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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

At our last comprehensive inspection in November 2017 the service was rated 'Requires Improvement'. At that inspection we identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to the need for consent, safe care and treatment, staff support and good governance.

At this inspection we found that the registered provider had addressed these breaches. At this inspection the service was rated 'Good'.

Hail - Burghley Road is a 'care home' for people who have a learning disability. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home accommodates a maximum of four people in one terrace house. At the time of our inspection there were three people living at the home.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality 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 and associated Regulations about how the service is run.

The home had a relaxed atmosphere and people told us they were well treated by the staff and felt safe with them. We saw the way that staff interacted with people had a positive effect on their well-being.

Staff understood their responsibilities to keep people safe from potential abuse, bullying or discrimination. Staff knew what to look out for that might indicate a person was being abused.

Risks had been identified, with the input from the person where possible and were recorded in people's care plans. Ways to reduce these risks had been explored and were being followed appropriately.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately. Medicines were being audited regularly so any errors could be picked up quickly and action taken.

Staff were positive about working at the home and told us they appreciated the support and encouragement they received from the management.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff understood the principles of the Mental Capacity Act (MCA 2005) and knew that they must offer as much choice to people as possible in making day to day decisions about their care.

People were included in making choices about what they wanted to eat and staff understood and followed people's nutritional plans in respect of any cultural requirements or healthcare needs people required.

Both people who used the service and the staff who supported them had regular opportunities to comment on service provision and made suggestions regarding quality improvements. Staff told us that the management listened to them and acted on their suggestions and wishes.

All parts of the home, including the kitchen, were clean and no malodours were detected.

People had regular access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

Staff treated people as unique individuals who had different likes, dislikes, needs and preferences. Staff and management made sure no one was disadvantaged because of their age, gender, sexual orientation, disability or culture. Staff understood the importance of upholding and respecting people's diversity. Staff challenged discriminatory practice.

Everyone had an individual plan of care which was reviewed on a regular basis.

People were supported to raise any concerns or complaints and staff understood the different ways people expressed their views about the service and if they were happy with their care.

The management team worked in partnership with other organisations to support care provision, service development and joined-up care.

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. Staff understood their responsibilities to protect people from abuse and knew how to raise any concerns with the appropriate safeguarding authorities.

Risks to people's safety had been identified and the management had thought about and recorded ways to mitigate these risks.

Staff understood their roles and responsibilities in relation to maintaining high standards of cleanliness and hygiene in the premises.

There were systems in place to ensure medicines were administered to people safely and appropriately.

Is the service effective?

Good

The service was effective. Staff had the knowledge and skills necessary to support people properly and safely.

Staff understood the principles of the MCA and were aware of the need to always obtain consent when they supported people.

People had a choice of meals and staff knew about any special diets people required.

People had access to healthcare professionals such as doctors, dentists and opticians.

Is the service caring?

Good

The service was caring. We observed staff treating people with respect, kindness and dignity.

Staff knew about the various types of discrimination and its negative effect on people's well-being.

Staff understood people's likes, dislikes, needs and preferences and people were involved in their care provision as far as possible.

Staff respected people's privacy.

Is the service responsive?

Good

The service was responsive. People's care was individualised, and the management and staff reviewed people's needs and made changes to people's care provision when required.

Staff knew how to communicate with people, listened to them and acted on their suggestions and wishes.

People were encouraged to raise any concerns they had with any of the staff and management of the home.

Is the service well-led?

Good

The service was well-led. People who used the service and the staff who supported them had regular opportunities to comment on service provision and made suggestions regarding quality improvements.

Staff were positive about the management and told us they appreciated the clear guidance about the vision and values of the organisation.

The management team worked in partnership with other organisations to support care provision and improve the service.

Quality assurance arrangements identified current and potential concerns and areas for improvement.

Care Quality Commission

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 unannounced inspection took place on 8 January 2019 and was carried out by one inspector. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and other information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people using the service.

