Haringey Association for Independent Living Limited

Hail - Bedford Road

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection took place on 30 September 2015 and was unannounced. Hail – Bedford Road is a care home for up to six people with learning and physical disabilities. The home is owned by Circle 33 Housing Association and operated by Haringey Association for Independent Living (HAIL).

There was no registered manager in post at the service, however the acting manager was applying to register with CQC. A registered manager is a person who has registered with the 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.

We last inspected this service in June 2014, and it was found to be breaching regulations regarding recording people's consent, staff supervision and quality assurance. We found improvements in these areas during the current inspection.

During this inspection we found that two incidents which should have been notified to the CQC had not been notified.

Summary of findings

People were content and well supported in the home. They had good relationships with staff members who knew them well, and understood their needs. People were treated with respect and sensitivity.

The home was well stocked with fresh foods, and people's nutritional needs and preferences were met effectively. People's health care needs were met effectively, and monitoring records were maintained to ensure prompt action was taken if there were any significant changes to people's health.

People had a choice of activities available to them within and outside of the home, and staff were looking at further ways of increasing choices for them. There were systems in place for recording people's consent, or best interest decisions made on their behalf to ensure that their rights were protected. A complaints procedure was in place for the home, although it had not been used recently. Some care plans needed further updating to ensure that they contained only current information.

The service had an appropriate recruitment system for new staff to assess their suitability, and we found that staff were sensitive to people's needs and choices, supporting them to develop or maintain their independence skills, and work towards goals of their own choosing, such as planning a holiday.

Staff in the service knew how to recognise and report abuse, and what action to take if they were concerned about somebody's safety or welfare. Staff spoke positively about the training provided and this ensured that they worked in line with best practice. They received regular supervision and felt supported by the home's management.

There were systems in place to monitor the safety and quality of the home environment and to ensure that people's medicines were administered and managed safely. Quality assurance monitoring systems were in place, to ensure that any issues of concern were identified and addressed, although there was room for further improvement of these systems.

At this inspection there was one breach of regulation relating to notifications to the CQC. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. There were systems in place to monitor and maintain the environment, in order to protect people's safety.

Staff knew how to recognise and report abuse. Staff recruitment procedures were sufficiently rigorous at checking their character and suitability to work in order to protect people from the risk of unsafe care. There were sufficient staff at all times to keep people safe.

People had comprehensive risk assessments and care guidelines to protect them from harm and ensure that they received appropriate and safe care.

There were effective arrangements in place for the storage and administration of medicines, which protected people from associated risks.

Is the service effective?

Good

The service was effective. Staff received regular supervision and appraisals and felt well supported by the home's management.

Best interest decisions were recorded for people who were unable to give consent, in line with the Mental Capacity Act.

There were systems in place to provide staff with a wide range of relevant training. People were supported to attend routine health checks, and seek medical advice promptly when needed. They were supported to eat a healthy and varied diet.

Is the service caring?

Good

The service was caring. People were comfortable with the staff supporting them, and we observed staff treating people warmly and sensitively. It was clear that positive relationships had been formed.

We found that staff communicated effectively with people and supported them to follow lifestyles of their choice, including meeting their cultural needs.

Is the service responsive?

Requires improvement

The service was not always responsive. People had opportunities to take part in activities inside and outside the home.

People's needs and preferences had been assessed, and person centred care plans were developed to guide staff so that they could meet people's needs effectively. However these were not always maintained fully up to date. Monitoring records were in place to ensure that changes to people's health were addressed promptly.

The service had a complaints procedure however this was not accessible to people living at the home.

Summary of findings

Is the service well-led?

The service was not always well-led. An acting manager and deputy manager managed the home. There were systems in place to monitor the quality of services provided to people.

Staff said that there was clear and supportive management, which took account of their ideas and views. Where audits identified areas for improvement, we found that actions were taken to address them. However the provider had failed to make notifications to the CQC when required.

Requires improvement 

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 inspection took place on 30 September 2015. The inspection was conducted by two inspectors. Before the inspection, we reviewed the information we held about the service including notifications received by the Care Quality Commission.

