Haringey Association for Independent Living Limited

Hail - Bedford 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

This unannounced inspection was undertaken on 30 May 2018 and was carried out by one inspector. At our last comprehensive inspection in March 2017 the service was rated 'Requires Improvement'. At that inspection we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Registration Regulations 2009. These breaches were in relation to good governance, statutory notifications and the requirement to have a registered manager. At this inspection we found that the registered provider had addressed these breaches. At this inspection the service was rated as 'Good'.

HAIL- Bedford 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 service accommodates a maximum of six people. At the time of our inspection there were six people living in the home. Most of the people using the service had been living at the homes for many years. Most of the staff team had also been working at the home for some time and everyone knew each other well.

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.

The manager was in the process of registering with the Care Quality Commission but was on annual leave at the time of our inspection. 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 2008 and associated Regulations about how the service is run.

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. People using the service were relaxed with staff and the way staff interacted with people had a positive effect on their well-being.

Risks had been recorded in people's care plans and 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 appropriately. People were supported to take their medicines as prescribed.

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

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 had.

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, was clean and no malodours were detected. Although care staff were expected to carry out cleaning tasks, they told us they were able to maintain a clean environment as well as support people safely.

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.

There were enough staff on duty to support people safely.

Is the service effective?

Good

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

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

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

The house was well maintained and appropriate to people's needs.

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

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.

Activities provided by the home and outside of the home met people's social and spiritual needs.

People were regularly supported 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. The service worked in partnership with other organisations to support care provision, service development and joined-up care.

The management team ensured that good practice was shared and acted on throughout the service and the organisation.

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

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.

Hail - Bedford 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 30 May 2018 and carried out by one inspector. Before the inspection we reviewed information we had about the provider, including previous inspection reports and notifications of any safeguarding or other incidents affecting the safety and well-being of people using the service. By law, the provider must notify us about certain changes, events and incidents that affect their service or the people who use it.

We met and spent time with all the six people who used the service. People living at the home had different ways of communicating so, it was not always possible to ask them direct questions about the service they received. 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 also spoke with five care staff, the deputy manager and the operations director. The operations director wrote to us after the inspection and provided some additional information we had requested.

We looked at four people's care plans and other documents relating to their care including risk assessments and medicine records. We looked at other records held at the home including meeting minutes, health and safety documents and quality monitoring audits.

Good

Is the service safe?

Our findings

We observed interactions between people who used the service and the staff supporting them. We saw people were relaxed and comfortable with the staff and enjoyed their company.

Staff understood what abuse was and knew how to recognise if people were being abused, bullied or experiencing discrimination of any kind. They knew about the process for raising any concerns. Staff told us they would always report any concerns they had to the manager. They knew they could also raise concerns with other organisations including the police, the local authority and the CQC.

The deputy manager told us how lessons had been learnt from past safeguarding incidents. This included reviewing risk assessments to ensure information was clear and accurate as well as ensuring body charts were competed when required.

Staff understood the potential risks to people in relation to their everyday care and support. These matched the risks recorded in people's care plans. Care plans identified the potential risks to people regarding their care.

These risks included keeping safe outside the home and what staff needed to think about when individuals used the kitchen. There was information for staff on how the risks identified should be mitigated. For example, staff understood that the people living at the home would not be safe going out on their own. Staff told us they always went out with people and we saw the relevant legislation in relation to this deprivation of liberty was being followed.

Everyone had a personal evacuation plan which gave advice about the most appropriate and safe way individuals should be evacuated from the home. Records of fire equipment and systems were checked regularly and the record of fire drills showed that people were able to evacuate the service in good time.

Staff understood their responsibilities and knew how to raise concerns and record safety incidents and near misses. Any accidents were recorded and sent to the provider's head office for analysis.

All parts of the home, including the kitchen, were clean and no malodours were detected. No domestic staff were employed and care staff were expected to carry out cleaning tasks. Staff told us they were able to support people safely as well as maintain a clean environment. The kitchens had been inspected by the environmental health department very recently and the deputy manager told us they were expecting the same top score of five 'scores on the doors'.

Staff had sufficient amounts of personal protective equipment and had completed training in infection control and food hygiene. They understood their roles and responsibilities in relation to maintaining high standards of cleanliness and hygiene in the premises.

We checked medicines and saw accurate records in relation to the receipt, storage, administration and

disposal of medicines at the home. All medicines were audited regularly so that any potential errors could be picked up and addressed quickly. Records showed that people's medicines had last been reviewed by the GP in February 2018. Staff told us that the training included a written exam and they were not allowed to deal with medicines in any way until they had passed this exam. Records showed that an audit by the local pharmacy had been carried out in November last year.

