Haringey Association for Independent Living Limited

# HAIL - Domiciliary Care Service

**Inspection report**

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Date of inspection visit: 11 and 18 November 2015
Date of publication: 14/01/2016

## 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 |

## Overall summary

This inspection took place on 11 and 18 November 2015. We told the service about this two days before the inspection to ensure that management were available.

HAIL - Domiciliary Care Service is registered to provide personal care services to adults, particularly those with mild to moderate learning disabilities, within the Haringey area. At the time of our inspection 12 people were using the service, living in their own homes or at supported living projects run by the provider organisation. There were sixteen support workers working for the service. At our last inspection in December 2013 the service was meeting the regulations inspected.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We found that people received safe care and had formed good relationships with staff members supporting them. They described staff as caring and flexible in providing them with the support they needed.

Staff received appropriate training, supervision and support for their roles. Most staff had received training in the Mental Capacity Act 2005, and others were scheduled to do so. They understood the importance of obtaining people's consent prior to providing care.

Staff were knowledgeable about the needs of the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported, and risk assessments were in place to minimise the risk of harm. People spoke highly of the support staff provided including support to meet their cultural needs and to support them in activities of their choice.

People were supported to eat and drink according to their preferences, and to attend health care appointments when needed. Safe systems were in place for staff to support people to take their prescribed medicines.

People told us that the registered manager and deputy manager were accessible and approachable, and that they felt able to speak up about any areas for improvement. There were regular checks in place to review the quality of the service provided to people.

# 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 sufficient staff to meet the needs of people using the service, with appropriate recruitment procedures in place to ensure that they were suitable.

There were arrangements to protect people from the risk of abuse.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks.

Systems were in place to ensure that people were provided with their prescribed medicines safely.

**Is the service effective?**

Good

The service was effective. Staff were trained in the requirements of the Mental Capacity Act 2005 or were booked to do so, and consent was obtained from people for the care provided.

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. People were supported to eat and drink according to their plan of care. Staff supported people to attend healthcare appointments and liaised with healthcare professionals as required if they had concerns about a person's health.

**Is the service caring?**

Good

The service was caring. People who used the service spoke highly of the staff and the way that they supported them.

Staff were respectful of people's privacy and dignity, and involved people in making decisions about the care they received. They promoted people's independence and lifestyle choices.

**Is the service responsive?**

Good

The service was responsive to people. Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's needs, their interests and preferences in order to provide a personalised service.

People were supported to undertake a range of activities of their choice.

People who used the service and their relatives felt that the staff and management were approachable and took action to address their changing needs, or any concerns they had.

**Is the service well-led?**

Good

The service was well-led. People said that the registered manager was approachable and brought about improvements to the service when needed. Staff felt supported and comfortable discussing any concerns with the management.

There were systems in place to check the quality of the service provided and made sure people were happy with the service they received, although some people thought the office could be more proactive in contacting them for feedback.

# HAIL - Domiciliary Care Service

**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 was planned to check 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.

Before the inspection visit we reviewed the information we held about the service, such as any notifications received, and information from the local authority.

The inspection of HAIL – Domiciliary Care Service took place on 11 and 18 November 2015 and was announced two days before the visit to ensure that the management were available to provide information needed. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

This included an inspection of the office and visits to four people who used the service in their own homes. We also spoke with another three people who used the service, one relative of a person using the service, eight care staff, the registered manager and the deputy manager.

We reviewed the care records of ten people using the service, three people's medicines and financial records, seven staff records and two records relating to volunteers providing personal care as part of the service.

We also spoke with a health and social care professional involved in working with people using the service.

Good

# Is the service safe?

## Our findings

People using the service and their family members told us that they felt safe with the staff support they received. One person told us, "I am OK thank you." Where possible family would visit on a frequent basis and all knew who to speak with if they had any concerns. None of the people using the service or their family members felt discriminated against in any way by staff from the service.

Staff told us they had safeguarding training. One staff member said, "I had my safeguarding training in November and keep up to date," and another told us, "We had good training in this area." A safeguarding policy was available and staff were able to describe signs of potential abuse and were clear about the relevant reporting procedures. They were also aware of the service's whistleblowing policy, and told us that they would be confident to report any concerns to the registered manager. There were clear guidelines on professional boundaries that staff were expected to follow. Discussion with staff and a health and social care professional, and review of records, indicated that safeguarding incidents were addressed appropriately.

People who required support with managing their finances, had appropriate arrangements in place to protect them from financial abuse. These included regular checks of monies stored, and receipts maintained to evidence all purchases made. They told us that they were able to make choices about how they spent their money.