We used a number of different methods to help us understand the experiences of people using the service. We spent time observing care in the communal areas such as the lounge, and dining areas and met with all six people living in the home. We spoke with the deputy manager and four support workers working at the service.

Some people could not let us know what they thought about the home because they could not always communicate with us verbally. Because of this we spent time observing interactions between people and the staff who were supporting them. We used the Short Observational Framework for Inspection (SOFI), which is a specific way of observing care to help to understand the experience of people who could not talk with us. We wanted to check that the way staff spoke and interacted with people had a positive effect on their well-being.

We looked at the care records for all six people who lived at the home, six staff files and training records, a month of staff duty rotas, and the current year's accident and incident records, quality assurance records and maintenance records. We also looked at selected policies and procedures and current medicines administration record sheets.

Following the inspection visit we contacted a relative of a person living at the home and a health care professional who supported people using the service for feedback.

Good

Is the service safe?

Our findings

People using the service were at ease within the home, smiling a lot, and calm and relaxed. They were able to communicate their needs to the staff supporting them. Relatives and health and social care professionals did not have any concerns about people's safety.

Safeguarding and whistleblowing policies were in place and all staff received training in these areas. Staff told us that the training provided was thorough and that the need to continue to raise concerns within the organisation and if necessary externally was stressed repeatedly. There was a poster on the wall in the hallway with information about the risks of abuse clearly displaying the local authority's safeguarding contact information for staff and people's relatives or family members. Staff were able to describe different types of abuse including risks associated with not treating people with respect, and observing their preferences. They were clear about the action they would take if they were concerned that someone using the service was being abused including alerting the manager, documenting any evidence and completing a body chart if appropriate. We saw that body charts were regularly completed recording any marks, rashes or scratches observed.

All people living in the home were being supported to manage their finances and valuables such as bus passes. We looked at the arrangements in place for three people, and they were suitable to protect them from the risk of financial abuse. Receipts were kept for all transactions, and checks of monies made at each handover between staff members. On the day of our visit

one discrepancy was found when counting people's monies at the staff handover, this was found to be an error due to placing one person's change in another person's tin, and was rectified.

All the staff we met were well informed about each person's specific risks and knew what to do to ensure safe care. Each person's care plan included detailed risk assessments, including risk factors and actions put in place to minimise the risk of harm. The risk assessments included specific guidelines as to how staff should support people. For example one person was at risk of harming themselves due to putting any nearby object into their mouth. The actions required of staff, to ensure their room was devoid of accessible objects and to accompany them at all times in other areas of the home, were clearly set out and we saw that these instructions were followed. In another example a person's risks when in public spaces was noted along with clear actions for staff about how to ensure this person's safety.

It was clear from our conversations with staff that they understood people's needs, behaviours, routines and risks well. However we were concerned that some of the documentation and instructions for staff were not readily accessible to new staff who might be working at the home. For example a risk assessment for addressing aggressive situations between two people living at the home was not in the people's care files but kept in a different file. We passed this information on to the deputy manager to address.

We saw that risks assessments were regularly reviewed and where required updated to address emerging concerns. For example one person's medicines had been changed which carried risks requiring particular vigilance concerning skin care. We saw that body maps had been used extensively since this time providing information to support further assessment by the person's GP in due course. Specific risk assessments were in place for particular activities such as aeroplane travel and swimming.

On the day of our inspection, all six people were out at a day centre, and returned in the afternoon. There were two support workers on duty on the morning of our inspection as well as the deputy manager, and two support workers in the afternoon/evening. A third worker had been expected to arrive at 4pm to escort one person on an evening out but they did not arrive and could not be substituted in time. The rota indicated that there were at least two staff working in the home in the day time, and a sleeping in staff member and a waking night staff member on duty at night. The staff team was supported by 'as and when' (bank) staff recruited and trained by the provider, who worked in the home on a regular basis.

