chosen the colours of the paint for their room, and we saw that the bedrooms were decorated according to the person's choice.

Is the service safe?

Each bathroom had a new toilet, flooring and fittings and was safe for people to use. The ground floor bathroom had a walk-in shower with a shower chair for people with limited mobility.

During our visit, we saw there were people working on the roof. One staff member we spoke with told us that was the last of the outstanding repairs to be completed. We noted that the leaks that had previously caused water damage and electrical risks had been repaired. All first- and second-floor windows had window restrictors fitted to ensure people could not fall out.

Each flight of stairs in the building had been repaired and broken bannisters replaced. The carpet on the stairs was new and fitted with appropriate safety markers to reduce the risk of tripping. Radiator covers had been installed on all radiators to reduce the risk of burns.

The rear garden of the premises had been tidied although there was still some residue from the building and renovation works that had taken place. The staff member in charge of the service when we visited told us this would be taken away once all of the works were completely finished. They told us of plans to purchase new garden furniture so people could enjoy the garden in nicer weather.

We looked through maintenance records and saw that maintenance issues were reported and addressed quickly. The staff member in charge when we visited told us that the landlord had visited fortnightly throughout the renovation works and would continue to do so. They said the relationship had improved since our last inspection and the landlord was now much more responsive when maintenance issues were raised.

Is the service effective?

Our findings

On the day of our inspection we saw a staff member was receiving an induction at the service. We saw them being given files to review and induction checklists to complete, as well as being told a little about the people who lived at the service. Staff explained that they had all received an induction and that this had included learning about the organisation's values, how the organisation worked and all the projects within the organisation. As well as visiting the different HAIL projects, staff undertook basic training in safeguarding, health and safety, equality and diversity and food safety. Staff told us they received regular supervision and records confirmed this. They said the registered manager was approachable and supportive. We saw that most staff had not received an appraisal for this year. The manager told us this was because the provider had been reviewing the appraisal policy and this was due to be implemented shortly so all staff would receive an appraisal by the end of 2014.

The staff training folder showed a full training programme for July 2014 - February 2015 which included safeguarding, communications, medicine, autism, mental health and understanding behaviours. Staff told us they had received autism training recently and it had helped them to understand the needs of people with autism. We saw that some people in the service had epilepsy and noted that staff caring for people with this condition had undergone epilepsy training; they commented how helpful this had been.

People living at the service had complex communication needs and were unable to tell us whether the service was effective in meeting their needs. However, we saw that people were able to access food they liked and a choice of hot and cold drinks was available, as were snacks such as, fruit, yogurt and biscuits. We saw one person choosing what they would like for lunch, by looking at different pictures of food, once they had chosen their lunch these pictures were placed on the fridge. This ensured the person knew what was for their lunch as they were able to relate the fridge as an object of reference where food was kept. Staff explained that several times a week this person would cook their own meals; we saw that they had a pictorial shopping list to support the person to do this.

There was a wide choice of food to cater for people's needs such as vegetarian options and halal meat which was

stored separately in the freezer. Staff knew what people liked but told us that people were free to choose and it was ok to change their minds as they had plenty of food for people to choose from. On the day we inspected it was 'takeaway night,' we saw people deciding what takeaway food they would like. Fish and chips were chosen and then everyone went together to collect the food. Staff sat with people while they were eating and we saw staff communicating and engaging with people to ensure they were happy with the food they had chosen and were eating.

We checked that the food kept in the fridge and freezer had been stored properly, however we came across several items that had not been covered or dated once opened both in the fridge and freezer as well as food that was out of date. We asked the staff to remove this food as it was unsafe. Staff showed us they had a system to keep track of when food had been opened and frozen. However staff had not been following this system. We saw that the service kept a basic supply of food in the cupboards in the kitchen; other food was kept in a locked cupboard situated outside, the food in this cupboard was in date and on shelves off the floor. Staff explained that they did a big shop once a week and the remainder of the time people went to the shops to buy fresh fruit and vegetables. Staff confirmed they had enough money available to buy all the food people needed and liked.

People had access to health professionals and this was recorded in their care records. We saw

frequent appointments for people to meet with their psychiatrist and doctors. We saw that recently people had been given the choice to have their eyes tested by a local optician and that the service monitored people's weight to track gains or losses.

One person during the inspection showed us their room. We saw that they had chosen the colour of the paint for their wall and that the room was personalised with pictures and items they liked to have. We were told by staff that they had recently decorated the lounge downstairs. Staff explained that people had chosen the colour of the paint; staff had shown people paint swatches and had worked out people's favourite colour. We were told that staff 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.

