

Haringey Association for Independent Living Limited Hail - Great North Road

Inspection report

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Date of inspection visit: 25 March 2015
Date of publication: 20/05/2015

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?

Requires improvement



Is the service well-led?

Inadequate



Overall summary

This inspection took place on 25 March 2015 and was unannounced. Hail – Great North Road is a care home for up to five adults with learning and physical disabilities.

There was no registered manager in post at the service, as the previous manager had left in November 2014. The provider had taken steps to recruit a new manager, but had not yet been successful. A registered manager is a person who has registered with the Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected this service in June 2014. At that inspection we found the service was not meeting four of the regulations that we assessed. An action plan was provided following this inspection, however during the current inspection visit we found two continued breaches of regulations relating to quality assurance within the home and supervision and appraisal of staff performance.

We also found that there were not enough opportunities for people to take part in activities outside of the home, and a need for improved recording of people's consent, or best interest decisions made on their behalf, and complaints handling within the home.

Summary of findings

People appeared content and well supported in the home, with good relationships with staff members who knew them well, and understood their needs. They, their relatives and health care professionals spoke positively about the service. People and their family members where relevant, had been included in planning the care provided and they had individual plans detailing the support they needed.

The service had an appropriate recruitment system for new staff to assess their suitability, and we found that staff were sensitive to people's needs and choices, supporting them to develop or maintain their independence skills, and work towards goals of their choosing, such as planning a holiday. People were treated with respect and compassion. They were supported to attend routine health checks and their health needs were monitored within the home. The home was well stocked with fresh foods, and people's nutritional needs were met effectively.

Staff in the service knew how to recognise and report abuse, and what action to take if they were concerned about somebody's safety or welfare. Staff spoke highly of the training provided to ensure that they worked in line with best practice.

There were some gaps in the systems in place to monitor the safety and quality of the home environment. However there were rigorous systems in place for managing people's medicines safely.

We found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to quality assurance, staff support, consent, activities outside the home and complaints handling. We have also made a recommendation about staff deployment in the home. You can see what action we told the provider to take at the back of the full version of this report.

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?

The service was not always safe. There were some gaps in systems for monitoring and maintaining the environment, which may have placed people's safety at risk.

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

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

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

Requires improvement



Is the service effective?

The service was not always effective. Staff had not received regular supervision, and no appraisals had been undertaken.

Best interest decisions were not always recorded for people who were unable to give consent, in line with the Mental Capacity Act 2005.

There were systems in place to provide staff with a wide range of relevant training. People were supported to attend routine health checks, and supported people to eat a healthy diet.

Requires improvement



Is the service caring?

The service was caring. People gave us positive feedback about the approach of staff, and we observed a number of ways in which staff treated people well.

We found that staff communicated effectively with people and supported them to follow lifestyles of their choice. Their cultural and religious needs were met.

Good



Is the service responsive?

The service was not always responsive. People did not have sufficient opportunities to take part in activities outside the home. Although the service had a complaints procedure that was accessible, it was not always followed effectively.

People's needs and preferences had been assessed, and person centred care plans were developed to guide staff so that they could meet people's needs effectively.

Requires improvement



Summary of findings

Is the service well-led?

The service was not well-led. In the absence of a manager there was insufficient monitoring of the quality of services provided to people living in the home. Staff described a lack of leadership and communication, and we found gaps in important routine safety checks for the home. Where areas for improvement were found, we found that there were delays in addressing them.

There was insufficient consultation of people using the service and other stakeholders.

Inadequate



Hail - Great North Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 March 2015. The inspection was conducted by one inspector. Before the inspection, we reviewed the information we held about the service including notifications received by the Care Quality Commission.

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

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

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

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

Is the service safe?

Our findings

People using the service indicated that they were comfortable and at ease within the home, and with the staff supporting them. Relatives of people living at the home were confident that people were kept safe.

We were concerned to find that core safety checks by staff such as health and safety monitoring and routine fire checks were not being recorded on a regular basis. Weekly fire alarm call point tests had not been carried out between 30 May 2014 and one week before the inspection. Monthly health and safety inspections were not recorded since 28 December 2014.

The information in the above paragraph was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, this corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the safety certificates in place for equipment and premises maintenance including gas, electricity and portable appliances safety certificates, legionella testing, and fire extinguisher and alarm servicing, and found that these were up to date. Each person's care plan included detailed risk assessments, including risk factors and actions put in place to minimise the risk of harm. The risk assessments included specific guidelines as to how staff should support people. These included risks relating to dementia, moving and handling, asthma, diabetes, swallowing difficulties, challenging behaviour, transport, and accessing the community. Risk assessments were being reviewed approximately six monthly or more frequently if there were changes.