Staff told us that there were enough staff scheduled on duty to meet the needs of people living at the home. They told us, "It's calm here and you have time to meet the needs of people," and "You can really get to know how best to support them." Staff told us that the home's staffing rota made it possible to take people out for leisure activities, and that these were planned in advance, so that extra staff

Good

Is the service safe?

support could be booked. At the time of the inspection the home was fully staffed with six permanent staff members, however one staff member was leaving, and this position was being recruited for.

Recruitment records of new staff working at the service since the previous inspection showed that appropriate checks had been carried out including a criminal records disclosure, identification, an interview and satisfactory references prior to them commencing work, to determine their suitability to work at the service. We asked staff about how they were recruited, and they confirmed that they had completed a job application form and provided two referees which the provider had contacted. They said that they had not been able to start work until their Disclosure and Baring Service check had been completed.

Staff administering medicines to people using the service had completed appropriate training. Medicine administration records showed that medicines were administered as prescribed. We checked all people's medicines and found that the number of remaining tablets corresponded with records, indicating that medicines were administered appropriately. Prior to administering medicines staff counted the remaining stock to ensure that this was correct. We found that no prescribed medicines had run out, and that there were records of medicines coming into the service and being returned to the pharmacist. Medicines were stored safely within the specified temperature range, and stocks of medicines were audited against records by staff on each shift.

First aid boxes were well stocked, with regular stock checks in place. Staff had undertaken first aid training and were confident about how to act in an emergency.

We looked at the safety certificates in place for equipment and premises maintenance including gas, electricity and portable appliances safety certificates, legionella testing, hoists and fire extinguisher and alarm servicing, and found that these were up to date. Regular health and safety checks and fire drills took place, and the water temperature was checked regularly. There was a current fire risk assessment in place for the home, and individual emergency evacuation plans in place for each person in the home. Important telephone numbers were clearly listed in the front of the daily log and notices around the home clearly displayed emergency contact details for on call staff.

Faults were recorded in a maintenance book and generally repaired swiftly. A new grab rail had recently been fitted in one of the bathrooms, and a number of electrical sockets throughout the home had been changed. Staff said that the only recurring issue was a cracked window pane in the lounge which had been replaced but cracked again. This had been reported and was due to be addressed.

The home was clean and tidy, with cleaning rotas in place. There were records of food storage temperature checks, and cooking temperatures. Foods stored in the refrigerator were labelled with the date of opening as appropriate.

Good

Is the service effective?

Our findings

We saw that people were receiving effective and attentive support from staff at the service. People were happy with the staff support they received responding positively to and engaging well with staff on duty. Staff members we spoke with were knowledgeable about each person's specific needs.

At the previous inspection in June 2014 a compliance action was made regarding insufficiently frequent supervision and appraisals. We found an improvement in this area at the current inspection. Staff were receiving regular supervision sessions in line with the provider organisation's policy on supervision (bi-monthly). One staff member told us, "The supervision is useful. I can discuss things I am concerned about and my manager is very supportive". Staff told us that they felt well supported by the deputy manager of the service who was proactive and led by example "in ensuring the care is right for the people we are looking after." They had all completed a self-assessment prior to having their appraisal meeting. In addition to permanent staff, some regular as and when workers were provided with supervision for their work at the home. Goals were set for each staff member at their supervision sessions including updating care plans and health action plans, arranging activities, and planning holidays.

Regular staff team meetings were being held to facilitate communication, consultation and team work within the home. The most recent meeting was held the day before the inspection, and records were already available of this meeting. Records indicated that these meetings included detailed discussion of people's needs, and actions for staff to undertake. For example provision of further sensory stimulation for a particular person.

Staff we spoke with during the inspection had the knowledge and skills required to meet the needs of people who used the service. They displayed a good understanding of how to support people in line with best practice, particularly in communicating with people with complex communication needs giving choices when possible. Members of the provider's bank staff team described their induction training which mirrored the core training requirements of permanent staff. They said that there had been over a week of training provided covering certificated courses including safeguarding, first aid, moving and handling, fire safety, autism, learning disabilities and mental capacity. They told us that in addition to this core training that had had four hours training at the home covering the procedures used in the home and the detailed care plans of each person living there.