We met and spoke with all three people who currently use the service. As some people at the home have different ways of communicating, it was not always possible to ask them direct questions about the service they received. We asked staff to help us obtain feedback from people as they understood people's different methods of communication. We observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being.

We spoke with six staff including the registered manager, the deputy manager and four care staff. We were sent further information after the inspection by the registered manager and the Director of Operations.

After the inspection we contacted two relatives to gain their views about the home. We also spoke with two social care professionals after the inspection.

We looked at all three people's care plans and other documents relating to their care including risk assessments and healthcare documents. We looked at other records held by the service including health and safety documentation, quality audits and staff records.

Good

Is the service safe?

Our findings

At our last inspection of this service in November 2017 we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach was in relation to the assessment of environmental risks at the home. At this inspection we found that the registered provider had complied with this breach.

Since our last inspection the provider had recruited a registered manager and deputy manager at the home. They told us that, after reading our report they had instigated new systems for identifying, assessing and acting on environmental risks at the home. The fire risk assessment was up to date and included everyone's current personal emergency evacuation plans. Fire equipment had been recently serviced and there were regular, ongoing fire drills and fire alarm tests taking place.

We saw updated environmental risk assessments as well as systems to identify risks and monitor the overall safety and maintenance of the building. Window restrictors had been fitted where appropriate. The kitchen was checked regularly to ensure food was in date and being stored safely. The kitchen had not been recently inspected by the local environmental department and the registered manager told us they were contacting them to arrange an inspection.

Staff had completed training in fire safety and first aid and were aware of their responsibilities and knew how to raise concerns and record safety incidents and near misses. There were systems in place to monitor and review any accidents, concerns or incidents that occurred. The registered manager was aware of their responsibilities in this area and understood the importance of reviewing situations when things went wrong in order to learn and improve. The registered manager was open and transparent with us about the importance of learning from mistakes to limit the risk of the same issues reoccurring.

Individual risk assessments had been carried out for people using the service. These described the risks they faced in relation to their everyday care and support needs and what action staff needed to take to keep people safe. For example, people who were at risk from developing pressure ulcers had pressure reliving equipment in place and staff understood the importance of making sure people were repositioned regularly. No one at the home had any pressure ulcers.

Staff told us about the risks people faced and how these were mitigated. This matched the information in people's care plans. Where possible, staff had discussed people's risks with them and one person commented, "Yes, staff tell me."

We checked medicines and saw satisfactory and accurate records in relation to the receipt, storage, administration and disposal of medicines for each person. Records showed that medicines were audited regularly so that any potential errors could be picked up and addressed quickly.

We observed friendly interactions between people and the staff supporting them and people told us they felt safe with the staff. One person commented, "Yes, very safe."

Staff knew how to recognise and report potential abuse. Staff had received training in safeguarding adults and understood the types of abuse people could face and potential signs to look out for that may indicate someone was being harmed. They understood how everyone at the home expressed if they were distressed or unhappy about something. Staff knew they could report their concerns to outside agencies such as the local authority, the police and the CQC.

The two relatives we contacted told us that their relative would tell them if they were unhappy or felt unsafe with any of the staff. A relative we spoke with told us, "[My relative] would say if there was a problem, if he didn't like anyone in particular. He would tell us." The service had an easy read version of a policy entitled 'Say no to abuse' on display.

Neither the people who used the service or the staff supporting them had any concerns regarding staffing levels. The rota showed that there were two care staff on duty throughout the day and one staff slept in the service throughout the night. The registered manager told us there were policies for lone working staff which included how to deal with fire and other emergencies.

On the day of this unannounced inspection there were two care staff on duty as well as the deputy manager. The registered manager confirmed that more staff would be deployed if people's level of dependency increased or they needed to attend a hospital or GP appointment.

