Care Quality Commission

Haringey Association for Independent Living Limited

Hail - Burghley Road

Inspection report

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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?	Requires improvement
Is the service well-led?	Good

Overall summary

This inspection took place on 2 June 2015 and was unannounced. Hail – Burghley Road is a care home for up to four people with learning and physical disabilities. The home is owned by Quadrant Housing Trust and operated by Haringey Association for Independent Living (HAIL).

There was no registered manager in post at the service, as the previous manager had left in December 2014. The provider had taken steps to recruit a new manager, but had not yet been successful. An acting manager was in place who was due to register as the manager for the home. 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 July 2013, and it was found to be meeting all the regulations inspected.

During this inspection we found that there was room for improvement in the planning of activities for people living at the home, although this was partly as a result of people changing their minds about what they wanted to do. There were some gaps in monitoring records which might cause a delay in detecting significant changes to people's health.

Summary of findings

There were appropriate systems in place for recording people's consent, or best interest decisions made on their behalf to ensure that their rights were protected. There was an accessible complaints procedure in place for the home, although it had not been used recently.

People were content and well supported in the home. They had good relationships with staff members who knew them well, and understood their needs. They and their 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 own 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 positively about the training provided and this ensured that they worked in line with best practice. They received regular supervision and felt supported by the home's management.

There were systems in place to monitor the safety and quality of the home environment and to ensure that people's medicines were administered and managed safely. Quality assurance monitoring systems were in place, to ensure that areas for improvement were identified and addressed.

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?

Good

The service was safe. There were systems in place to monitor and maintain the environment, in order to protect people's safety.

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. There were sufficient staff at all times to keep people 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.

Is the service effective?

Good

The service was effective. Staff received regular supervision and appraisals and felt well supported by the home's management.

Best interest decisions were recorded for people who were unable to give consent, in line with the Mental Capacity Act.

There were systems in place to provide staff with a wide range of relevant training. People were supported to attend routine health checks, and seek medical advice promptly when needed. They were supported to eat a healthy and varied diet.

Is the service caring?

Good

The service was caring. People gave us positive feedback about the approach of staff, and we observed staff treating people warmly and sensitively.

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

Is the service responsive?

Requires improvement

The service was not always responsive. People had opportunities to take part in activities outside the home, but activities were not always planned ahead.

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. However there were some gaps in monitoring records for people which might place them at risk of delay in identifying changes in their health.

The service had a complaints procedure that was accessible.

Summary of findings

Is the service well-led?

Good

The service was well-led. A new acting manager and deputy manager had been appointed for the home. There were systems in place to monitor the quality of services provided to people.

Staff said that there was clear and supportive management, which took account of their ideas and views. Where audits identified areas for improvement, we found that actions were taken to address them.

Hail - Burghley Road

Detailed findings

Background to this inspection

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

This inspection took place on 2 June 2015. The inspection was conducted by an inspector and an expert by experience with a support worker. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. 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 dining areas and met with all four people living in the home (including one person who was staying at the home on a temporary basis). We spoke with the deputy manager and three support workers working at the service, and three health and social care professionals visiting the home for a meeting.

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 the care records for all three people who lived at the home on a permanent basis, four 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 a health care professional who supported people using the service.

Good

Is the service safe?

Our findings

People using the service indicated that they were at ease within the home, and able to communicate their needs to the staff supporting them. Those we were able to speak with told us that they felt safe at the home.

Safeguarding and whistleblowing policies were in place and all staff received training in these areas. Staff we spoke with were able to describe different types of abuse and the 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. Receipts were kept for all transactions, and checks of monies made at each handover between staff members.

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, swallowing difficulties, challenging behaviour, and accessing the community. Where needed, staff consulted with health and social care professionals about how risks should be managed. For example staff had liaised with an occupational therapist about how best to support one person with their mobility, and a ceiling hoist had been installed as a result, for which all staff were given training. Following a risk assessment, one person's bed was well padded to protect them from injury when communicating through use of hand movements. Risk assessments were being reviewed approximately six monthly or more frequently if there were changes.