Is the service caring?

Our findings

We noted that there was no independent advocacy service available to people who used the service. We asked staff if the service had access to an independent advocate, they were not sure but thought that people would use their social worker should they need an advocate. After the inspection we asked the registered manager whether anyone required an advocate, she told us that since being in post no one had needed one. However, the organisation was currently looking at working with a local advocacy project. Staff may not have been aware of people's choices and preferences because people were not able to communicate and most did not have relatives who could act for them. Therefore by not having access to an independent advocate people had no one to act in their best interest.

Most people who lived at the service were unable to verbally communicate, however we saw staff used different methods to communicate with people, such as using Makaton (language programme using signs and symbols to help people communicate) pictorial equipment, touch, facial expression and objects of reference. (Objects that can be used to give individuals an idea of what is about to happen, for example, giving someone a spoon so they know it's time for lunch).

We observed staff interaction with people during the inspection and used the Short Observational Framework for Inspection (SOFI). Staff were caring and attentive to people's needs. They remained calm at all times and ensured people understood what was happening or going to happen by using a variety of communication tools and information they knew about the people they supported. Staff knew people well and were knowledgeable about their needs. We saw one staff member support someone with a manicure and applied some cream. This same person was later supported to do a jigsaw puzzle and we saw that this person smiled in response to this activity.

Another person was supported to put out their washing and take this in when their clothes were dry, they were encouraged to be fully involved in this activity. Staff were available when people wanted help with getting a drink or choosing what they would like to eat. We saw one person choosing an orange from the fruit bowl and a staff member supported them to cut the fruit.

Staff were able to tell us what people liked to do. One member of staff told us that one person who liked to cook was supported to do this. They particularly liked baking biscuits and staff explained how the person liked to smell, touch and taste the mixture and the person always smiled during this activity. The staff member showed us how they had recorded (in pictures) how this person liked to cook and told us that this enabled the person and other staff to understand the support they needed during their cooking activity. Staff encouraged people to be as independent as possible and people were able to make choices. We saw that people's care plans recorded people's current skills and needs.

Some people had aids that they used to communicate their needs to staff. We saw one person had an apron (an object of reference) in the kitchen; this was used by the person to let staff know they wanted something to eat and staff supported this person to wear the apron at meals times. Staff explained that they had recently started to work in this way with this person. Staff hoped that in the future the person would take staff to this when they were hungry.

Staff were able to tell us people's personal histories and we saw these recorded in care records under "About me" which provided a background picture of the person using the service and information on how to communicate with them. Care records included communication plans for specific individuals. Staff understood people's cultural and religious needs in relation to food, we saw this type of food was available and 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 closing the door when supporting people to use the bathroom.

Care records we reviewed had no information on people's preferences in respect of their end of life wishes. Staff we spoke with said they would not know how to approach this subject without training and this had not been provided. One staff member said that one person's relative had left a letter (which was kept in the service's safe) with relevant information about their wishes after the death of their relative. We spoke with the registered manager who told us that the service realised this was an area that they needed to improve to ensure people's end of life preferences were known and recorded.

Is the service responsive?

Our findings

The service had not completed a survey to gain feedback from people, relatives and professionals who visited the service for the last two years. It was therefore not clear whether people who use the service were asked for their views and these were acted on.

Staff were able to explain how they would support someone to make a complaint and understand the complaints process. We saw that 'how to make a complaint' information was included in every file. Staff told us that complaints were discussed at the 'Saturday customers meeting'. This was evidenced in the minutes and agenda we viewed. However, we were unable to ascertain how they communicated this to people and actively encouraged people to make a complaint. One staff member said they used to have pictures to support someone to make a complaint but they had not seen them for some time. The registered manager said this was an area they were currently reviewing and hoped to have a pictorial complaints document soon.

In each person's care record we saw detailed information that explained the support needed if the person using the service had to visit the doctor which took into account people's individual needs. During the inspection we saw one person went for a hospital appointment. Staff explained to the person how they were going to get to the hospital and what was going to happen when they arrived in a way the person could understand. The person was calm and relaxed when interacting with staff members. People had hospital passports in their care records which staff took with them when they attended hospital appointments. We saw these were comprehensive and detailed. This ensured that professionals who did not know the person would get a clear picture of what people's individual needs were, including people's likes and dislikes and ensured they received appropriate care.