No new staff had been recruited to the home since our last inspection. The staff files we checked at the last inspection contained appropriate recruitment documentation including references, criminal record checks and information about the experience and skills of the individual. Staff we spoke with confirmed that they could not start working for the service until they had received a satisfactory criminal record check. We saw that the provider had checked that the potential staff member had the right to work in the UK.

Staff had completed infection control and food hygiene training and understood their roles and responsibilities in relation to these areas of care. They told us they were provided with sufficient amounts of personal protective equipment. No domestic staff were employed at the home and staff were expected to clean the communal areas and encourage people to keep their rooms clean and tidy. On the day of the inspection the home was clean and no malodours detected. Bathrooms and toilets had anti-bacterial soap and paper hand towels to limit the risk of cross infection.

Good

Is the service effective?

Our findings

At our last inspection of this service in November 2017 we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to supporting staff and the Deprivation of Liberty Safeguards (DoLS). This was because staff were not being sufficiently supported in their role and people living at the home were being deprived of their liberty without the required legal safeguards in place.

At this inspection we found that the registered provider had complied with these breaches.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf for 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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

Risk assessments showed that it was not safe for people to go out into the community on their own. This was because they were not always aware of environmental risks or people might take advantage of them. Legal safeguards were now in place and staff accompanied people when they wanted to go out of the home.

People's ability to consent to care and treatment was recorded in their care plans. We saw that, where people lacked the capacity to make major decisions, 'best interest' meetings had taken place, with the relevant stakeholders to discuss what was best for the person. For example, we saw records in relation to the decision to employ the covert administration of medicines if required.

Staff had attended MCA 2005 training and were aware of the need to always obtain consent when they supported people. They understood the ways people communicated their consent including how people expressed themselves non-verbally. One member of staff told us, "[The MCA training] helps me understand if people are capable of making decisions for themselves. They have their rights." Another staff member said, "You can communicate with everyone here."

People told us the staff always asked permission before carrying out any talks with them. One person said, "Yes always."

Staff told us and records showed that staff were provided with the training they needed to support people effectively. This included safeguarding, health and safety, medicine management, food hygiene and moving and handling. One staff member told us, "The training is very good, it's helped me." They told us about how recent training in dementia care had improved their understanding and their work practices. They told us, "This has opened my eyes and I have a better understanding of how the disease effects people's behaviour. You have to understand the person's own reality. That's their truth."

We saw records of staff training were being maintained and monitored so refresher training could be booked when required. One staff member told us, "My training is pretty much up to date. I've just finished my level three QCF." The Qualifications and Credit Framework (QCF) is a new credit transfer system which has replaced the National Qualification Framework (NQF).

Staff confirmed they received regular supervision and appraisals and felt supported by this process. A staff member told us, "I think it's [supervision] useful. I can talk about how I'm feeling." Another staff member commented, "We did an appraisal, it's good to have some feedback from your manager, to know if you're on the right track." We saw records of regular supervision and appraisals in staff files.

Staff told us that the induction process was useful and involved training and shadowing more experienced staff.

We saw assessments and care planning was carried out holistically and in line with the values of the organisation. These values included working in a person centred way to improve and promote opportunities, rights for inclusion, real relationships, employment and housing. These values matched those of the National Institute for Health and Care Excellence (NICE) and other expert professional bodies.

These needs assessments included goals for each person and what support they required to achieve these. Goals, and care and support needs were reviewed regularly and changes made when required.

People's needs were assessed and care was planned in a way that ensured people were not discriminated against. This was because the management and staff understood the ways people could be disadvantaged for example, because of their gender, sexuality, disability, race or religion.

People told us they were happy with the food provided and they always had enough to eat and drink. A relative told us," He eats everything." We saw menus were discussed at regular house meetings and in pictorial format as required by the communication needs of the people using the service. Relatives told us and records confirmed that menus reflected people's cultural preferences.

Where risks had been identified with regard to eating and drinking, there were clear instructions both in people's care plans and in the kitchen about how risks should be reduced. For example, by using thickening agents and soft diets where people had problems with swallowing and were at risk of choking.