There were three staff on duty on the morning of our inspection, and two in the afternoon. The staff team was supported by as and when (bank) staff employed by the provider, who worked in the home on a regular basis. The rota indicated that there were at least two staff working in the home in the day time, and two staff waking night staff, and often an extra person working office hours at the home. On the day of our inspection, one person was out at a day centre, one person attended a health care appointment in the morning, and had a meeting in the home in the afternoon. Staff told us that the home's staffing rota made it possible to take people out for leisure activities, but these needed to be planned in advance, so that extra staff support could be booked. They noted however, that some people changed their minds about activities at the last moment which made it difficult to plan activities in this way.

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

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 that 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. A new purpose built medicines cabinet was on order for the home.

One person required their medicines to be administered crushed and with food due to swallowing difficulties. Staff had been trained and were confident about how to do this, and there were records of appropriate consultation with medical professionals about this. First aid boxes were well stocked as appropriate, with regular stock checks in place. Staff had undertaken first aid training and were confident about how to act in an emergency.

We looked at the safety certificates in place for equipment and premises maintenance including gas, electricity and portable appliances safety certificates, legionella testing, hoists and fire extinguisher and alarm servicing, and found that these were up to date. Regular health and safety checks and fire drills took place, and the water temperature was checked regularly. There was a current fire risk assessment in place for the home, and individual emergency evacuation plans in place for each person in the home.

Faults were recorded in a maintenance book and generally repaired swiftly. However there was an on-going problem with water pressure in the upstairs toilet, bathroom and

Good

Is the service safe?

bedrooms. This had been reported on a number of occasions but remained a problem from time to time. The acting manager advised that she was following up this issue as a matter of urgency.

The home was clean and tidy, and bathrooms had recently been refurbished. However due to a leak in the ceiling of the upstairs bathroom which had been addressed, further redecoration was planned. Cleaning rotas were in place and there were records of food storage temperature checks, and some cooking temperatures, and foods stored in the refrigerator were labelled with the date of opening as appropriate.

Good

Is the service effective?

Our findings

We saw people receiving effective support from staff at the service. People we were able to speak with told us that they were happy with the staff support they received. Others 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.

Staff were not receiving supervision sessions at the frequency stipulated by the provider organisation's policy on supervision (bi-monthly). However they were receiving on-going individual supervision and half of the staff had received a recent appraisal. Plans were in place to address the frequency of supervision, with the appointment of a new deputy manager for the home, and support from the new acting manager. Goals had been set for each staff member at their supervision sessions including updating care plans and health action plans, reporting maintenance issues, arranging outdoor activities, planning holidays, and compiling social stories and choice cards. Topics discussed at sessions included knowledge of relevant legislation, dementia care, key working, team work and the Mental Capacity Act 2005. Staff told us that they felt supported by the home's management.

Regular staff team meetings were being held to facilitate communication, consultation and team work within the home. Records indicated that these included detailed discussion of people's needs, and actions for staff to undertake. For example staff were instructed to prompt one person to drink water more frequently to ensure that they remained hydrated.

Training records showed that staff had received induction training prior to commencing work and attended mandatory training and training on other relevant topics including learning disability and dementia, nutrition and healthy eating, equality and diversity, professional boundaries, and communication skills. Staff said that the training provided by the organisation was helpful and of a good standard. They displayed a good understanding of how to support people in line with best practice, particularly in communicating with people with complex communication needs. Staff training was planned for the year ahead, including refresher courses in mandatory areas. Staff were supported to undertake national vocational qualifications in care.

There were arrangements in place for recording and reviewing the consent of people in relation to the care provided for them. Best interest decisions were recorded for people who did not have the capacity to consent to significant decisions being made on their behalf. For example a best interest meeting was held for one person regarding making changes to refurbish their bedroom. On the day of our visit, a best interest meeting was held at the home regarding a health procedure which was being considered.

Although not all staff had undertaken a training course on the Mental Capacity Act 2005, they displayed a good understanding of how it protected the rights of people living at the home. No one living at the home was subject to a Deprivation of Liberty Safeguard (for people who were unable to go out of the home unescorted) at the time of the inspection. One person who had this safeguard previously had been assessed as no longer requiring this. The acting manager was aware that further applications were needed following the most recent Supreme Court judgement about how these safeguards should be applied.

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. Staff were clear about the nutritional needs and preferences of people and offered them a choice of meals and snacks on the day of our visit. We observed meals being cooked from fresh ingredients in line with what was on the menu for that day. Records of meals served indicated that a varied and nutritious diet was provided.