At the previous inspection a compliance action was made regarding the management of clinical waste within the home. We found that this had been addressed appropriately and staff spoken with confirmed that there were no further problems in this area. The home was clean and tidy. Cleaning rotas were in place and spot checks on food hygiene were carried out in January 2015 and November 2014. We observed records of food storage temperature checks, and cooking temperatures, and foods stored in the refrigerator were labelled with the date of opening as appropriate.

Six permanent support workers were employed to work at the home, with support from as and when (bank) staff

employed by the provider. We were told that the home was fully staffed. There were three staff working in the home in the morning and evening, with two staff between 12pm – 4pm and two waking night staff. On the day of our visit all five people were at home and none of them went out to activities with staff support. Staff told us that the home's staffing rota made it difficult to take people out, as two staff needed to be at home to support identified people. People needed one to one support in the community. On the day of our visit, one staff member stayed an hour longer to assist the remaining staff with care tasks. Staff told us that they could book staff to stay longer for planned activities, but we did not find evidence that this had happened in the last two months.

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

A safeguarding policy was in place and all staff received safeguarding training. Staff we spoke with were able to describe action they would take if they were concerned that someone using the service was being abused. All people living in the home were being supported to manage their finances. We looked at arrangements in place for two of these people, and they were suitable to protect them from the risk of financial abuse, with receipts kept for all transactions.

Staff administering medicines to people using the service had undertaken appropriate training. Medicine administration records showed that medicines were administered as prescribed. We checked all people's medicines and found that the number of remaining tablets corresponded with records, which helped to assure us of medicines being administered as prescribed. We found no prescribed medicines had run out, and that there were records of medicines coming into the service and being returned to the pharmacist. Medicines were stored safely and stocks of medicines were audited against records twice daily by staff on each shift. The deputy manager said that audits were carried out to ensure that people were administered their medicines safely, however no records of

Is the service safe?

these audits were available. First aid boxes were well stocked as appropriate. Staff had undertaken first aid training and were confident about how to act in an emergency.

We recommend that the deployment of staff in the home be reviewed to ensure that people have no restrictions on developing their community involvement.

Is the service effective?

Our findings

We saw that people received effective support from staff at the service. We observed that people responded positively to the staff support they received, and engaged well with the staff on duty. Staff members we spoke with were knowledgeable about individual people's needs.

However we were concerned to find that despite a compliance action having been made at the previous inspection about staff supervision and appraisal, this was a continued breach at the current visit.

An action plan was provided following the previous inspection, however we did not find evidence that the majority of actions detailed in this plan had been completed, including provision of regular supervision and appraisal sessions and team meetings for the staff team. Although staff felt supported by the deputy manager, in the absence of a registered manager for the home, they described a lack of supervision and clear direction within the home.

Staff were not receiving supervision sessions at the frequency stipulated by the provider organisation's policy on supervision (bi-monthly). We saw records evidencing that only two staff had received recent supervision session from the deputy manager, on 19 March 2015 and 24 March 2015, but apart from this, only one supervision record was available for one of the six staff working in the home since the last inspection. Staff confirmed to us that they had not received any other supervision sessions. The deputy manager had not received a supervision session since April 2014.

No staff had received appraisals within the last year. Although we found two partially completed appraisal forms on the computer system, the staff members in question said that these had been completed in their absence and they were not aware of the contents of the appraisal forms.

We saw that no staff team meetings had taken place since 4 December 2014, and prior to that 8 July 2014, although a team meeting was planned for the day after the inspection. These had previously been held monthly to facilitate communication, consultation and team work within the home.

The above was a continued breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, this corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were insufficient arrangements in place for recording and reviewing the consent of people in relation to the care provided for them. Best interest decisions were not recorded for people who did not have the capacity to consent to significant decisions being made on their behalf. For example one person had purchased their own specialist weighing scales, at a significant cost. However staff had not taken steps to record a best interest decision for this person including input from their family members and/or an advocate, although it was clear that the decision was made based on health care professionals' advice. There was also no record of how consent or a best interest decision had been made for two people who were being woken by night staff to receive morning care every day. Overall care plans for people lacking mental capacity to agree to significant aspects of their care did not show evidence of best interests decision-making in accordance with the Mental Capacity Act, based on decision-specific capacity assessments.

Records showed, and staff confirmed that five of six permanent staff had not yet undertaken training in the Mental Capacity Act 2005. Staff showed varying awareness of their responsibilities under this act. The deputy manager advised that they would be submitting Deprivation of Liberty Safeguards applications (for people who were unable to go out of the home unescorted) for all people living at the home, following the most recent Supreme Court judgement about how these safeguards should be applied, however these had not yet been completed.

The above was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, this corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed that staff encouraged people to make choices where possible such as choosing what to eat or drink, where to spend the day and what to do. People's bedrooms were personalised and care records showed that they were asked about their likes and dislikes, cultural needs and preferred activities.

