

Peabody Trust

148 Hornsey Lane

## Inspection report

148 Hornsey Lane  
Islington  
London  
N6 5NS

Tel: 02072723036

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

148 Hornsey Lane provides accommodation and personal care to people with long-term mental health needs. The service accommodates 12 people across three floors. At the time of our inspection there were 11 people using the service.

### People's experience of using this service and what we found

During this inspection we found that the management team needed to improve the oversight of the service provision. The provider needed to ensure that all aspects of the service were regularly and effectively monitored and that the service was provided in line with the current government guidelines and legislation.

We found improvements had been made in relation to the infection prevention and control, risk assessment, management of medicines and staffing. There remained some areas of improvement still to be achieved in seeking feedback from people and relatives.

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

People and relatives said people usually felt happy and safe at the service. We received concerns about how safe the home was in keeping people safe for visitors bringing in COVID-19 and how much information was shared with relatives. External health and social care professionals said that staffing had been a concern due to staff turnover and that some people's mental health should be able to be responded to in house rather than seeking community mental health colleague's advice.

The recruitment procedures for staff employed directly by the provider, and from external staff agencies were now safe as, not least for externally recruited staff, the provider was verifying staff background checks. Staff we spoke with understood their role in safeguarding people from harm from others. There were appropriate accidents and incidents procedures in place.

The registered manager understood their legal responsibility around being open and honest with people when something goes wrong and notifying the CQC about significant events at the service. However, we were concerned that a significant event that had happened a few days prior to our visit was not mentioned to us when we were at the home. This had been raised by a senior manager the following day and CQC had been notified via CQC's notification system.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 8 January 2021). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive

inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve to comply with a warning notice. The warning notice had been issued in relation to infection prevention and control. Our previous inspection also found breaches of regulation 12 in respect of risk assessments, fire safety and medicines. There were also breaches of regulation 17 regarding good governance and regulation 18 in respect of staffing.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations and had complied with the warning notice.

#### Why we inspected

The inspection was prompted to follow up on compliance with the warning notice that had been issued after our inspection in November 2020. A decision was made for us to inspect and examine this and the previous breaches of regulation.

The inspection was prompted in part due to concerns received about protecting people from COVID-19, information sharing, treating people with dignity and respect, staff turnover and managing people's mental health issues. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider had made improvements but they also acknowledged that more could be done.

The overall rating for the service has not changed from requires improvement. This is based on the findings at this inspection.

#### Follow up

We will work alongside the provider and local authority to monitor progress.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# 148 Hornsey Lane

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This was a focused inspection to check whether the provider had met the requirements of the Warning Notice in relation to regulation 12 (Safe care and treatment) as well as to examine if improvements had been made following other breaches of regulations 12, 17 and 18.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

This inspection took place on 2 November 2021 and was unannounced.

#### Inspection team

This inspection was carried out by one inspector and an expert by experience made phone calls to one person using the service and six relatives.

#### Service and service type

148 Hornsey Lane is a 'care home'. People in care homes receive accommodation and nursing or 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 had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

The provider was not asked to complete the Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

We reviewed information we had received about the service since the last inspection.

### During the inspection

During our visit, we spoke with two people who used the service. We also spoke with the registered manager, the Head of Service for people with a learning disability, London and South Essex, one senior support worker and one staff member. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed. We also had feedback from three professionals who had contact with the service.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

- We found that the provider was keeping people safe because Infection prevention and control arrangements had improved and guidelines were being complied with.
- The provider's infection prevention and control policy was up to date.
- The provider's infection prevention and control audit included guidelines and checks around the coronavirus pandemic. An independent audit of measures in place had also been undertaken since our previous inspection.
- We were assured that the provider was using PPE effectively and safely. Staff wore PPE when providing support to people and disposed of this safely after use.
- We were assured that the provider was accessing testing for people using the service, although acknowledged that some people using the service found this difficult to accept. People were offered COVID-19 testing and when they refused this was respected. There were records and monitoring systems to ascertain what supportive action was taken and how often to encourage people to participate in COVID-19 testing.
- Since our in November 2020 COVID-19 signage was on display when entering the service. A new visitors' procedure was in operation and visitors were checked for COVID-19 symptoms. New automatic, non-touch hand sanitiser dispensers had been installed in each bathroom and toilet. We were also provided with updated Infection prevention and control policy.
- We were assured that the provider was accessing COVID-19 testing for staff.
- People were supported to reduce the risk of getting COVID-19 when going out into the community. Staff provided people with masks when they were going out and encourage them to wash their hands when they return to the service. The provider's risk assessment process also considered issues for people who may be at higher risk as recognised for those who are members of black and minority ethnic communities.
- The home had been successful in encouraging people using the service to accept vaccination although two people continued to refuse a vaccination. As these people each had capacity to make that decision they focus of the staff team was to continue to discuss this with them.