We observed lunch at the home. During the day people ate separately with staff support. We observed staff supporting people in an unhurried and attentive manner. They interacted with each person throughout, explaining what they were going to do next. Staff told us that there was no menu in place. One support worker said, "Not everyone is able to make a choice. We have variety of food. We try new things to cook." They told us that one person was able to vocalize what they wanted, and the others would not touch the food if they did not like it, adding, "One person occasionally asks for something different to eat." Shopping for the home was carried out online, but staff said that if

Good

Is the service effective?

people wanted to eat something different they were supported to shop locally. They told us that one person liked cooking, and, “We get them involved, but others are not so keen.”

We found records in place regarding people’s regular visits to a range of health care professionals including GPs, dentists, opticians, chiropodists, speech and language therapists and occupational therapists, 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. A health care professional spoke highly of the support provided to people by staff in the home, and communication within the staff team. Records indicated that staff were prompt to seek medical advice if they had any concerns.

Good

Is the service caring?

Our findings

We observed that people had developed positive relationships with staff at the service, and there was a pleasant and friendly atmosphere in the home. Staff took time to understand what people wanted. Mealtimes were unhurried and we observed staff chatting and joking with people and offering them choices.

Staff on duty demonstrated a good understanding of individual people's preferences and had a positive and sensitive 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.

We observed people's choices being respected during our visit. For example one person with communication difficulties was able to communicate that they wished to stay in bed longer than usual that morning, and staff ensured that they were comfortable and offered them regular opportunities to get up, until they were ready. Staff were careful to ask people's permission to show members of the inspection team around their rooms. People's bedrooms were personalised and care records showed that they were asked about their likes and dislikes, cultural needs and preferred activities.

People were given information in a way which they understood. Easy to read policies were available for people living at the home. Staff used some photographs, and symbols to support communication, having received training in this area. A support worker explained how they communicated with one person who had communication difficulties using touch, hand gestures and eye contact. They explained to the person, "I am just telling our visitors how we communicate." We asked how they knew when this person was hungry. The support worker said that they had a routine, "We offer food and drinks regularly." We observed the staff member bringing three items of food on a plate and placing them in front of the person, asking "Which one would you like?" They picked up the item that they wanted, and the support worker prepared this item for them to eat.

Photographs of staff were posted on a notice board to indicate which staff were on duty, alongside pictures of people's planned activities for the day. However the walls downstairs in the home were relatively bare. Staff said that this was because one person tended to remove any notices within reach.

People were encouraged to be independent. Their care plans included details of what they could do and the support that they needed, to ensure that they maintained their independence skills. People were encouraged to have their rooms decorated and personalised according to their own choice, including photographs of family and friends. Each person had a key worker who 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.

Requires improvement

Is the service responsive?

Our findings

We observed staff being responsive to people's needs during the inspection, and those who were able to, told us that their needs were being met. However during the handover meeting between morning and afternoon shifts, we observed that people were left unattended for approximately fifteen minutes. We discussed this with the acting manager who advised that this was not usual practice and may have been a result of the inspection taking place.

We found that people were offered a variety of activities within the home. One person told us that they were happy with the activities available to them. On the day of the inspection one person was out attending a day centre, another person had a busy day attending a health care appointment and best interests meeting. We also saw people listening to music, spending time with staff, looking at photographs, doing a puzzle and watching television. Other activities recorded for people included going out to the pub, for meals, shopping for clothes and jewellery, attending parties, and an evening club, sensory activities, going for walks, supermarket shops, looking at magazines, and drawing.

People were also supported to be involved in household tasks such as wiping down the dining table, and watering the plants in the garden. They were supported to keep in regular contact with family members where possible. Holidays were being planned for two people living at the home, including a trip to Somerset for one person.

We found that for two people there were not many activities planned in advance, and staff told us that this was because they frequently changed their minds about what they wanted to do on a particular day. It was thus difficult to book activities workers ahead for activities outside of the home, however we did not see any evidence that this had been attempted recently. A support worker told us, "Every day is different, we just have to adjust to their mood and how they feel on the day." They told us that one person, "likes window shopping. We go out in the community together, go to the park. We plan to go to seaside." They appeared to have a good knowledge of the person and displayed a clear interest in supporting them in activities of their choice. They told us another person liked being around when others were doing activities such as cooking, but did not participate.

