Haringey Association for Independent Living Limited

Hail - Granville 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 26 September 2017 and was carried out by one inspector. At our last inspection in September 2015 the service was rated 'Good'. At this inspection we found the service remained 'Good'.

Hail - Granville Road is a care home providing accommodation and support with personal care for six people with learning disabilities. On the day of the inspection there were five people living at the home. There had been no new admissions to the home since our last inspection.

There was a manager in post who was in the process of applying to be registered with the Care Quality Commission. 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.

Risks had been recorded in people's care plans and ways to reduce these risks had been explored and were being followed appropriately.

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

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

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

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 the associated Deprivation of Liberty Safeguards (DoLS). Staff 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 healthcare needs people had.

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.

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

Relatives told us that the management and staff listened to them and acted on their suggestions and wishes.

People were supported to raise any concerns or complaints and relatives were happy to raise any issues with the manager if they needed to.

People were included in monitoring the quality of the service and better ways to include them in this process were being explored. The manager and staff understood that observation was very important to identify people's well-being where people did not always communicate verbally.

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 potential abuse and knew how to raise any concerns with the appropriate safeguarding authorities.

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

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

Is the service effective?

Good

The service continued to be effective.

Is the service caring?

Good

The service continued to be caring.

Is the service responsive?

Good

The service continued to be responsive.

Is the service well-led?

Good

The service continued to be well-led.

Hail - Granville 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.

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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 previous inspection reports before the inspection.

We also reviewed 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. 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 with all of the five people who used the service. Because of the complex nature of people's methods of communication, we were unable 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.

During the inspection we spoke with three care staff and the manager. We looked at three people's care plans and other documents relating to their care including risk assessments and medicines records. We looked at other records held at the home including meeting minutes, staffing files as well as health and safety documents and quality audits.

After the inspection we spoke with two relatives of people using the service.

Good

Is the service safe?

Our findings

We observed supportive interactions between staff and people using the service. It was clear from these interactions that people enjoyed the company of staff and were comfortable with them. Relatives we spoke with told us they trusted the staff and manager and had no concerns about how people were being supported. A relative commented, "They look after [my relative] very well."

Staff knew how to recognise potential abuse and that they should always report any concerns to the manager. They also knew they could raise any concerns with other organisations including the police, the local authority and the CQC.

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 in connection with their care. These risks included possible behaviours that might challenge the service and keeping safe outside the home.

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

At the last inspection of this service we found that, when cleaning the home, some staff had overridden the window restrictors to air the rooms. However, this had caused an unnecessary risk to people from falling from these windows. The manager told us this dangerous practice had ceased and we saw that no window restrictors had been overridden when we looked around the home. The manager told us that no person, presently living at the home, would be physically able to override window restrictors. We were provided with written risk assessments relating to this issue after the inspection.

Medicine records showed satisfactory and accurate records in relation to the receipt, storage, administration and disposal of medicines at the home. All medicines were audited at each handover so that any potential errors could be picked up and addressed quickly. Relatives told us they had no concerns about the management of medicines at the home.

Relatives and staff did not have any concerns about staffing levels. There had been no change to staffing levels since our last inspection. The manager confirmed that there had been no increase in people's level of dependency and we saw that this was being monitored regularly. We saw that more staff were deployed when required, for example for social outings or hospital appointments. A relative told us, "They are very organised [with staffing]."

Staff were not rushed and took time with the people they were supporting. People had one to one support when required as part of their agreed care package. When we arrived at the home four people were getting ready to go out with staff support to various activities including attending a day centre and going on a trip to London. There were sufficient staff to facilitate this.

In the two years since our last inspection two new staff had been recruited at the home. We checked these two staff files to see if the provider was continuing to follow safe recruitment procedures. Staff files contained appropriate recruitment documentation including references, criminal record checks and information about the experience and skills of the individual.

Good

Is the service effective?

Our findings

Relatives were positive about the staff and their abilities. A relative we spoke with commented, "The staff are helpful, friendly and knowledgeable."

Staff were positive about the support they received in relation to their learning and development. Staff told us and records showed that they were provided with the training they needed in order to support people effectively. One staff member told us, "I've done all my core training." The manager had recently undertaken a training audit to identify any gaps in staff training. We saw that refresher training had been booked and a staff member told us, "I'm booked on quite a few." Another staff member commented, "Refresher training is good. You can learn bad habits and forget things."

Staff confirmed they received regular supervision and yearly appraisals and we saw records of this in staff files we looked at. Staff told us that supervision was a positive experience for them and that they felt supported by the manager. One staff member told us, "It's good, I can talk about how I'm feeling, key working and my training." Another staff member commented, "[The manager] wants to know what she needs to do to help me in my role."

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 offer as much choice to people as they could. One staff member told us, "It's about the ability to make decisions and to understand the consequences of the decisions." Staff explained how they offered choices to people in a way they could understand. For example, staff used pictures with some people so they could choose what they wanted to eat. Staff understood how people expressed their needs and preferences and we saw staff offering choice to people throughout the inspection.

Records showed that when people had to make major decisions about their care and treatment, best interest meetings had been arranged. These meetings included all the relevant health and social care professionals to help the person make the right decision. Records showed that best interest meetings had been held for people who needed dental care.