Other staff confirmed they had received an effective induction programme and the provider's core training programme and said that the provider was "always willing to arrange additional training" for staff in response to staff interests and needs as they were identified. Other training provided relevant to working with the people living at the home included epilepsy training, equality and diversity, effective communication, and professional boundaries. We saw that one member of staff had recently requested advanced training on autism following a person's review where it was thought additional expertise would enhance a person's care. They were confident that the provider would arrange this.

The deputy manager had analysed the team's training needs and had a list of training that individual staff members required either for the first time or as an update. They had booked people onto available courses as appropriate. All staff were supported to obtain a national vocational qualification equivalent to level three or four whilst working at the home. The deputy manager had received training in CQC compliance. This demonstrated that the provider helped staff to develop and continue their learning.

A health and social care professional told us that they had some concerns about staff member's training regarding the support they provided to people with autism. At the time of the inspection we found that four of six permanent staff at the home had received autism training, and the others were booked to do so as soon as possible. However we discussed with the deputy manager the need for further advanced training in this area, and she advised that she had requested this from the provider organisation.

At the previous inspection in June 2014 a compliance action was made regarding the recording of consent and review of deprivation of liberty safeguards. We found that improvements had been made at the current visit. There were arrangements in place for recording and reviewing the consent of people in relation to the care provided for them. Best interest decisions were recorded for people who did

Good

Is the service effective?

not have the capacity to consent to significant decisions being made on their behalf. For example a best interest meeting was held for one person regarding how best to support them with an invasive medical check.

Although not all staff had undertaken a training course on the Mental Capacity Act 2005, they displayed a good understanding of how it protected the rights of people living at the home, and the two remaining staff were booked to undertake this training. No one living at the home was subject to a Deprivation of Liberty Safeguard (for people who were unable to go out of the home unescorted) at the time of the inspection. However applications had been submitted for all people living at the home in line with the most recent Supreme Court judgement about how these safeguards should be applied.

The kitchen was well stocked with fresh fruit and vegetables, and other foods. Where needed staff followed guidelines for food preparation and assistance with food, and support after eating, for people assessed by a speech and language therapist. Staff were clear about the nutritional needs and preferences of people. We observed supper at the home. The meal was cooked from fresh ingredients in line with what was on the menu for that day. Staff supported people in an unhurried and attentive manner. They interacted with each person throughout, explaining what they were going to do next.

Records of meals served indicated that a varied and nutritious diet was provided. Shopping for the home was carried out online, but staff said that if people wanted to eat something different they were supported to shop locally. People chose the week's menu at the weekly residents meeting using photo picture cards as prompts. Staff told us about some difficulties they experienced in supporting one person who had particular communication difficulties to make choices. We observed that cultural options were included on the menu, in line with two people's cultural preferences.

We found records in place regarding people's regular visits to a range of health care professionals including GPs, dentists, opticians, chiropodists, and speech and language therapists, with the outcome of appointments recorded. Hospital passports with important health information for people to take to hospital with them, had been completed for each person. Specific professional expertise was accessed where required, for example we saw reports of detailed assessments undertaken about communication and safe eating. We observed appropriate recording of body charts detailing any marks or injuries found when carrying out personal care. Records indicated that staff were prompt to seek medical advice if they had any concerns.

We saw that the home ensured people were supported with their health care needs taking account of their own wishes wherever possible. For example alternative means of undertaking essential health checks such as breast checks, in a way that was acceptable to people, had been implemented in the form of a home manual check.

Good

Is the service caring?

Our findings

We observed that people had developed positive relationships with staff at the service, and there was a cheerful and friendly atmosphere in the home. Staff took time to understand what people wanted. The mealtime was not hurried and we observed staff chatting and joking with people and offering them choices. A relative told us that they always found staff to be very friendly when they were in contact with the home.