Management undertook assessments of any risks to people using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. Care plans contained risk assessments for each person using the service, and staff we spoke with were aware of the contents of these. They contained information about action to be taken to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home including the use of mobility equipment such as walking frames. Risk assessments were reviewed six monthly or more regularly if there was a change.

People had pendant panic alarms, intercom systems and mobile phones for use in emergencies. An on-call rota was available to ensure that management cover was available at all times, and people told us that they were able to contact the service outside of office hours. Staff had undertaken relevant health and safety, moving and handling, fire safety, food safety and first aid training to support people to keep safe.

Staffing levels were determined by the number of people using the service and their needs, and staffing rotas indicated that people were provided with the staffing hours that they were assessed as needing. Recruitment information was available for all staff including application forms, identity records, interview records, disclosure and barring checks and verified references, in addition to a record of induction training for each staff member. Staff confirmed that they had been through appropriate recruitment checks and completed an induction programme relevant to the work they undertook. Staff also confirmed that they had the opportunity to shadow more experienced staff prior to working alone to ensure that they were confident in their role.

Most people using the service were assessed as requiring support with their medicines. The service had a policy and procedure for the administration of medicines. Staff providing support in this area had received training on the administration of medicines and evidence of this was found in the staff records. Staff administering medicines were aware of their responsibilities to ensure that they completed the medicines administration charts after they had administered the medicines. Records of people's medicines administration were complete, and records indicated that they were administered as prescribed. People receiving support with medicines told us that they received these on time as appropriate. People were supported to order and store their medicines safely and dispose of any medicines that were needed to their local pharmacy.

Visiting support workers did not wear a uniform but carried identification and wore personal protective equipment such as gloves when needed. People we spoke with did not have concerns about the infection control procedures followed by staff when providing personal care.

Good

# Is the service effective?

## Our findings

People told us that they were satisfied with the staff supporting them, and felt the staff were appropriately skilled and knowledgeable. They told us that when they had experienced difficulties, the management had taken appropriate action, for example with regard to the times that staff arrived. People confirmed that they were free to make choices about their lifestyles. One person told us, "I am happy.. they make me a nice dinner," and another person said, "They do everything I need."

Many of the support workers had been working with particular people for a long time and were well aware of their daily needs and interests. Relatives told us that staff were friendly and appeared professional and well trained.

Staff told us they had regular supervision sessions. They told us that they received effective support from the deputy manager and registered manager, and felt confident about their role. Inspection of records confirmed that they received regular one-to-one supervision in the last few months, however, prior to this there had been longer gaps in supervision of up to six months. The registered manager had been away from the service during this period, and the deputy manager had been providing supervision alone. It was clear that steps had been taken to address this issue, with supervision planned two monthly, and annual appraisals recorded. The registered manager also advised that they were planning to use a new telephone supervision format on some occasions. Records of supervision and appraisals included prioritising training goals, particularly for training in the Mental Capacity Act 2005 and end of life care, risk assessments, whistle blowing, and staff morale. Staff had been invited to a celebration to mark the tenth anniversary of the service.

Spot checks were recorded for all staff including observations of the support they provided to people, and discussion of any areas for improvement. These sessions gave staff an opportunity to discuss their performance and identify any changes in people's needs and any further training they required. We also saw some group supervision sessions recorded for staff members. Individual supervision was also provided for live-in volunteers who provided personal care to people using the service. These covered training in mandatory areas, practice, monthly tasks, any difficulties, and planning activities, with action plans put in place to be followed up at the next meeting.

Staff were knowledgeable regarding their roles and responsibilities and the particular needs of people who used the service. They confirmed that they had been provided with a period of induction and shadowing of more experienced staff. Although the dates of shadow shifts for new staff were recorded, there was little other recording of their induction period. We raised this issue with the registered manager, who advised that she would review induction recording, to indicate each staff member's progress. All staff were supplied with an employee's handbook on commencing work, and copies of the service's policies and procedures and terms and conditions. The registered manager told us that the induction training varied in length depending on the experience of the new staff member.

We saw records of mandatory training including moving and handling, learning disabilities, mental health awareness, communication skills, epilepsy, autism, professional boundaries, lone working and equality and diversity. Most of this training had been completed prior to staff commencing work at the service. However they confirmed that their knowledge about these areas was tested and reinforced in supervision. The registered manager advised that the service was implementing the new Care Certificate over the next six months, and opportunities were also available for staff to complete training equivalent to the Qualification and Credit Framework (QCF) in health and social care, to further increase their skills and knowledge in how to support people with their care needs.

We saw that some staff had identified training needs in dementia care and Makaton (sign language for people with learning disabilities) and these were being provided.