All of the people currently using the service had been assessed as being unsafe to leave the home on their own. We saw and records confirmed that people were always accompanied by someone when they went out. The manager informed us that they were in the process of making sure each person had a DoLS authorisation so that this issue could be continually reviewed. The manager acknowledged the delay in this

process and confirmed after the inspection that these applications had been sent to the appropriate authorising authority.

Support staff were responsible for cooking the meals and had undertaken food hygiene training. The kitchen had been inspected by the environmental health department in July this year and had received the top score of five 'scores on the doors'. Menus were chosen by people using the service at regular house meetings by the use of a pictorial cook book. Staff had a good knowledge of people's dietary preferences and any special diets that people required as a result of assessments by the Speech and Language Therapists (SALT). This included ensuring people had a soft diet so they could reduce the risk of choking.

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. Relatives told us and records confirmed that people had good access to health and social care professionals.

Relatives said that the staff and manager were good at monitoring people's health and getting the appropriate healthcare professionals to visit them if required. A relative told us, "They take her to the GP if she's not well." Another relative commented, "Any medical issues, they keep me updated."
Everyone had an up to date 'hospital passport' which was a document that would be sent with the person if they had to go to hospital. This document contained important information about the medical, healthcare and communication needs of the individual so staff at the hospital knew how best to care for that person.

Good

Is the service caring?

Our findings

Every person living at the home had a care plan which gave detailed information about their individual methods of communication. There was also information for staff to know when people were expressing signs of being calm and happy or when they might be distressed or unhappy. We saw, from this information that people were relaxed with staff and it was clear from the friendly interactions between staff and people using the service that positive and supportive relationships had developed between everyone. A staff member told us, "I like working here and I think the clients are fab."

A relative commented, "They know how to talk to her, how to make her laugh."

People were able to express their views and make choices about their care on a daily basis. Throughout the day we observed staff offering choices and asking people what they wanted to do. For example, we heard a staff member say to a person who was in the home at lunchtime, "What do you fancy to eat?" The staff and the person then looked at the pictorial cook book together.

Staff understood how people communicated non-verbally and explained to us how they looked at people's facial expressions and body language. A staff member told us, "Observation is important. They show me what they want."

Care plans detailed how staff were to encourage people's independence in a safe and supportive way. Each task had information about what the person could do for themselves and when they needed staff support.

The 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, sexuality, 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. The manager understood the legal implications of this legislation. Information regarding people's background and religious and cultural needs were detailed in their care plans. People were supported to attend regular religious services outside the home.

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. A staff member told us, "[Peoples] mental capacity and dignity are interwoven." Relatives confirmed that the staff were respectful and thought about people's privacy and dignity.

Good

Is the service responsive?

Our findings

A relative we spoke with told us, "Everyone knows [my relative] well, they are on the ball."

Staff understood the current needs and preferences of people living at the home and this matched information detailed in their individual care plans as well as what we observed and what relatives told us.

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. Care plans had been reviewed and updated where required and with the involvement of the individual and their family where possible. The manager told us that observing people's day to day experiences and their well-being was an important part of how people's needs were reviewed and updated.

Where people's needs had changed, 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. The manager told us that the people had been living at the home for many years and gave us examples of changes and adaptations that had been made in response to people getting older. Staff understood that they needed to be particularly vigilant around people's mobility.

Each person had a daily activity plan which outlined how staff were to support them. On the day of the unannounced inspection four of the five people were getting ready to go out of the home to attend day centres or other outside activities. Staffing levels were adjusted to ensure people always had a staff member with them when they went out as part of their agreed care provision.

Relatives told us they had no complaints about the service but said they felt able to raise any concerns without worry. Everyone said they would speak to the manager and we saw information about how to make a complaint was available to people using the service and their relatives. There had not been any recent complaints about the service and records of past complaints showed these were dealt with appropriately by the manager. A relative commented, "No complaints, I don't have any."

Good

Is the service well-led?

Our findings

Staff were positive about working at the service and told us they appreciated the guidance and support they received from the manager. One staff member told us, "She knows what she's doing." Another staff member commented, "Very experienced, I've learnt a lot from [manager]."

Relatives were also very positive about the manager and the way she managed the service. A relative told us, "[The manager] knows [my relative] well and works very hard."

There were a number of different systems that the manager used to monitor and improve the quality of care at the home. These included surveys for people using the service and a survey for relatives. The manager acknowledged that quality monitoring was a challenge as people expressed their views in different ways.

These challenges had been highlighted by the organisation and new ways of engaging with people were being explored. For example, the manager carried out observations of staff with people using the service to see how staff interactions affected people's well-being. The manager showed us a formal observational tool she had started to use for this purpose.

Relatives told us they were asked for their views about the quality of care provided at the home. A relative told us, "I go down for reviews and I've filled in a form and sent it back." Another relative commented, "I'm invited to reviews and get feedback. I'm very satisfied."

Staff were clear about the visions and values of the service and their role in providing quality care and support for people at the home. They told us they were able to express their views and make suggestions for improvements.

The manager 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 home were taking place on a regular basis and were detailed and up to date.