

Clearwater Care (Hackney) Limited

Ash Lea House

Inspection report

Chesterfield Road
Alfreton
Derbyshire
DE55 7DT

Tel: 01773521763
Website: www.clearwatercare.co.uk

Date of inspection visit:
17 May 2018

Date of publication:
16 July 2018

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

Ash Lea House provides accommodation and personal care for up to 14 people with a learning disability. The home is situated on the outskirts of Alfreton and has good access to local shops and public amenities. There were 12 people living at the home on the day of our inspection.

We inspected this service on 17 May 2018. The inspection was unannounced. At our previous inspection on 3 February 2017 we rated the service as requires improvement. This was because we identified specific concerns with how safeguarding concerns were managed; how people were supported to maintain their health and how effective the quality monitoring systems were. The provider sent us an action plan which stated how and when they would make improvements to meet the legal requirements. On this inspection visit we saw improvements had been made.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were now protected from the risks of abuse because staff understood where harm may have occurred and took action when people were at risk of harm. Staff supported people to understand any risks to prevent avoidable harm. Where people were concerned about their safety they knew who to speak with.

People kept their medicines in their bedroom and were helped to understand what their medicines were for. Staff knew why people needed medicines and when these should be taken. Staffing was organised flexibly to enable people to be involved with activities and do the things they enjoyed. People had opportunities to be involved with a variety of activities and could choose how to spend their time.

People had food and drink that they liked and specialist diets were catered for. People's health and wellbeing needs were monitored and they were supported to attend health appointments and screening programmes as required.

People had positive relationships with the staff who were caring and treated them with respect and kindness. People liked the staff who supported them and had developed good relationships with them. People maintained relationships with their families and friends who were invited to join in activities with them.

There were plans in place which detailed people's likes and dislikes and these were regularly reviewed. People knew how to raise a concern or make a complaint. Staff listened to people's views about their care and they were able to influence the development of the service.

People were consulted regarding their preferences and interests and these were incorporated into their

support plan to ensure they were supported to lead the life they wanted to. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People made decisions about their care and staff helped them to understand the information they needed to make any decisions. Staff sought people's consent before they provided care and they were helped to make decisions which were in their best interests. Where people's liberty was restricted, this had been done lawfully to safeguard them.

The registered manager and provider understood their legal responsibilities and kept up to date with relevant changes. There were systems in place to monitor the quality of the service to enable the registered manager and provider to drive improvement.

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.

People felt safe and were confident the staff knew how to protect them from abuse and knew what to do if they suspected this had taken place. Staffing numbers were sufficient to ensure people received a safe level of care and systems were in place to ensure staff were suitable to work within the care sector. Medicines were stored, ordered and administered in a safe manner.

Is the service effective?

Good ●

The service was effective.

People were supported to make decisions and were not subject to unnecessary restrictions. People were supported to maintain a diet that met their preferences. People accessed health care services and their health was monitored to ensure any changing needs were met. Staff received opportunities to update their skills and knowledge to enable them to support people.

Is the service caring?

Good ●

The service was caring.

Positive relationships existed between people who used the service and the staff that supported them. People were encouraged and supported by staff to be as independent as possible and their rights to privacy and dignity were valued and respected. The service had a person centred culture that focused on the promotion of people's rights to make choices, being valued and treated as individuals.

Is the service responsive?

Good ●

The service was responsive.

People received support that was centred around them as an individual with their wishes and preferences respected. People were encouraged to develop their social interests and their independence was promoted. People were supported to share any concerns.

Is the service well-led?

Good 

The service was well-led.

Quality assurance systems were in place to monitor the service and to help improve standards of service. People and staff felt the service was managed well and that the registered manager was approachable and listened to their views. Staff felt supported by management and they were supported and listened to and understood what was expected of them.

Ash Lea House

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 was planned to check 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 17 May 2018 and was unannounced. It was completed by one inspector. We used information the provider sent us in the Provider Information Return to plan the inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We used a range of different methods to help us understand people's experiences. People who lived at the home had varying levels of communication. We spoke with four people during the visit. We also observed the interaction between people and the staff who supported them in communal areas.

We spoke with the registered manager, deputy manager and three care staff and a social care professional. We reviewed care plans for four people to check that they were accurate and up to date. We also looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. We reviewed audits and quality checks for medicines management, accidents and incidents, and health and safety checks.

Is the service safe?