There had been no changes to staffing levels since our last inspection and staff did not have any concerns regarding this. Although they told us they were busy they did not feel unsafe with the current staffing ratio and the dependency needs of the people they supported. The deputy manager confirmed that more staff would be deployed if people's level of dependency increased and we saw this was being monitored regularly. We saw that bank staff from the organisation had been deployed when people needed to attend healthcare appointments or activities. We saw that staff were not rushed and took time with the people they were supporting.

No new staff had been appointed since our last inspection. At the last inspection we checked staff files and saw that the provider was following appropriate recruitment procedures. These procedures remained in place to ensure only suitable staff were employed.

Good

Is the service effective?

Our findings

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 Government's white paper, 'Valuing People - A New Strategy for Learning Disability for the 21st Century'.

Staff had a good understanding of the needs and preferences of people living at the home. This matched information detailed in people's care plans as well as what we observed. 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. One staff member told us, "It's not just about their personal care, it's about their mental health, their well-being, their community and their family and friends."

Care plans detailed how staff were to encourage people's independence in a safe and supportive way. There was information about what the person could do for themselves and when they needed staff support. Care plans included sections titled, 'what I can do' and 'what I need your help with'.

Supervisions and appraisals were taking place for all staff and were used to develop and motivate them, review their practice or behaviours, and focus on professional development. One staff member told us, "Sometimes it's to de-stress and to bring in new ideas, what we can do differently." Another staff member commented, "It's my time."

Staff told us they were provided with the training they needed to support people effectively. This included health and safety, medicine management, food hygiene, and first aid. This was delivered as face to face training as well as E-Learning. One staff member told us, "It's about making sure we are doing our job the correct way. Things change and we have to adapt to it." Another staff member commented, "I'm up to date with all my training."

Staff were positive about the training provided and gave us examples of how training had improved their working practice. For example, they told us how recent epilepsy training had improved their awareness of the condition.

A staff member explained how technology was used and a sensor fitted to the mattress of people living with epilepsy to alert staff if the person experienced a seizure. A staff member commented, "We get the best training."

Training was repeated each year and staff told us how useful this was for them. One staff member told us, "The law changes and you need to be updated."

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.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff understood the principles of the Mental Capacity Act and told us it was important not to take people's rights away and that they must always offer as much choice to people as they could. One staff member told us, "It's to protect people. I always give choices." Staff knew people very well and explained how individuals communicated their choices about menus, clothes and activities.

For safety reasons everyone needed staff to accompany them when they went out of the home and we saw the relevant legislation in relation to this deprivation of liberty was being followed.

Staff were responsible for cooking meals at the home and had undertaken food hygiene training. Menus were chosen by people at regular house meetings by using pictures and pointing to the meals they wanted for the week ahead. Staff had a good knowledge of people's dietary preferences and any special diets that people required.

On the day of the inspection everyone was going out to various community activities. We saw that staff had prepared healthy packed lunches for people and we saw lots of fresh fruit and vegetables in the kitchen.

Staff were also aware of potential risks people faced in relation to eating and drinking. For example, they told us they had to monitor people who ate quickly to make sure they did not choke.

The service comprised of a terraced house just like 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 was a communal lounge and kitchen so people could be together if they wished. We saw people moved freely around the house and chose either to be with other people or to be on their own.

People were appropriately supported to access health and other services when they needed to. Each person's personal records contained documentation of health appointments, letters from specialists and records of visits. We saw examples of where people had regularly accessed doctors, dentists, chiropodists and opticians. We saw that people's healthcare needs were recorded in their care plan and discussed at staff team meetings.

Where people required medical examinations, but were unable to consent, we saw records of meetings with the person's family and health and social care professionals to make sure that any decisions would be in their best interests.

Good

Is the service caring?

Our findings

People were relaxed with staff and we saw that positive and supportive relationships had developed between everyone. Staff and people using the service had been together for many years. Some people had lived at the home since the 1980s. This had led to a strong feeling of community and friendship. However, staff were also aware of professional boundaries. A staff member commented, "They own this place, it's their home we only visit and help out."

Throughout the inspection we observed, and records confirmed, that everyone was encouraged to be as independent as they could be. We saw people were moving around the home with staff supporting them only when they required support or encouragement.

Staff knew what support people required and were aware of people's likes, dislikes and life history.

Staff told us that everyone could express their views and preferences and make decisions about their care. Because people had different ways of communicating, there were clear instructions in their care plans about their individual way of communicating. For example, one person's care plan stated, "I understand what you say. I can tell you what I need by indicating or pointing" and "Do not speak too fast." This meant that people were not disadvantaged because of the different ways they communicated.

Staff had completed equality and diversity training and understood how issues relating to equality and diversity impacted on people's lives. They told us they made sure no one was disadvantaged because of, for example, their age, gender, sexual orientation, disability or culture. Staff told us that they and the people they supported had, in the past, experienced some derogatory comments from minicab drivers. They told us how they had challenged this and made complaints to the cab office.