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 Act 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 made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

Staff had completed training in the MCA, or were allocated to undertake this training shortly. They understood the importance of gaining people's consent to the care and

Good

# Is the service effective?

support provided to them, and giving people's choices where possible. Staff gave examples of how they were able to give particular people choices through use of various communication techniques such as photographs or objects of reference.

Where people had variable capacity in making decisions, staff advised that the views of their care managers, and people within their 'circle of support' were sought when making significant decisions. The registered manager advised that there were no restrictions being placed on people under the MCA, as all were able to consent to their care and support at the time of the inspection visit. Care records reflected the need to obtain consent from people. We discussed with management the importance of ensuring that people had mental capacity to sign agreements to use the service, or record this as a best interest decision, using an independent advocate.

People were supported to access food and drink of their choice and were satisfied with the support they received in this area. Staff were aware of safe food handling practices, and assisted people to ensure that they had access to enough food and drink. They were aware of people's cultural food preferences. They supported people to prepare cultural meals of their choice and assisted one person to prepare vegan food. They were aware of any allergies that people had and the particular support they needed with eating and drinking.

People told us and records confirmed that staff were available to support them to access health care appointments if needed. Staff liaised with health and social care professionals involved in people's care if their health or support needs changed. They had hospital passports (including important information about their health and communication needs) in place ready to take with them to hospital in the event of an emergency admission.

People's care records included the contact details of their GP and other health care professionals so staff could contact them if they had concerns about a person's health. We received positive feedback about the service from a health and social care professional who provided support to some people using the service. People had access to a range of health care professionals when they needed them such as district nurses, and occupational therapists. One relative of a person using the service told us that they were impressed at how a staff member had "noticed a sort of cyst on Mum's forehead and now the doctor has removed it. She is really good that one."

Good

# Is the service caring?

## Our findings

People who used the service were happy with the staff supporting them. They told us, “They are good,” and “I like X [a support worker].” All the people we spoke with said they were able to communicate effectively with the care staff and make their needs known.

People told us that their privacy and dignity were respected by care staff, with curtains and doors closed prior to personal care provision. We observed staff knocking on people’s doors and waiting for permission before entering. People told us that where they needed support when carrying out their own personal care this was dealt with as discreetly as possible in the circumstances. One relative told us that they had requested that staff dried their relative in the shower room after washing, as this was more private, and this was respected.

People using the service and their relatives when relevant, told us they were involved in developing their care and support plan and identifying what support they required from the service and how this was to be carried out. The staff we spoke with told us they tried to help people who used the service remain as independent as possible. For example one person who had a pet cat which had become unwell, was supported to produce a care plan and medicines administration record for their cat. Staff supported this person to look after their pet, including prompting them to give the cat its prescribed medicines and monitoring the cat’s welfare, and this was recorded.

People who used the service said that care staff understood their needs and their preferences. The service had a policy on ensuring equality and valuing diversity. The routines, preferences and choices of people were recorded in their care records. If people chose to attend a place of worship this was supported by staff.

Staff would discuss general matters of interest where communication was possible, and it was clear that some had formed close relationships and a good rapport. One person said that they sometimes had a number of different support workers in any one week, which led to some inconsistency, however this did not exceed three different staff members. In another case every effort has been made to ensure only one specific support worker attended, and this was appreciated by the person using the service.

Good

# Is the service responsive?

## Our findings

People using the service told us, "I would be the first to let the service know if I wasn't happy and find another care agency. They always tell me if they are going to be late," and "I am registered blind and cannot see who is at the door. Management now ring me when the carer is at the door so I know who it is and can let them in."

People appreciated the flexibility of care provided by staff. A family member said, "She will come in on Xmas day, and also do some washing for us. She is really good. Mum sometimes doesn't want a shower in the morning so she says she is happy to come back in the evening."

People told us that staff responded to their care and support needs appropriately, enabling them to maintain their independence. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs. This enabled them to provide a personalised service. Staff supported people to access the community and minimise the risk of them becoming socially isolated.

Support agreements were in place for people using the service, identifying the support they were to receive. Assessments were undertaken to identify people's support needs and detailed care plans were developed outlining how these needs were to be met. For example, one person's care plan indicated that they became anxious if kept waiting, and emphasised the need for staff to be punctual. Staff told us that they were kept informed about any changes needed to people's care. People who were able to communicate with us were aware of their care plans. Assessments included information regarding past and present medical history, the cultural and religious background of people, and risk assessments including those associated with medical conditions and people's disabilities. Where possible care plans had been signed by people using the service to confirm that they had been consulted about the contents. People told us that the service reviewed their care in consultation with them to ensure that their changing needs were noted.