Care plans were written from the point of view of the person receiving care, including pictures where appropriate, life stories, and details about people's likes and dislikes. People's assessments provided detailed information about managing risks to each person and meeting their holistic needs. 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. People diagnosed with dementia had dementia care plans in place. Actions agreed at meetings and appointments with health and social care professionals were followed through by staff. A health care professional gave positive feedback about 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.

However we did not find that recent goals had been recorded for the people living at the home, and we found some inaccurate information about the frequency of blood pressure and weight records. For example one person's care plan indicated that their blood pressure should be monitored monthly, but this was last recorded in August 2014. Discussion with staff indicated that this was now managed by the GP surgery, but this was not made clear in the care plan. We also found gaps in people's weight records, which had been recorded on a monthly basis. We found some gaps in records of fluid intake for one person at risk of dehydration, and some gaps in daily logs for one person. Daily logs were being recorded electronically, and this person had many gaps in their records for April 2015.

Staff followed guidelines from health and social care professionals, and consulted with them when people's needs changed. They told us that an occupational therapist and physiotherapist had recommended that one person be supported to climb the stairs in the house regularly in order to keep mobile. Staff had made an effort to make this person's bedroom (upstairs) as welcoming as possible for them, painting it in a colour of their choice and with pictures that were meaningful to them. However despite this, this person tended to insist on staying downstairs, and even slept on the sofa in the lounge. Management were

Requires improvement

Is the service responsive?

aware of this issue, and told us that this person's care plan needed to be reviewed, as they were currently not using their bedroom, and a best interest decision might be needed to determine how best to support this person.

Pictures were available to aid communication with people living at the home. However we noted that the pictures appeared old and in poor repair. We did not see any recent photographs of people living at the home.

The home had a complaints policy and procedure which was accessible to people. One person told us that they would talk to staff if they were unhappy about anything in the home. However no complaints had been made since the previous inspection. Appropriate systems and processes were in place to address complaints about the home, as part of the quality control processes for the home.

Good

Is the service well-led?

Our findings

The people who we were able to speak with, were happy with the way the home was run. We observed that there was a cheerful and relaxed atmosphere within the home. Staff were clear about their roles, and the home appeared to be very well organised.

There was no registered manager in place for the home, however an acting manager was available with support from a newly appointed deputy manager. We were told that the provider was attempting to recruit a new manager for the home, but had not yet found a suitable candidate, and in the interim period the acting manager (a service director) would be registering as the home's manager.

Staff felt that they were receiving the support they needed, from the acting manager and deputy manager, and provider organisation. They described good team work within the home and appropriate communication from the provider organisation. However they did express concerns at the use of too many as and when (bank) workers, which could be disruptive for people living at the home. They noted that agency staff were very rarely used, as the provider would pay for bank staff member's transport by taxi if needed to provide short notice cover.

The most recent residents meeting had been held in April, during which the menu and activities including a party arranged by the provider had been discussed. Prior to this there had been a gap in residents meetings following the previous registered manager leaving. Easy read questionnaires and other aids to communication were available to facilitate the meetings.

Staff team meetings were taking place regularly, most recently in April 2015, and with one planned for the day after the inspection visit. Topics discussed recently included the management structure in the home, care tasks, key working, holiday planning, health and safety, food shopping, and medicines. Staff told us that they felt that their views were listened to with regard to the running of the home.

The last internal audits undertaken by the service director took place in March and January 2015, and December 2014, covering the appearance and wellbeing of people living at the home, activities, finances, medicines, the staff rota, staff handover information and the general appearance of the home. Areas for action were recorded following each audit, and followed up at the next one.

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 – Burghley Road. The provider was now working towards ISO 9001:2015. A business continuity plan was in place for the home for use in the event of circumstances affecting the running of the service, to ensure people's safety was protected.

There had not been a recent survey of the views of people living at the home, staff and other stakeholders, and the acting manager was aware that this was overdue.

Some improvements had been made to the home environment since the previous inspection including the refurbishment of the home's bathrooms and redecoration of other areas in the home. One person was being supported to plan the redecoration and refurbishment of their bedroom at the time of our inspection visit. We noted that many of the photographs on display in the home were from several years previously, with no recent pictures on display. Staff told us that one person regularly took pictures off the wall so they do not put many up, however it was not clear if other alternatives had been considered, so that the communal areas did not look bare.