Staff gave us examples of how they upheld and respected people's diversity which included making culturally appropriate meals and by celebrating various religious and cultural events. Care plans identified people's religion, ethnicity and culture as well as what this actually meant to the person. There were details about how staff were to ensure people's cultural needs and preferences were followed and respected.

Staff gave us examples of how they ensured people's privacy and dignity were maintained and respected. These examples included keeping people's personal information secure as well as ensuring people's personal space was respected. Staff understood issues regarding how people expressed their sexual needs within a communal living situation. They demonstrated an understanding that this was a human need and ensured people were supported to have privacy and time alone when they wanted.

Good

Is the service responsive?

Our findings

People's 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 so 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.

Everyone had an individual activity plan which included community activities as well as activities within the home. These plans had been developed by the staff with input from the individual and reflected their interests and spiritual and cultural preferences. On the day of our unannounced inspection everyone was getting ready to go to local day centres.

As everyone needed staff to accompany them we saw staff from the organisation picking people up in the morning and bringing them back home in the afternoon. People were excited in the morning when they were leaving and when they got home we saw the activity had a positive effect on their well-being with people laughing and engaging with staff and each other.

We saw photographs in peoples care plans that showed they took part in varied activities and staff told us how people used various methods of communication including pictures to decide what they wanted to do.

Records showed that people were asked if they had any concerns or complaints at weekly house meetings. Staff explained the communication methods each person used to express if they were happy or sad about anything. We saw this was also recorded in care plans. One person's care plan stated, 'You can tell if I'm happy I will laugh and smile. If I get frustrated and upset I will scream and shout'.

The deputy manager told us that currently no one using the service was being supported at the end of their life. People had lived at the service for a long time and their wishes and preferences in relation to aging and dying were recorded in their care plan. Some people's care plan did not contain this information and we saw that relatives had been asked but, at present, had not felt ready to discuss this. The service had the relevant policies and procedures in order that staff understood this important aspect of care should it be needed to ensure people had a comfortable, dignified and pain-free death.

Good

Is the service well-led?

Our findings

At the last inspection of this service we identified three beaches of the Health and Social Care Act 2008. These were in relation to notifying the Commission of safeguarding issues, a lack of quality audits and because the home had not appointed a registered manager. At this inspection we found that the registered provider was no longer in breach of these regulations.

Notifications were now being sent to the Commission and systems to monitor quality and safety matters were in place. The service had appointed a manager and, at the time of the inspection they were in the process of registering with the Commission.

Staff were very positive about the new manager and the management in general. One staff member told us, "They are all amazing. It's good to have a manager who listens to you." Another staff member commented, "They listen to us, we don't have any barriers, [the management] are willing to help and are hands on."

Staff told us they felt valued by the management of the service and they appreciated the guidance and support they received from the new registered manager. They told us the management of HAIL were open and they had no concerns about raising any issues they might have. One staff member told us, "There is good teamwork here."

Staff understood the vision and values of the organisation and told us how these were promoted and upheld. One staff member told us, "We must provide the best care possible and treat people with respect." We saw that the management was encouraging and modelling an inclusive and empowering culture at the service.

The operations director told us that 28% of its paid workforce had a disability or long-term health condition, and included 38 people with a learning disability and or Autism. The organisation runs a service called 'HAIL to Work' which employs people with a disability. The operations manager told us, "We have translated some of our policies into an easy read format and seen a number of people develop skills and their job role."

We saw that people at the home were being supported by staff at 'HAIL to Work' and the operations director described the positive effect this had for both parties.

The operations director and management team carried out regular audits including health and safety, staff training, cleaning, and care records. We saw that environmental risk assessments and checks regarding the safety and security of the buildings were taking place on a regular basis and were detailed and up to date.

Staff knew the different ways people communicated and told us how they found out and recorded people's views about the quality of the service provision. Records showed that meetings took place every week and people had expressed their views about how the service was run. Surveys in pictorial form had also been used to gain people's views and included questions about safety and staff kindness and compassion.

Staff told us they could comment on the way the service was run and make suggestions for improvement. The operations director explained how a staff member had suggested a change to increase people's independence with hanging up their coats. The staff member had suggested using photographs of people over designated hooks, reducing reliance on staff to complete the task. We saw people were able to hang up their coats independently.

The operations director explained to us how the service worked in partnership with other agencies and organisations. This included working with the local authority safeguarding team and commissioning. They wrote to us after the inspection to tell us how they worked with the local community. They told us, "One of the biggest successes so far has been HAIL Day services involvement in the community litter pick at Lordship Rec which has included all six customers who live at Bedford Road. This has helped develop good relationships between the local community and HAIL."