HAIL- Burghley Road is a terraced house just like any of the other houses in the street. There was nothing about the house either in design or adaptation that had an institutional appearance. Everyone had their own room and there were communal lounges and a kitchen so people could be together if they wished.

People and their relatives told us they had good access to health and social care professionals and their healthcare needs were being met. A relative commented, "The staff seem to be supporting [my relative] with his GP appointments."

Care plans showed the registered manager had obtained the necessary detail about people's healthcare needs and had provided specific guidance for staff regarding what action they needed to take if people became unwell. Staff we spoke with had a good understanding about the current medical and health conditions of the people they supported. Records showed that people had regular access to healthcare professionals such dentists and opticians and people's health was being regularly reviewed by their GP.

Good

Is the service caring?

Our findings

People who used the service and their relatives told us staff were kind and caring and they had developed meaningful relationships with them. One person told us, "Yes, staff friendly." A relative told us, "The staff are kind. [My relative] can confide in them, he's confident with them."

Throughout the day of the inspection we observed staff interacting with people with kindness and respect. We could see from these observations that staff had a good understanding of peoples' likes, dislikes and life history. This matched the information we saw in people's care plans. We also saw that staff understood the different ways people communicated their needs and wishes and staff responded appropriately.

Staff told us how they were able to include people in making decisions about their care through understanding how and what people were communicating. Staff gave us examples of how they communicated with people who did not always use verbal communication. For example, through use of pictures or by understanding people's body language and facial expressions. One person we spoke with said, "[I] choose what to do." Relatives told us they were kept informed about any issues. A relative told us, "I'm kept up to date, they tell me how he's been."

The registered manager and staff understood how issues relating to equality and diversity impacted on people's lives. They told us that they made sure no one was disadvantaged because of, for example, their age, sexual orientation, disability or culture. The Equality Act 2010 introduced the term 'protected characteristics' to refer to groups that are protected under the Act and must not be discriminated against.

Staff gave us examples of how they valued and celebrated people's differences. Staff told us that it was important to respect people's culture and customs and gave us examples of how they did this in relation to religious observance, language and culture.

The director of operations wrote to us after the inspection and stated, "All staff have equality and diversity training and are supported to develop these areas in support plans. It is important for HAIL to see a holistic and individualistic approach to diversity and not that just because someone is from an Indian heritage then we meet cultural needs by getting a curry."

People confirmed they were treated with respect and their privacy was maintained.

Staff gave us examples of how they maintained people's dignity and privacy both in relation to personal care tasks and that personal information about people should not be shared with others. Personal information, held by the service, relating to people living at the home was being treated confidentially and in line with legal requirements.

Good

Is the service responsive?

Our findings

Care plans were person centred and gave staff clear information about people's needs, goals and aspirations whilst being mindful of identified risks to their safety. People also had Health Action Plans which covered in detail what staff and other healthcare professionals needed to do to make sure people's health was optimised as much as possible.

People using the service and those close to them had been involved in assessing, planning and reviewing their care and support needs.

People's ongoing care and support needs were assessed and kept under regular review so any changes could be made when required. Where people's needs had changed, we saw the necessary changes to the person's care plan had been made. This meant that all staff were aware of and had the most up to date information about people's needs. Staff communicated and updated each other about people's changing needs at regular staff handovers and through daily progress notes for each person.

Relatives told us they were involved in reviewing people's support needs. One relative told us, "I have been involved in [my relative's] care planning. The staff discusses with me what [my relative] needs and the medication he is receiving and when changes are made to his care. And I have attended meetings for [my relative's] reviews."

People's individual communication needs had been identified by staff and recorded. Staff were aware of the different ways people communicated and information was provided to people in a way they could access and understand. For example, people's support plans were in pictorial format to help them understand what support was being provided and helped to ensure people were not disadvantaged because of the different ways they communicated.