Care reviews took place at least every year, but more often when changes had occurred. For example, when a new risk was identified for a person relating to their accommodation becoming overcrowded. Appropriate risk assessments were in place for people, including those relating to epilepsy, asthma, and money safety, with detailed guidelines in place to minimise risks. Body charts were completed to record and monitor any marks such as cuts or bruises found on people using the service. Where relevant people had budget plans in place, to support them with their finances, and these were monitored by the service's management.

Daily care records were being completed by staff including medicines given, food choices and

people's general wellbeing. There were also key working records of sessions between people and key staff allocated to support them to work on their preferred goals such as daily living skills, housing issues, employment and leisure pursuits. Records included people's skills and needs assessments, likes and dislikes, routines, and achievement of long and short term goals.

Where this was part of the support agreed, we saw evidence that people were supported to undertake a range of activities of their choice both within and outside their home. Some people's support was recorded in their own words, such as "Things I like to eat and drink," and "I can make my own tea," with pictures to enable them to understand the text. Some staff had learned Makaton signs (sign language for people with learning disabilities) to communicate with people they supported.

People who used the service and their relatives had details of the complaints procedure and contact details for the office if they had any concerns. They told us they would feel confident to contact the registered manager if they had a complaint. Only one person suggested an area for improvement: "I always seem to have to ring up for my monthly rota, rather than them just sending it to me." We passed this information on to the registered manager to address.

No formal complaints had been received about the service since the previous inspection, however, there was not a record of informal concerns addressed by the management. We saw evidence that such issues had been addressed, including apology letters sent when staff did not attend as scheduled. The registered manager advised that they would consider keeping a record of such issues to demonstrate the responsiveness of the service.

Good

# Is the service well-led?

## Our findings

People told us that they were happy with the way the service was managed. One person told us, "I had several problems with my previous agencies, but settled down with this one…I have had the service for about a year and it's taken a time to refine itself, but I think we are now there."

A family member said, "I have had three agencies before this one and they were a complete disaster. These are the best I have had."

However one relative of a person using the service said, "I am not sure what the people in the office are doing. They seem a bit skew-whiff with the rotas and I always have to ring up to get one." Three people using the service or relatives told us that they would appreciate more regular contact from the service's management. However they advised that they were able to feedback any issues through the support workers who visited them. We passed this feedback on to the registered manager to address.

Staff told us that they felt supported by the service management. One staff member said, "I am very happy with the way I am managed," and another told us, "The management are really nice and they act quickly if there is a need." Staff said they were able to contact the office if they had any concerns. They felt well supported by the management, and attended regular staff meetings and supervision sessions.

The registered manager had been away from the service for approximately four months in the last year, during which time the deputy manager led the service with support from the provider organisation. This had resulted in fewer staff supervision sessions, and monitoring visits during this period, however these issues had been addressed in recent months.

The management monitored the quality of the service by speaking with people to ensure they were happy with the service they received, and conducting spot checks, review meetings and surveys of people's views. They conducted audits of medicines records, health and safety checks, financial records, and care records. Some improvements brought about as a result of these included provision of a more secure medicines cabinet for one person, reorganising people's care folders, and updating risk assessments. The service maintained a continuous improvement log, as part of the provider's evidence towards gaining the quality management accreditation 'ISO:9001: 2015'. Improvements made included changing the agency supplying emergency cover, and undertaking exit interviews for staff leaving the service.

Records of regular managers meetings indicated that these covered a range of topics relevant to the service including staffing rotas, customer satisfaction and preparation for the next CQC inspection. The most recent satisfaction surveys were conducted in May 2015. Customer questionnaires from 25 people indicated a high level of satisfaction. Comments included, "They listen to me when I do not get on with a support worker," and "Staff are nice and support me" although some people felt that staff did not always listen to them, and this was being addressed in supervision sessions with staff.

Comments from three relatives of people using the service included some areas for improvement in communication when a support worker was ill or on holiday, and some difficulties contacting the service office early on Monday mornings. Difficulties contacting the office occasionally were also raised by a staff member we spoke with, and we passed this information on to the registered manager who advised that they would look into this.

Surveys from 18 staff indicated some requests for better employment conditions, that the impact on staff be included in incident reports, and that more random spot checks be carried out. The registered manager had taken steps to address these issues.

Records were maintained of incidents or accidents relating to the service. It was clear that these were monitored, with actions put in place to reduce the risk of these issues reoccurring. This included staff disciplinary procedures and an apology letter sent to people using the service if any call was missed.