Is the service effective?

Training records showed that staff had received induction training prior to commencing work and also attended mandatory training and training on other relevant topics including learning disability, autism, dementia, diabetes, and epilepsy. Staff were positive about the standard of training provided by the organisation and displayed a good understanding of how to support people in line with best practice, particularly in communicating with people with complex communication needs and promoting independence. Staff training was planned for the year ahead, including courses in safeguarding adults learning disability, professional boundaries, communication and the Mental Capacity Act 2005. Four of six permanent staff had completed a national vocational qualification in care equivalent to level 3.

The kitchen was well stocked with fresh fruit and vegetables, and other foods. Where needed staff followed guidelines for food preparation and assistance with food, for people assessed by a Speech and Language Therapist (SALT). Staff were very aware of the nutritional needs and

preferences of people and offered them a choice of meals and snacks throughout the day of our visit. We observed meals being cooked from fresh ingredients in line with what was on the menu for that day. Pictorial symbols for different meals were used to record the menu on the kitchen wall.

We found records in place regarding people's regular visits to a range of health care professionals including GPs, dentists, opticians, and consultants, with the outcome of appointments recorded. Hospital passports with important health information were in place for each person. Dementia care plans were in place for relevant people and we saw appropriate recording of body charts detailing any marks or injuries found when carrying out personal care. Menu sheets and fluid intake records were also maintained as needed. A health care professional spoke very highly of the support provided to people by staff in the home, communication within the staff team, and promptness to seek medical advice if they had any concerns.

Is the service caring?

Our findings

Relatives of people using the service spoke positively about the staff support people received, and the atmosphere in the home. We observed that people had developed positive relationships with staff at the service. Staff took time to listen to them and understand what they wanted. For example when one person repeatedly rose from the table at lunchtime staff were able to understand that they wished to have their lunch in the lounge and facilitated this. There was a pleasant and relaxed atmosphere in the home during mealtimes and throughout the day. Staff were chatting and joking with people and offering them choices where possible.

We observed sensitive and appropriate interactions between people using the service and staff. Staff on duty demonstrated a good understanding of individual people's preferences and had a positive approach to supporting people. Our observations showed that staff treated people with respect. Staff were polite to people, and encouraged them to be independent. Staff did not enter people's rooms without their permission.

People were given information in a way which they understood. Staff used photographs, symbols and objects of reference to support communication, having received training in this area.

People were encouraged to be independent. Their care plans included details of 'what I can do,' and 'what you need to do,' to ensure that they maintained their independence skills. We observed people being encouraged to assist in preparing their own snacks, folding aprons, and taking cups and plates to the sink when they had finished.

People were encouraged to have their rooms decorated and personalised according to their own choice. Staff recorded their preferences with regards to goals and support, maintaining contact with their families and meeting cultural or religious needs, and took steps to address these. Staff were planning a holiday with one person at the time of our inspection, involving their family members.

Is the service responsive?

Our findings

We observed staff being responsive to people's needs during the inspection, however we were concerned to see that people did not have many opportunities to go out of the home and engage in the local community.

Records showed, and staff confirmed that they were not providing support with many activities outside of the home due to the way in which staff were deployed within the home and insufficient planning. The lack of sufficient activities outside of the home was also raised as an issue by a social worker at a recent review of people's needs in the home.

We looked at records of people's daily activities and found that apart from two people attending a day centre, and one person having taken a short arts and crafts course, there were few other activities arranged outside of the home. There had been an improvement for one person living at the home, who was previously unable to go out at all, as transport had been found to enable them to go out occasionally. However staff told us that in general few trips were arranged outside of the home, due to the pattern of staffing cover in the home, which meant that there usually was not time for staff to take people out unless this was booked in advance with extra staffing provided. Staff did say that they were able to book extra staff for activities, but we found that this had not been happening in the last few months. Staff told us that people often changed their minds about whether they wanted to go out, on any particular day, which meant that pre-booking trips was not always effective.

The above was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, this corresponds to Regulation 10(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home had a complaints policy and procedure which was accessible to people. However we were concerned to find that there was a lack of clear records about complaints made about the home. Only one complaint was found from the last year, and this was not stored appropriately, and there was no record of the response provided to the complainant. Appropriate systems and processes were therefore not in place to address complaints about the

home, with a view to continually evaluating and improving the service provided. One relative spoken with said that they did not always receive feedback about suggestions or concerns they raised about the home.

The information above was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, this corresponds to Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that people were offered a variety of activities within the home. On the day of the inspection one person told us "I'm going to do drawing," and was supported to do so, others engaged in puzzles, games, walking in the garden, and watching television. Other activities recorded for people included painting, looking at photographs, using building blocks, family visits, baking a cake, and singing.

