

Haringey Association for Independent Living Limited

HAIL - Domiciliary Care Service

Inspection report

Unit C01, The Chocolate Factory
Clarendon Road
London
N22 6XJ

Date of inspection visit:
15 March 2023
04 April 2023
17 April 2023

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12 May 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

HAIL- Domiciliary Care Service provides support to adults who have a learning disability. At the time of the inspection 8 people were receiving personal care. This was based in the areas of Haringey, where the provider we're supporting 3 people that lived in their own flats, and 2 supported living services. The Care Quality Commission only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

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. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right Support:

There were appropriate staffing levels to meet people's needs and the provider carried out recruitment checks to ensure that staff were recruited safely. The service took steps to help prevent the spread of infections. Medicines were managed in a safe way. People who used the service were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

People told us they were treated with kindness and their privacy was respected by staff. People felt supported to express their views and were involved in making decisions about their support with help from their families. People's support plans were detailed and person-centred .

Right Culture:

People's relative's spoke positively about the management team and staff. The service carried out a range of audits to ensure a good quality service was provided. Staff understood people's needs well. This enabled people to receive compassionate and empowering care that was tailored to their individual support needs. Staff knew and understood people well.

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

Rating at last inspection

At the last inspection we rated this service good (published 07 March 2018)

Why we inspected

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

Recommendations

We have made 2 recommendations in relation to the provider sending feedback questionnaires to people and relatives and ensuring that statutory notifications are completed and sent to CQC.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our caring findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

HAIL - Domiciliary Care Service

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by 1 inspector.

Service and Service Type

HAIL- Domiciliary Care Service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides personal care to people living in their own houses and flats in the community and to people living in 'supported living' settings. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. However, we did receive an application before our inspection from the new manager to become the registered manager for the service.

Notice of inspection

The provider was given 48 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 in the office to support the inspection.

Inspection activity started on 15 March 2023 and ended on 17 April 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with the manager. We reviewed a range of records. This included 6 people's care plans, risk assessments, recruitment records, quality audits, daily records, and training records. We spoke with 4 people and 3 relatives and 4 care staff.

We reviewed a variety of records relating to the management of the service, including policies and procedures, staffing rotas, accident and incident records and safeguarding records. We completed a tour of the building and we looked at medicines' management and food safety.□

We also visited people's supported living accommodation.

Is the service safe?

Our findings

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

At the last inspection, this key question was rated as good. At this inspection, the rating has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from avoidable harm, due to staff understanding of people support needs and risks. There were up to date risk assessments and support plans in place to help keep people safe.
- People told us they felt safe in their home. One person said, "Staff help me to keep safe, before I started receiving support from this agency, I felt vulnerable and lonely. I am able to call the staff or the manager, if I was concerned about anything as I have a number that I can call."
- Staff had received safeguarding training and were able to describe their responsibilities to keep people safe from avoidable harm. One staff member said, "Safeguarding people is a big part of our role, which is to make sure [people] are safe and to report any concerns. When I first started working for the company, I was given an induction which covered safeguarding training and we went over different scenarios of abuse that can happen in social care."
- The provider had up to date policies and procedures in place that gave guidance to staff on what actions they should take if they identified any safeguarding concerns.
- The new manager was aware of their responsibility under their regulations to notify and share information with the local authority and CQC.

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

- People's needs assessments and risks were assessed appropriately, prior to people using the service. This helped to ensure that staff were clear on how to deliver safe care to people.
- People told us they felt safe in the care of staff. One person said, "I feel very safe with my staff, if im feeling sad, the staff will always listen and take time to talk it over with me. They know me better then I know myself."
- The provider completed environmental risk assessments for staff working in people's homes to ensure that the environment was safe for everyone that uses the service. For example, risk assessments covered, fire and trip hazards.
- The new manager completed spot checks on staff to monitor them and ensure they were providing a safe service.
- Staff told us that during staff meeting or supervisions, the manager would discuss any updates or changes to a person's support need. This also included any lessons learnt from an incident taking place. One staff said, "We have opportunities to discuss any concerns that we may have, this can be with other staff in a meeting or in our supervision. Our manager will also discuss any changes to a [person's] support needs."

Staffing and recruitment

- The provider had systems in place to ensure that staff were recruited safely, and the right staff were

employed that had the skills to meet people's needs. Background checks were done including a Disclosure and Barring service (DBS) checks had been completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- People told us they were supported by regular care staff. One person said, "I never get staff that I do not know. My staff are like my friend, and they know the way I like things done."
- Staff told us they felt that there was enough staff to meet the person's needs safely. One staff said, "We work as a team and if a staff member is off we will work together to cover the shift to ensure that people are supported with regular staff that they know. I have no concerns regarding staffing levels."