Our findings

On our last inspection we found that systems in place to ensure information of a safeguarding nature was acted on were not always effective. Information about incidents had not been shared with the local authority safeguarding team. This meant there was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found that improvements had been made.

Staff had a good understanding of how to protect people and told us they knew people well and would be confident in addressing potential abuse or harm. The staff knew the action to be taken to escalate concerns and knew about the whistleblowing procedure and how to use this. Where incidents of harm had occurred within the service, the provider had reported these to ensure they were investigated and reviewed to prevent avoidable harm.

On our last inspection we also found that people were not always protected from the risk of harm. We found there was a lack of information relating to risks to ensure staff knew how to keep people safe. On this inspection we found improvements had been made. People were supported to understand how to keep safe in their home and when out and risk assessments were completed to mitigate any identified risk. For example, where people may neglect their own personal hygiene or refuse medicines, information recorded how to support them. Where people had a visual impairment staff recognised they needed to keep areas clear to support them to move independently. One person told us, "I know where everything is and staff make sure that nothing is put in my way."

On our last inspection we found that people were not always supported by sufficient numbers of staff. On this inspection we found improvements had been made. People were happy with the level of support provided. The staffing was organised against the agreed support plan and we saw this enabled people to spend quality time with staff on an individual and group basis. We saw staff were available to provide support throughout the day and spent time with people to meet all their support needs, and keep them safe. We saw staff were not rushed and where people wanted their attention this was given and staff took their time when engaging with all activities.

People were supported by staff who they knew well. The staff told us that agency staff was only used infrequently and support generally was provided from within the existing staff team. The staffing levels were monitored and reviewed regularly to ensure people received the support they needed.

Some people had additional support hours commissioned to help them to be involved with their interests or to keep safe. One person told us, "It's up to me how I use the hours. Sometimes I like to save them up so can do something for longer. It's up to me." Where people had individual support they were encouraged to say when they wanted different staff to support them. One member of staff told us, "If two of us are providing support then we change who takes the lead role. If it's the same person all the time, [Person who used the service] can get annoyed with us. It's only natural to want a change." One member of staff told us, "We have to be flexible. We plan the staffing around the regular commitments that people have but we also have staff

around in the communal areas, staff available for when people go out and some people have individual staff so they are safe. There's more staff here now and it's working really well." We saw there were sufficient staff on duty to meet people's needs. The level of support was reviewed with the person and people who commissioned the service to ensure it continued to meet their needs and we saw the agreed support was provided.

Recruitment checks were in place and included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.

People stored their medicines in their bedroom and were supported by staff to take these. We saw staff administering medicines to people that required support and was undertaken in a respectful way. The staff had a good understanding of the level of support each person needed and told us they helped people to have responsibility for their medicines. One member of staff told us, "We do all the medicines individually and ask people what they need and talk about what the medicines are for." Staff that administered medicines told us they had undertaken training and records confirmed this. An administration record was kept in the person's bedroom and we saw that staff signed this when people had taken their medicine. This ensured that a clear audit trail was in place to monitor when people had taken their prescribed medicines. Where people required medicine to manage their behaviour, we saw this was not administered excessively and was monitored to ensure people were referred, as required to external professionals.

Infection control audits were undertaken to ensure suitable standards were maintained. We saw that people were supported by staff to keep their home clean and they told us they enjoyed taking part and looking after their home. The staff had access to and used personal protective equipment such as gloves and aprons when needed to support people with their hygiene needs.

Continuous monitoring was in place to ensure lessons were learnt. The registered manager explained that a more detailed assessment was now completed to ensure that they could meet people's needs. When people wanted to move into the service, they spent time at the home and meeting people who already lived there. The registered manager explained that it was important that this process was not rushed to ensure that they were able to meet the needs of people. One member of staff told us, "It's important that we get it right for the new person and people already living here. We have learnt that it's important that this is done carefully and is not something that can be rushed."

Is the service effective?

Our findings

On our last inspection we found that people were not always given suitable support with their ongoing health conditions and records were not clear about the support people needed. This meant there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found improvements had been made.