Staff on duty demonstrated a good understanding of individual people's preferences. Our observations showed that staff treated people with respect. Staff did not enter people's rooms without their permission. Staff told us that particular attention was paid to people's clothes and personal appearance. We saw that people were well dressed and looked well cared for. We observed staff speaking with and treating people in a caring and respectful manner. Staff were polite to people, and encouraged them to be independent, for example helping to sort items for recycling and assisting with washing up their own plate.

People's bedrooms were personalised and care records showed that they were asked about their likes and dislikes, cultural needs and preferred activities. We saw that people's interests were supported as far as possible. We saw one person spending time in the garden and that some people went swimming every week. The activities plan showed that some people went out for an evening meal although on the day of our visit the escort expected did not arrive. Staff arranged holidays for people including recent trips to a holiday camp, Spain and Jamaica.

People were given information in a way which they understood. Staff used some photographs, symbols and objects of reference to support communication, having received training in this area. Photographs of staff were posted on a notice board to indicate which staff were on duty, alongside pictures of people's planned activities for the day.

Each person had a key worker who recorded their preferences with regards to goals and support, maintaining contact with their families and meeting cultural or religious needs, and took steps to address these. Staff were planning a holiday with one person at the time of our inspection. Weekly residents meetings were held, during which people had the opportunity to make decisions about the home's menu, and activities they wished to undertake.

Requires improvement

Is the service responsive?

Our findings

We observed staff responding to people's needs effectively during the inspection. Where people were not able to verbally express their preferences, they were able to make their wishes known, including objecting to anything they did not like or wish to do. Care provision required a detailed knowledge built up over time of people's food preferences, daily routines and preferred activities which staff demonstrated and were documented in detail within their personal files.

We found that people were offered a variety of activities within the home. People had different routines, although all attended a local day centre for a number of days each week. On the day of the inspection all of the people were attending day centres. On returning home people chose where to spend their time, including the privacy of their own rooms, lounge, dining area and garden. Staff told us about people's other activities and routines which included regular meals out, bus rides, attending social clubs, pubs, sensory sessions, swimming trips and visits to family members. These were confirmed in daily records of people's activities. Tickets for a pantomime had recently been booked for people wishing to go.

Staff had a good knowledge of people's needs and preferences, and displayed a clear interest in supporting them in activities of their choice. There were sensory boxes available for two people living at the home, and staff told us that they were planning to purchase more sensory equipment for the home. We saw that staff encouraged people in tasks they were able to do. People were supported to be involved in household tasks such as watering the plants in the garden, and sorting out the recycling for the home.

Care plans were written from the point of view of the person receiving care, including pictures where appropriate, life stories, and details about people's likes and dislikes. People's assessments provided detailed information about managing risks to each person and meeting their holistic needs. People's care plans set out in detail how people were to be supported and identified what they could do for themselves. For example one person's care plan instructed staff when supporting one person with their personal care to do so in the exact order set out as the person became distressed with even small variations. The staff were able to describe the details about people's care which tallied with the information in the care plan. However there was no recorded guidance as to how to deal with unexpected breaks in this person's routine which had been the cause of a recent incident.

Although we found that care plans had been signed as reviewed within the last six months, the text had often not been altered for several years and we found that some care plans included out of date information. For example one person's care plan included a reference to as and when medicines which had been stopped in 2012. We brought this to the attention of the deputy manager. It was also not clear how the views of people, their families or other advocates had influenced people's care plans, or whether they were involved in reviews of people's care.

Goals were recorded for each person including developing daily living skills, activities and holidays of their choices. Relevant risk assessments were in place for people including activities within the home and outside. People's needs and progress were discussed at six monthly reviews. Actions agreed at meetings and appointments with health and social care professionals were followed through by staff. We saw that people's care needs history and background were summarised in the front of the individual section of the file used to record their daily notes. These provided a swift way for new staff to find out about each person. However they had not been updated for some time, and were missing some important information such as how to meet people's communication needs. We brought the above issues regarding information recorded to the attention of the deputy manager, who undertook to ensure that they were addressed.