We saw that where people had relatives and friends they were identified within their care file, including their relationship with the person, contact details and photos. We saw that staff supported people to remain in contact with family and friends. Staff told us they would always try to write care plans and risk assessments with the involvement of people and their relatives. In one care file we saw notes of the last person centred planning meeting which were detailed and involved the person's relative. There was an easy read version of the actions which would allow the person to understand what had occurred at the meeting.

In each person's care records we saw information and photos showing staff how to support people. Some were more comprehensive than others; one staff member explained that they were currently updating people's care files. There were detailed activity plans which included setting the table, packing lunch, laundry and exercise. People's likes and dislikes were set out clearly using pictures. One staff member we spoke with told us about the activities of the person they were looking after, this included attending the local cultural centre for lunch once a week as well as having frequent manicures and pedicures. The staff member said that the person previously attended a sewing club but they realised they did not enjoy it, so the person now chooses what they want to do on that day. Each person had a key worker who was responsible for updating care plans. We saw that care plans were reviewed monthly or more frequently if people's needs changed.

Staff communicated well with people and were able to tell us what people wanted by their actions for example, one person pointed to their elbow and this meant they wanted a biscuit another person would tap their chin if they need a drink.

Is the service well-led?

Our findings

We checked to ensure that health and safety checks occurred monthly due to the concerns relating to inadequate maintenance found on the day of our inspection. We reviewed checks carried out in February 2014 and May 2014 along with two others which were not dated.

We saw that although repairs had been reported and the registered manager had made a formal complaint to the landlord. The provider did not have an effective system in place to escalate problems to the Chief Operating Officer (CEO) of HAIL or clear line of communication with the landlord. Therefore people were left to live in the service which was inadequately maintained.

We noted several gaps in medicines audits which had not occurred for several months; we reviewed the provider's medicine policy and saw that a 'monthly audit must occur for medicine trail, this is to check medicine that has come into the service and left and an audit of MAR charts to ensure these have been completed correctly.' We saw the service was not following their own policy in relation to medicines audits.

This was a breach of Regulation 10 (1)(a)(b) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The registered manager and the provider was not protecting people against the risk of inappropriate or unsafe care. Systems used to assess and monitor the quality of the service were not effective.

All the staff we spoke with understood what whistle blowing was. One staff member said, "If I see poor care or staff not supporting someone correctly I would call the number (provider's whistle blowing line). I could also call the police or the CQC if I thought the organisation was not acting." This staff member went on to say the registered manager was "very supportive, approachable and works as a team member." They felt confident she would listen to their concerns should they have any.

Staff knew what to do if an accident or incident occurred at the service such as, supporting the person to contact relatives, complete an incident/accident form, contact the registered manager and record the incident in the person's daily notes. Staff said the registered manager reviewed all incident and accidents. They did not know if the service reflected on accidents and incidents and learned from these however, they thought this would be something the registered manager would encourage. We saw that no incidents or accidents had been reported in 2014.

Regular staff meetings took place, this showed that the registered manager was addressing concerns raised by staff, for example at a staff meeting in May 2014 we saw that the agenda included discussions around the cleaning rota and staff responsibilities.

Some staff knew that the provider had aims and objectives (Hail's Mission Statement) these included to support people with a learning disability and other vulnerable people to lead their own lives, by living, learning, working and loving. The staff we saw were motivated and caring however they said sometimes they did not feel valued by the provider due to the poor conditions of the service which included the facilities used for staff overnight accommodation.

We were told by the registered manager that the service was currently involved in the Autism Accreditation programme. This is a continuing accreditation process which requires the service to meet specific standards. These included carrying out a self-audit process against the standards to provide evidence that the service has a specialised knowledge and understanding of autism and the knowledge and understanding of autism consistently informs the organisation. She hoped that by being involved in this programme the service would ensure better outcomes for people who had autism.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations
2010 Management of medicines

The provider and the registered person was not protecting service users against unsafe medicine management as they did not have appropriate arrangements in place for storing, dispensing and recording of medicines

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA 2008 (Regulated Activities) Regulations
2010 Cleanliness and infection control

The provider and the registered person was not ensuring people were protected from health associated infection by maintenance of appropriate standards of cleanliness.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations
2010 Assessing and monitoring the quality of service providers

The provider and the registered manager did not have effective systems in place to protect people against inappropriate or unsafe care due to ineffective operation of systems to regularly assess and monitor the service.

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 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises The registered person was not ensuring people were accessing and living in premises that were adequately maintained. |

The enforcement action we took:

We issued a warning notice on 31 July 2014. We checked to make sure the provider had met the requirements of the regulation on 5 February 2015 and found that they had.