Care plans were written from the point of view of the person receiving care, including pictures where appropriate, and a high level of detail about people's likes and dislikes, such as what they preferred to wear in bed. In one person's plan we saw the record "night staff tell me that I sleep well, but I often don't think I do," showing that the care provision was person centred.

People's assessments provided detailed information about managing risks to each person and meeting their holistic needs. Where appropriate relatives confirmed that they were consulted about their family member's care plan and their views were recorded. We found that care plans were up to date and all sections had been completed appropriately. They were being reviewed approximately six-monthly or more frequently where significant changes to people's needs had occurred. People's needs and progress were discussed at six monthly reviews. Actions agreed at meetings and appointments with health and social care professionals were followed through by staff. A health care professional who worked closely with people living at the service gave positive feedback about the support provided to people and the service's responsiveness to people's changing needs.

We also observed detailed monitoring records within the home including night time checks, behavioural and epilepsy charts, and incidents and accident reports including body maps.

Is the service responsive?

Two health and social care professionals who visited the home shortly before the inspection, having previously raised concerns about people's care records, reported a marked improvement, in the ease of access, and level of detail provided.

Is the service well-led?

Our findings

We observed that people living at the home were very at ease with the deputy manager for the home, however there was no registered manager in place for the home. An acting manager for the home had been in place at the service from August 2014 and had left in November 2014, leaving the deputy manager covering two registered care homes. Due to the absence of a manager for the home, staff described a lack of clear direction and structure within the home and communication from the provider organisation. They expressed concerns over staff being moved to work at other homes run by the provider organisation and the effect that this had on people living at the home. However they spoke highly of the team work within the home and the support provided by the deputy manager. The provider had attempted to recruit a new manager, and held interviews for the post but had not yet been successful in doing so.

At the previous inspection we made a compliance action regarding insufficiently rigorous quality assurance systems in place to protect people from the risks of inappropriate or unsafe care.

We found there was a lack of consultation with people living at the home and staff. Records of residents meetings, previously held weekly, indicated that the last meeting was held on 1 November 2014. These meetings were used to discuss people's preferences regarding the menu and activities. There was no other evidence of consultation with people about these topics. No staff team meetings had taken place since 4 December 2014, and prior to that 8 July 2014, although a team meeting was planned for the day after the inspection. These had previously been held monthly to facilitate communication, consultation and team work within the home. No surveys of the views of people living at the home, staff and other stakeholders had been conducted in the last three years.

The last internal audits undertaken by the service director took place on 15 January 2015. However the report of this audit was not available to staff or the deputy manager at

the home. Prior to that an audit was undertaken on 5 November 2014 indicating that care folders needed updating, and noting that the sofa and curtains in the lounge needed to be replaced. In the report of the audit undertaken in January 2015, the service director noted an improvement in recording in the care files. However we found inaccurate information about the frequency of blood pressure testing and weighing of people, despite these issues being pointed out at the previous inspection. The need to purchase a new sofa and curtains for the lounge was restated in this audit, but had not yet been acted upon. We also observed that the table in the kitchen was worn and in need of replacing, so that it could be cleaned effectively.

Breaches that we found relating to the recording of people's consent and mental capacity, insufficient activities provision, supervision, appraisal, and complaints procedures had not been picked up as part of the provider's auditing and quality assurance procedures for the home.

The information in the above four paragraphs was a continued breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, this corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives we spoke with were concerned about the changes in management at the home. One relative said "It's always been brilliant, but there are management issues," and another expressed concerns over the lack of stability and continuity for people living at the home.

In October 2014 a health and safety audit was undertaken by the landlord for the home's premises. The provider organisation was also audited on 8 November and 22 November 2014 for the Quality management System Certification ISO 9001:2008 including a visit to Hail – Great North Road.

New systems and structures will be part of the provider's Quality Management system and will be reviewed by external auditors as part of ISO 9001:2008.

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	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>The registered person did not ensure that there were sufficiently rigorous arrangements in place for recording and reviewing the consent of people in relation to the care provided for them and best interest decisions where necessary for significant decisions made on their behalf. Regulation 11(1)(2)(3)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect</p> <p>The registered person did not ensure that there were sufficient opportunities for service users to participate in activities outside of the home and be involved in the local community. Regulation 10(2)(b)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>The registered person did not ensure that there was an effective system for identifying, receiving, recording, handling and responding to complaints about the service. Regulation 16(1)(2)</p>

This section is primarily information for the provider

Enforcement actions

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person did not ensure that there were sufficiently rigorous systems in place to assess, monitor and improve the quality and safety of services provided. **Regulation 17(1)(2)(a)(b)(e)**

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered person did not ensure that staff received such appropriate support, supervision and appraisal as necessary to enable them to carry out their duties effectively. **Regulation 18(2)(a)**