There were detailed monitoring records including night time checks, behavioural and epilepsy charts, and incidents and accident reports including body maps. Staff followed guidelines from health and social care professionals, and consulted with them when people's needs changed. We saw reports in files detailing the recommendations following assessment by speech and language services concerning how to support two people to eat safely and as independently as possible. Specific and detailed instructions were presented as bespoke laminated table mats which ensured staff were aware of how people liked to eat and special equipment, such as an adapted spoon that they used.

We saw that the home provided a suggestion box for relatives and friends to make comments about the service.

Requires improvement

Is the service responsive?

The home had a complaints policy and procedure however there was not available in an accessible format for people using the service. We brought this to the attention of the deputy manager who undertook to address this. No complaints had been made since the previous inspection. Appropriate systems and processes were in place to address any complaints about the home, as part of the quality control processes.

Requires improvement

Is the service well-led?

Our findings

We observed that there was a cheerful and relaxed atmosphere within the home. Staff were clear about their roles, and the home appeared to be well organised. A relative told us that they were overall happy with the care provided, but noted that the provider organisation was not very efficient at providing monthly financial statements of their relative's expenditure.

Accidents and incidents were recorded indicating these had been dealt with appropriately. However there were two incidents requiring notification to CQC that had not been completed. The acting manager advised that this had been due to misunderstanding whilst she was away, as staff had assumed that having informed the provider organisation, the provider would notify CQC. She was developing new guidance to address this issue.

The above information was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

At the previous inspection in June 2014 a compliance action was made regarding quality assurance procedures within the home. We found that improvements had been made in this area. There was no registered manager in place for the home, however an acting manager (a service director) was available, and was applying to register with CQC. Staff felt that they were receiving the support they needed, from the acting manager, deputy manager, and the provider organisation. They described good team work within the home and appropriate communication from the provider organisation. However we expressed our concerns over the management arrangements, with the acting manager covering three registered services within the provider organisation. We were told that this issue would be discussed at the next management committee meeting in November 2015.

A health and social care professional told us that whilst people appeared to be well cared for, they thought the service lacked structure and direction in terms of supporting people with complex needs with daily living tasks creatively.

Staff spoke highly of the support and direction provided by the deputy manager in day to day charge of the home. She was described as "leading by example" and being very "hands on" and involved with the work of the staff. Staff said that there was a good team atmosphere in the home and they enjoyed working there.

Records were kept of weekly residents meetings, however these were not available in an easy read format for people living at the home. We discussed this with the deputy manager, who advised that they would liaise with other homes run by the provider to find an appropriate format.

Staff team meetings were taking place approximately monthly, most recently the day before the inspection. Topics discussed recently included care tasks, person centred care, key working, activities, health and safety, menus, medicines, teamwork, and training. Staff told us that they felt that their views were listened to with regard to the running of the home.

The last internal audit undertaken by the acting manager took place in August 2015, however there had not been an audit in the year prior to this. The audit covered the appearance and wellbeing of people living at the home, activities, finances, medicines, the staff rota, staff handover information and the general appearance of the home. Areas for action were recorded and had been completed. The deputy manager had carried out a medicines audit in May 2015, and undertook regular spot checks on people's finances which were recorded. The housing association who owned the home's building undertook regular audits of health and safety at the home, however there were no records of these available for us to view.

The provider organisation was also audited on 8 November and 22 November 2014 for the quality management system certification ISO 9001:2008. The provider was now working for the up to date quality management accreditation programme ISO 9001:2015. A business continuity plan was in place for the home for use in the event of circumstances affecting the running of the service, to ensure people's safety was protected.

There had not been a recent survey of the views of people living at the home, staff and other stakeholders, and the acting manager was aware that this was overdue. Staff had recently designed a questionnaire to be circulated to relatives for feedback.

Health and safety certificates were up to date including fire safety, gas, electricity and portable appliances testing. Health and safety monitoring records were being

Requires improvement

Is the service well-led?

completed approximately weekly, although we found some gaps in the records. However actions taken as a result of these checks had not been recorded to evidence that the issues had been addressed promptly.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents **The registered person had not notified the CQC of incidents where a service user required treatment to prevent death or injury. Reg 18(1)(2)(b)**