Using medicines safely

- People using the service, were supported by staff to receive their medicines safely as prescribed. The provider had a medicines policy in place and staff were trained and assessed before they administered medicines to people. One person said, "Staff reminded me to take my medication each day. Staff never rush me they always go at my pace."
- There were regular medicine audits completed by the registered manager. These were completed to ensure errors or concerns were identified and addressed appropriately.
- We reviewed people's medicine administration records (MAR) and saw these had been correctly completed.

Preventing and controlling infection

- Staff understood the importance of managing infection control risks and they used personal protective equipment appropriately. For example, one staff said, "We always wear our face masks and full (PPE) when supporting [people] with their personal care. We always wash our hands before and after care is given."
- The manager carried out spot checks to ensure that the current guidance was being followed. The service had good supplies of PPE.
- Training records reviewed showed that, staff had completed training in infection prevention and control.

Is the service effective?

Our findings

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

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

Staff support: induction, training, skills and experience

- Staff had completed training considered mandatory by the provider, this gave them the skills and knowledge to help deliver effective care for people. New staff were given a full induction programme which included training in social care and shadowing with experienced care staff. The training consisted of first aid, manual handling, food hygiene and learning disability training.
- We asked people and relatives if they felt staff had the necessary training. One person said, "The staff know what they are doing and have the skills and training that meets my needs." One relative told us, "I have no concerns that staff are not trained currently, as my [relative] is very happy with the quality of the care that they receive from staff."
- At the time of our inspection, 1 staff was in the process of completing their induction and training at the registered office. We observed positive interactions between the management team and the new staff member.

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

- The provider had assessed people's support needs jointly with people and their relatives. The information from the assessment was then recorded within people's support plans which was used as a live document and amended when required.
- People and relatives told us they were involved with their assessments of needs. One person said, "Before my support started, the manager visited me and completed an assessment."
- People's cultural and spiritual wishes were recorded in people's support plans. In addition, they also included information on people's healthcare conditions, and the care and support they needed from staff.

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

- Staff supported people to access and maintain good nutrition and hydration. Staff assisted people to eat well and ensured people were able to access drinks and food when they wished to.
- People told us they felt supported by staff to eat and drink healthy. One person said, "Staff support me to order my food online and with cooking."
- Staff received training in nutrition and hydration which enabled them to offer support to people to avoid malnutrition and dehydration.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental capacity assessments (MCA). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service worked within the legal framework of the Mental Capacity Act and had up to date policies and procedures in place for staff to follow.
- People told us that staff always gained their consent before care was delivered. One person said, "My carer always asks me what support I want before helping me. I am very independent and like things done my way, which staff respect." The registered manager told us, "As part of the initial needs assessments, consent forms are also completed.
- Staff received training in the Mental Capacity Act and the Deprivation of Liberty Safeguards, which provided staff with the knowledge and skills to be able to understand the principles of MCA and DoLS. One staff said, "The training is very helpful and gives a good understanding about MCA and to try different things before identifying that somebody has not got capacity to make decisions."

Is the service caring?

Our findings

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

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

This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives told us staff were kind and caring. Comments included, "Staff are excellent, they go over and above to ensure I received good care." Another person said, "I feel lucky to have the carer that I have, the support I get is very good." One relative told us, "Whenever I visit the staff are always respectful to me and my [relative]. I am really happy with the quality of care my loved one receives."
- Staff demonstrated that they knew people's care needs well and how to support them in line with their preferences. One staff said, "Before we support someone we receive their support plan, which helps us understand how the person wants their care to be given."
- All staff received training in Equality and Diversity. One staff said, "The training helps to understand the importance of equality and diversity, And the challenges that people may face due to their background and life experiences."

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

- People were able to express their needs and preferences, which staff understood the person's individual wishes and areas they needed support in. For example, support plans had detailed information on how each person wanted to be supported and how the support should be given.
- People told us they were supported to make choices and decisions for themselves. One person said, "My carer will always sit down with me before care is given to talk about how I want to be helped."
- Staff told us how they supported people to express their views. One staff said, "When im giving support to someone, I also check they are happy in the way I am going to do the task. This also gives the [person] a chance to tell me if they the help in another way,"

Is the service responsive?