Staff made sure that people could maintain relationships that mattered to them, such as family, community and other social links. Relatives told us they were made welcome when they visited and confirmed that people were able to go out with staff when they wanted. People took part in activities both in the home and outside. They told us they were happy with this. One person, commenting about activities they enjoyed, said, "Italian restaurant, the work ship, cinema, colouring, Lego and models." Another person said, "Puzzles and going to the shops."

The operations director informed us how people's needs in relation to equality and diversity were met. They told us, "We have activity workers who are employed on a sessional basis purely to support people with certain cultural needs such as attending a faith service or going to watch a certain type of music. We match workers to individuals across our services such as gender specific support and faith-based support.

The service had Wi-Fi and the registered manager told us, "One customer is currently using his [tablet device] to enable him to search for local cinema listings or any purchases that he would like to buy as well as using 'google earth' to search information of his heritage."

People told us they had no complaints about the service but said they felt able to raise any concerns without worry and knew who they would talk to. One person told us, "I will talk to somebody. I'm happy." One relative told us, "There's nothing to complain about." Another relative commented, "If I am concerned, I would make a complaint. I am alright making a complaint if necessary, especially for [my relative]."

The complaints procedure was also in a pictorial format. Records showed that people were asked if they had any complaints at regular meetings. We saw that any complaint had been recorded as well as any actions taken to deal with the complaint.

We saw records of complaints and the registered manager told us that any concern was used as an opportunity to learn.

There were sections in people's care plans relating to the support they might need and their preferences if they were nearing the end of their life. We saw some of these sections had been completed however, we were told that some people did not feel ready to discuss this. The relevant policies and procedures were in place so that staff understood this important aspect of care should it be needed.

Good

Is the service well-led?

Our findings

At our last inspection of this service in November 2017 we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach was in relation to good governance. This was because management systems to assess and monitor the safety of the services provided were not always effective at identifying potential problems. At this inspection we found that the registered provider had complied with this breach.

We saw that audit systems were now in place and being followed. These included fire audits, health and safety audits and food and hygiene audits. These were designed to identify any potential problems so action could be taken to address any concern in a timely manner. The registered manager and deputy manager told us these systems had been introduced following the last inspection. It was clear from discussion with the registered manager that they understood their responsibilities with regard to legal requirements including the submission of notifications and other required information.

People using the service and their relatives were positive about the way the service was run, they felt included and their views were sought and valued. A relative told us, "They listen to me." Relatives told us the registered manager and deputy manager were very much involved in people's care and good at communicating with them. One relative told us, "The [registered] manager is kind and easy to talk to." Another relative commented, "the [registered] manager informs about [my relative's] needs by emails, phone calls, and letters."

Staff were positive about the management of the service and told us their views and suggestions were listened to. One staff member told us, "[The registered manager] is a very capable person, very open and understanding. Easy to talk to and she listens to you." Another staff member commented, "[The registered manager] always tries to find a way to make things work for you. You can always get in touch with her and she always responds." Staff understood the vision and values of the organisation and told us how these were promoted and upheld.

The director of operations wrote to us and described how the organisation promoted equality and inclusion with in its workforce. They told us, "As an employer over 25% of our workforce has a disability or a long-term health condition. We have supported this workforce by putting in support mechanisms such as accessible policies, fluid working hours (for people with mental health conditions) and transport apps."

There were systems in place to monitor the quality of the service provided. This included feedback from weekly house meetings, staff meetings, and regular quality audits both internal and external. The outcomes of these meetings and monitoring systems were shared and used to look ways to improve the service and to learn from any mistakes. People were asked for their views about their care on a daily basis and these views were being recorded and monitored.

The registered manager told us how they worked with other agencies to improve the service. They told us, "We work with the customers' health needs and long-term life changes. One customer has developed

serious health issues over the recent months, and we needed to liaise with social services [and other] professionals such as the occupational therapist; physiotherapist; psychiatrist as well the advocate to ensure that strategies can be put into place to support the customer and the staff better."