People were confident the staff supported them to keep well and see health care professionals when they needed support. One person told us, "If I don't feel well, the staff will take me to the doctors or call the paramedics." The staff told us how they supported people to access specialist healthcare support; they understood people's health care needs and could describe the support they provided to help people keep well. Some people received specialist support to help them to move and needed mobility equipment. We saw this had been provided following an assessment of their needs to support them to move independently. One person said, "I'm fine getting around and I like that my walking frame has somewhere I can keep all my things and my purse. It means I get around and have everything I need." Another person told us, "I've seen a physiotherapist who has helped me learn to do what I need to do so I can get around." The records demonstrated that people's health was regularly monitored. For example, people were weighed regularly and participated in health screening programmes. There were also records of people appointments and interactions with health professionals. People felt informed about and involved with their healthcare. We saw people's support plans had been developed which included the professional's advice.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. People confirmed that staff sought their consent before they provided support and people had the ability to make everyday decisions about their care and support. We saw where people lacked capacity to make decisions; assessments and best interest decisions had been completed.

Where people had restrictions placed upon them and could not leave the home without support, we saw applications to lawfully restrict their movements had been applied for. We saw these people were still supported to have as much choice and control as they were able to in all other areas of their daily life.

People received care from staff who had the skills and knowledge to meet their needs effectively. New staff received an induction into the service and were able to get to know people before they worked with them independently. Staff completed the provider's training which was specific to the needs of people who used

the service and was based on the Care Certificate. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff working within a care environment. If further learning was identified, this was reviewed and discussed through staff supervision and appraisal.

People felt that staff had the necessary skills to support them and were provided with opportunities to gain further knowledge. Staff had received positive behavioural support training; this is a way of supporting people who display or are a risk of displaying behaviours which challenge services. The staff explained that this had included reviewing the support they provided to people with complex needs and involved looking at the different ways they could enhance their quality of life. One member of staff told us, "I really enjoyed doing the positive behavioural support training. We looked at all activities and any behaviour to see if there had been any changes since we introduced the support for people. What we are looking for is, if there has been any changes which may impact on the quality of people's life. The tools we use now help us to identify those little differences which may indicate we could do things better."

There was a flexible and relaxed approach to meal times and people chose what they wanted to eat. There was a pictorial menu guide to support people to choose the meals that was being prepared. We saw at lunch time people were individually asked what they would like for lunch and chose different fillings for their sandwiches. Some people made their own sandwiches and other people needed assistance from staff to eat each meal. We saw where support was needed, this was done sensitively and people were given time to eat their food and were not rushed. People were offered a choice of protective clothing and where any food was spilt, they were assisted to change their clothes to maintain their dignity. People told us and we saw that they were able to have food and drinks at any time.

Is the service caring?

Our findings

People were happy and liked to live in their home. They told us the staff were kind and caring and were always happy to help. People were recognised and valued as adults and staff showed a passionate commitment to enabling people. We saw staff used adult language when speaking with people and recognised their achievements. When people were less able to verbally say what they wanted, staff understood how to encourage them to make decisions; for example, by simplifying the information.

The staff were motivated, kind and compassionate in their approach to care. People were given time to consider their options before making a decision and staff encouraged people to express their views and listened to their responses. For example, we heard people choosing where to go later in the day and what activities to be involved in.

People were involved in making choices about their care. Staff respected people's decisions and supported them to do the things they wanted to do and people were supported to maintain and develop their independence. One person told us, "I get involved with everything that happens around here. I wash and wipe the pots and clean the tables as well. I try and do whatever I can."

We saw that attention was paid to people's appearance and comfort and they were able to choose how to dress and in what style. One person told us, "I like to dye my hair different colours. I don't like it to look the same. The staff help me to do it so I can save some money. I love it when it's just been done; it looks great. I feel younger than I really am and I like to look good." Where men had chosen to grow a beard or moustache this was trimmed to create the style people requested. One person told us, "The staff help me out as I need help to get the look I want. I like a having a beard."

People's privacy and dignity was respected and people's rights were respected. We saw that some people spent time in their room and staff knocked on their doors if they needed them. When we spoke with people, staff enabled us to speak with people in private and only provided support where people requested this in relation to communication.

People were supported to maintain relationships with people who were important to them. Information in people's care plans demonstrated that people were supported to maintain contact with those important to them.

Is the service responsive?

Our findings

On our last inspection we found that improvements were needed to ensure that people's care records included information to ensure that their preferences were planned for. We also found that the care records were repetitive and this resulted in them being very large documents for staff to read and review. On this inspection we found improvements had been made.

People had a support plan and they discussed this with staff to ensure it met their current support needs. One person showed us their plan, which had been written in a style and manner that the person understood. Where people needed this information in different formats, the staff had explored how people could be supported to understand. This included narrating the information so people could listen to what was included in their support plan. One person told us, "I'm quite happy with how the staff help me. It's difficult for me to read this so we talk about it and if I don't think it's right we can get it changed."