### Assessing risk, safety monitoring and management

- At our previous inspection staff were not always aware of risks to people's health and wellbeing. We discussed a person who'se relative had raised concern about how well they were being cared for and supported to maintain a healthy living environment. The staff team were able to tell us about action that was being taken to support their management of hoarding in their room and how this was checked.
- Risk assessments had improved and reflected current risks faced by service users and the measures implemented to reduce this risk.
- We were assured that fire safety measures had improved and action had been taken to address

shortcomings identified by the London Fire Brigade. The service carried out frequent fire drills to ensure people knew and followed the procedure in case of fire. Records showed that although some people still needed to be supported to take the right action in response to a fire drill, this had much improved. Staff cover at night-time had also been increased to ensure there were staff available to support those that needed to be helped to respond to fire emergency if that arose.

- People had a personal emergency evacuation plan (PEEP) to ensure they were supported appropriately in case of a fire. In the case of one person, the provider could now assure us that support measures described in PEEPs for this person were in place.
- At our previous inspection the provider carried out the service's fire risk assessment which highlighted shortfalls with fire safety measures. The provider had almost fully completed fire safety works, as set out in the fire safety action plan. The provider told us that they were expecting a further London Fire Brigade inspection very shortly.

#### Using medicines safely

- The provider had improved the system for ensuring that all staff involved in administering medicine were trained and assessed as competent. The registered manager was involved in assessing the ability of other members of staff to administer medicines and we were provided with evidence that staff had been assessed and trained as competent to carry this out safely.
- Staff had improved the way that refused medicines doses were recorded and responded to. Staff were required to follow a specific recording procedure when people refused medicines. We saw evidence that this was done. However, when we asked if anyone was refusing medicines, we were told that no-one was. It came to light the day following our visit to the home that one person had been. This was being responded to. However, we were concerned that this was not mentioned to us when we visited.
- The provider had improved the system for ensuring the accuracy of information relating to medicines use and monitoring. This included recording, monitoring and information on medicines administered by visiting healthcare professionals. If a dose was late or missed, staff had shown that they knew how to act. This meant that people were better protected around their mental health suddenly deteriorating as a result of missed doses of specific types of medicine.
- The provider was now able to provide assurance that medicines were being stored in line with the manufacturer's recommendations. Staff medicines training had improved to cover the management of fridge temperatures where medicines, requiring refrigeration, were stored. We saw staff did monitor and record temperatures of the fridge correctly. No-one at present was required refrigerated medicines.
- The provider had improved the protocols for medicines taken when required (PRN).
- The provider's medicines policy now considered individual preferences in line with national guidance.

#### Staffing and recruitment

- The provider's staffing procedure had improved. Agency staff profiles were kept at the provider's head office and confirmation of agency staff identity was confirmed.
- The provider could now assure us that agency staff working at the service had appropriate knowledge, experience and training to support people with mental health difficulties. Specific long-standing agency staff were used. The provider had no plans to recruit further permanent staff due to the change to service provider taking place in February 2022.
- The provider had reviewed staffing levels at night. There were now two members of staff on duty each night to meet people's needs at night for emergencies including fire safety.
- We looked at recruitment records for three permanent staff members, employed directly by the provider, who commenced their employment within the last 12 months. Recruitment checks, such as the previous employer and proof of identity, Disclosure and Barring checks (DBS) had been completed for the staff. The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people.