Our findings

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

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

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

- People had personalised support plans and were supported to be involved in developing them with staff. This approach helped to involve people in making choices and gave control to the individual person.
- People and relatives told us they were involved in taking part with reviewing their support plans. One relative said, "When the manager arranged an assessment, for my [relative] I was invited to attend. This helped with my own anxieties and concerns as the manager listened to both of us and our views and this gave me reassurance that the support can be tailored to my relatives needs and choices."
- Staff knew people well and they were flexible with their support. One staff member told us, "I support each person individually as not everyone wants to be supported in the same way."

Meeting people's communication needs

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

- The new manager had a good understanding of the Accessible Information Standard. They explained that staff supported people to use different formats that worked for the individual person. For example, if a person found it better to understand information in a pictorial way or in large print, staff would support people to have their support plan and other documents recorded using this method.
- Staff spoke positively about people's communication needs. One staff told us, "I support 1 [person] who needs me to speak in a loud voice and slowly so they can hear me clearly. Also, another [person] likes to look at pictures when doing their shopping."
- The provider had a communication policy in place that gave staff guidance on different methods of communication which can be used to support people.

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

- People were supported to access their local community and participate in activities which met their interests and hobbies. One person said, "Staff help me go out, as I am not mobile anymore and rely on staff, without this support I would be housebound."
- People were supported to keep in contact with their relatives and friends. One person told us that their carer, helped them to stay connected with their family and friends.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and the provider had a policy and procedure in place to guide staff if required. One person said, "If I was unhappy about the care that I was receiving I would inform the manager. I was given the manager's and the office contact details before my care started with the agency."
- The service had not received any formal complaints. However, the new manager was clear on how to address complaints if they were to receive any. The manager said, "I always aim to respond to complaints quickly and give reassurance to the complainant that their concerns will be listened to and addressed appropriately."
- The staff spoke positively about the importance of continually improving their care quality of the service.

End of life care and support

- At the time of inspection, no one at the service was being supported with end-of-life care.
- The provider had an end-of-life care policy which gave guidance to staff about how to provide this type of care sensitively.

Is the service well-led?

Our findings

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

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

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; Working in partnership with others

- The manager had developed a positive culture within the services. Staff members told us they felt supported and were able to be involved by making suggestions and improvements within the service. One staff member told us, "My suggestions and ideas are always listening to by my manager, I never feel that I can't give my opinion or views about something."
- People and relatives were very positive about the service and the staff team and confirmed that they were able to verbally give feedback if they wished to and felt listened to by the provider. However, they also told us that they do not receive surveys to be complete. One person said, "I get calls from the office to check everything is ok, but I do not receive surveys for me to complete."
- The staff team were knowledgeable regarding people's culture which staff valued, respected their personal characteristics, and enabled them to develop. For an example, 1 staff said, "I supported [people] from different culture backgrounds, which makes my job interesting as I have learnt so much from [people] and training that I have completed."
- The provider had policies and procedures in place which reflected good practice guidance and up to date legislation. Those were reviewed and discussed and staff meetings.
- Care plans showed that joint partnership working was taking place to review people's health and wellbeing. For an example, in 1 person support plan there were information on the person's circle of support with health professionals and their contact details.

We recommend the provider seeks guidance from a reputable source in relation to carrying out surveys to obtain feedback on the quality of the service.

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

- The provider had a governance system in place, which helped to analyse any learning and making improvements where identified. Regular audits had taken place to help explore areas for improvement. One person said, "I am able to make suggestions about any changes I would like to my care staff or to the manager. I never feel I can't say if im not happy about something."
- The registered manager recognised the need of regularly monitoring the quality of the service to help make improvements. The provider had systems and processes for monitoring the quality of the service and these were operated effectively. These systems Included spot checks and carrying out audits, to improve

and help develop the running of the service.

- The service had systems in place for supporting staff, this consisted of inductions for new staff, regular supervision, and appraisals to help support the delivery of safe and good quality care.
- The provider did not notify CQC of a change of manager. The previous registered manager had left the organisation. We spoke to the provider about this, and they told us that the new manager was in the process of applying to become the registered manager.

We recommend the provider seeks guidance from a reputable source in relation to their regulatory requirements.

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

- The manager was aware of their requirements in regard to duty of candour. The manager said, "I am clear to all staff the importance of being open when things go wrong, and how we learn from this."
- The provider had policies and procedures in place to give guidance around duty of candour and staff understood their roles, and responsibilities in regard to the duty of candour.