Where people's needs or preferences changed the support plan was updated to reflect this. When the support plan was formally reviewed, people chose who they wanted to invite to help them to review their care and celebrate their successes. One person told us, "We look at what I've been doing and what's gone well. If I want to change anything then I can." We saw the review also included considering how choices had been made and how people had been supported to have control; remain safe and continue relationships that were important to them.

Where activities were planned, staff worked flexibly to ensure people had opportunities to do the things they liked. One person spoke enthusiastically about going out to buy a lottery ticket and enjoyed thinking about how they would spend any money they won. Some people were responsible for their own personal money and kept this with them or safely in their bedroom. One person told us, "I have my own money and I go and do my own shopping. The staff come with me to help me get around but it's up to me how I spend my money." Another person told us, "I like to go to the park and have a picnic."

People were supported to practice their faith and one person told us they enjoyed attending services at a local church. Staff explained that where people wanted to practice their faith they were able to choose where to attend and staff recognised the differences within the Christian churches. One member of staff told us, "All the local churches are different and we find out where people want to go. Some people want to go to their family church because it's also about keeping in touch with friends. Where this is possible, this is something we do."

We saw people communicated well with staff and staff had an understanding of people's different communication styles, which helped them to express themselves. Where people had limited verbal communication, a communication passport had been developed. This included details about how people showed different emotions and how staff should ask questions to ensure people understood what was being asked. One member of staff told us, "These are really useful, especially when there are any new staff. For some people, it takes a while to get to know them and this passport helps them to show us what they are feeling or what they would like."

People knew how to complain if they needed to and there was an easy read guide informing them of how to complain. One person told us, If I had a problem, I'd speak with the manager. I just come out with what's bothering me. We also have house meetings and we talk about how to complain. We all get encouraged to talk which is important as we live here."

Where people had expressed any wishes or expectations about how they wanted to be supported with their end of life care, this was recorded within the support plan. This included whether people had a preference about what they wore, whether they wanted flowers at their funeral or a party to celebrate their life. People were also supported to complete a funeral care package with a local undertaker so this could be arranged according to their wishes. At the time of our inspection there was no one receiving end of life care.

Is the service well-led?

Our findings

On our last inspection we found that systems in place to monitor and improve the quality of the service people received were not always effective. We found some incidents which had not been shared with the local authority safeguarding team and there was no effective system in place to check records to ensure they were completed accurately. This meant there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found improvements had been made.

The provider carried out quality checks on how the service was managed. These included checks on personal support plans, medicines management, health and safety and care records. Where concerns were identified, action was taken to improve quality and the action plan and improvements were monitored and reviewed. Monthly audits covered any incidents and accidents, complaints, medicines management and infection control. We saw the registered manager checked for any patterns and trends to ensure actions could be taken as needed. We saw that these were effective and that there were plans in place to respond to areas highlighted. There were links with other agencies and professionals to ensure that people's needs were met effectively and information was shared when needed.

The service had a registered manager. The staff told us that the manager provided leadership, guidance and the support they needed to provide good care to people who used the service. A member of staff told us that the registered manager was approachable and provided support when they needed it. They told us, "The reason most of us have been here so long is because we are so well supported. We work so well as a team and we all have our own strengths and recognise where we might need some support. It really is fantastic and I have great pleasure in working here." We saw the registered manager and staff's values were based on respect for each other and putting people at the heart of the service.

The registered manager assessed and monitored the staffs learning and development needs through regular meetings with the staff and appraisals. Staff competency checks were also completed that ensured staff were providing care and support effectively and safely. Staff felt that they were well supported and able to develop in their role. We saw that staff had regular supervisions and one member of staff told us that these were opportunities to support them with their development. Staff also told us that there were regular team meetings and that each member of staff was given the opportunity to discuss any concerns or raise any problems.

People were asked for their views on the quality of the service at house meetings or individually with their key worker. They told us to enable people to raise their views, concerns and ideas, some people needed individual support. One member of staff told us, "We ask people if they are happy and what we can do them. This can include looking at what's been happening, their routine, activities or if there are any problems. We have found that speaking with people individually works better."

The provider and registered manager understood the responsibilities of their registration with us. The registered manager ensured that we received notifications about important events so that we could check

that appropriate action had been taken. We saw that the previous rating was displayed in the home in line with our requirements.