## Systems and processes to safeguard people from the risk of abuse

- Two relatives raised questions about what their relative had told them about how some staff spoke with them, at times rudely or not being caring. We did not observe this during our inspection and interactions we observed with people were polite and considerate. We informed the provider about the questions raised and they told us that they gather further feedback from people living at the home, as well as relatives.
- One person told us they felt safe at the service. One person told us, "I am here, this place is the best."
- The provider had policies and procedures in place to safeguard people from abuse.
- Staff had training in safeguarding vulnerable people and they knew what action to take if they thought people were at risk of harm from others.
- A whistleblowing policy was in place and staff knew they could use it to raise any concerns.
- The managers took action when safeguarding concerns were raised, although a serious incident had occurred a few days before our visit which was not mentioned to us at the time we were at the home. However, we were later provided with evidence of the action the provider and staff team had taken to address the deteriorating mental health of a person using the service. The person's behaviours placed them, and others, at potential risk of harm and urgent contact with community mental health services had been made.

## Learning lessons when things go wrong

- Staff continued to demonstrate that they understood what action to take when an accident or incident occurred. This included contacting emergency services, informing the manager and completing an accident and incident form.
- Accidents and incidents were recorded and then monitored for patterns or trends centrally by the provider. Records showed action had been taken to respond, as described in the earlier example, to minimise the risk of incidents happening again.
- The provider, after the previous inspection in November 2020, had devised and acted upon the action plan supplied to CQC after that inspection. The provider had also worked with the local authority to implement a quality improvement programme.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The overall managerial oversight of the service at the time of our previous inspection was not operating effectively. The service's previous team leader had been off work since August 2020. They registered manager, due to other managerial responsibilities, was present at the service only once a week. At that time managerial tasks and duties had not been delegated effectively to the senior staff acting up during the managers' absence. Oversight of the service had improved, however, the provider accepted that further could be done, not least in improved and effective engagement and information sharing.
- We found that the staff employed at the service and the agency had improved training opportunities and knowledge about how to work with people with enduring mental health difficulties. Records and feedback from external professionals still indicated that this could be explored further. There were still occasions where visiting professionals believed staff could have addressed issues in house rather than seek their advice.
- There had been improvements related to managing and reducing the risk of harm to people.
- Quality assurance processes at the service had improved.
- After our initial visit on 5 November 2020, shortcomings in infection prevention and control had been identified. However, managers took prompt action on improvements. These included improved infection prevention and control measures and the registered manager's visits increased from one to two days per week.
- We saw some good examples of quality assurance systems used at the service. These included daily and weekly service user room cleaning schedule, daily shift planners and monitoring of COVID-19.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were able to give feedback about their care and experience at the home. The service carried out a service user's survey. The last one took place in June 2020 and 10 out of 12 people participated. The overall feedback was positive, however, some responses indicated people were not fully satisfied with aspects of the service. Six out of 10 people said staff were friendly and sometimes caring and four out of 10 said staff listened to what people wanted to say "sometimes". We noted this aspect of the survey had not been analysed and actions on improvement had not been agreed.
- Staff had regular team meetings to share important updates and guidance. We looked at two recent team meeting minutes that showed these meetings continued.

- The service worked closely with external health and social care professionals when needed. However, external professionals believed that further improvement could be made to managerial oversight and the confidence of the staff team to resolve matters at the home rather than regularly seek support from community mental health colleagues.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Overall, staff had supported people to keep in touch with their loved ones during the pandemic via socially distanced visits and telephone calls. However, one family member said that on one occasion a staff member did not share enough information about a person's well-being and they would like more contact. We raised this with a senior manager in the provider's organisation who undertook to address this point.
- A person using the service told us about how good they felt living at the home. Another person was concerned about being safe from visitors around catching Covid-19, but otherwise had no other concerns.
- No-one we spoke with, either those using the service or relatives, made specific comments about how the service recognises their diverse racial, religious heritage or lifestyle choices. However, the conversations we had with members of the staff team demonstrated that they recognised the need to respect the diverse nature of the people they supported, and the staff team are representative of diverse communities.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities regarding the duty of candour, although as we referred to in the "Safe" section of this report, they could have done better in sharing immediate information with us about a serious incident just prior to this inspection visit. Neither the registered manager or the team leader made any reference to this incident and CQC were not made aware of it until the following day when we were contacted by a senior manager from the provider organisation.
- The registered manager had notified the CQC of significant events which had occurred which was required by the law. The event referred to above had been notified to CQC as required by procedure, but as we noted there had not been any discussion about it during our visit.
- To contextualise, this inspection took place as the provider was about to commence the transition process as a new provider was due to take over the operation of the service from February 2022.