Clearwater Care (Hackney) Limited

Searsons Way

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

The unannounced inspection took place on 29 December 2017. At our last inspection in November 2015 the service was rated Good. During this visit the service remains "Good."

Searsons Way is a care home that accommodates four people in one adapted building. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. On the day of our visit there were four people using the service. One person had gone away with their family and another was on respite care.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

On the day of our visit the registered manager took us around. 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 told us they felt safe. There were policies in place to safeguard people from harm. These were understood by staff who were able to demonstrate how they recognised and reported allegations of abuse. Risks to people were assessed and monitored in order to ensure that people were supported safely.

Incidents and accidents were managed safely. There were systems in place to ensure these were reported and analysed in order to reduce the risk of reoccurrence.

People were protected from the risk of infection because appropriate guidelines were followed by staff who had received the necessary training.

Recruitment processes remained robust and all the appropriate checks were completed before staff were employed. Sufficient numbers of skilled staff were deployed to ensure people's needs were met safely.

Medicines were managed safely and any anomalies or discrepancies were quickly rectified to ensure people received their medicines as prescribed.

Staff were supported by means of regular supervision, and annual appraisal. They had a comprehensive induction when they started and received on-going training to ensure they were able to support people effectively. Staff demonstrated an understanding of the Mental Capacity Act 2005 and how they applied it in their role.

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.

The service continued to be caring and responsive to people's needs. People told us they were treated with dignity and respect. Care plans were pictorial, individual and depicted people's social, physical and emotional needs. A special effort and attention had been made to ensure information was accessible and in format people could understand.

People were supported to maintain a balanced diet that met their needs. They were enabled to access health care services when they needed in order to maintain their health.

Complaints were in a format that people could understand and were dealt with promptly.

People and staff continued to say the service was well led. We saw effective quality assurance systems in place.

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 remains good.	**Good**
Is the service effective? The service remains effective.	**Good**
Is the service caring? The service continues to be Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service continues to be Good	**Good**

Searsons Way

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 29 December 2017 and was unannounced. The inspection was completed by one inspector.

Prior to the inspection we looked at past reports and notifications. Notifications are changes, events or incidents that the provider must inform us about. We contacted the local Healthwatch, commissioners and safeguarding team to get feedback about the service.

We used information the provider sent us in the Provider Information Return (PIR). 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.

During the inspection we spoke with one person who used the service and made observations for another three people who were unable to communicate with us verbally. We spoke with the registered manager and three staff. We reviewed two care plans, two medicine administration records, three staff files including recruitment, appraisals and supervisions. We also looked at staff meeting minutes, 'resident' meeting minutes, quality assurance audits, menus and cleaning schedules. We also reviewed feedback left by relatives and healthcare professionals.

Good

Is the service safe?

Our findings

People were protected from the risk of abuse. Staff continued to receive safeguarding training updates and were able to demonstrate the steps they would take to record and escalate any witnessed or reported allegations of abuse. This was confirmed within the training and care records we records reviewed. The safeguarding policy was up to date and we saw safeguarding concerns had been dealt with properly. Staff were aware of the use of accident and incident forms and reporting to the local authority the police and the Care Quality Commission. We reviewed incident and accident records and found the registered manager monitored them for trends and shared this with staff during handovers and at meetings.

People were given medicines by staff that had undergone the necessary training. We saw evidence of special training to enable staff to administer medicines via an enteral tube (a tube that goes directly into the stomach used to help people eat sufficient amounts via a tube). Staff told us and care plan reviews showed us evidence that medicines were reviewed regularly to ensure that they were optimising people's health. One staff member told us, "We complete behavioural charts and keep monitoring. We only use medicines when all other methods have failed. For example [person] is now on PRN which seems to be making a positive difference to their mood." We reviewed the person's records and confirmed this.

We saw PRN (as required medicines) guidelines were in place to ensure all staff were aware on when to administer the as required medicines. These were updated as and when peoples PRN medicines were changed. We observed that medicines were stored and administered properly. There were daily checks to ensure medicines were administered as prescribed. We reviewed medicine administration charts and found no discrepancies.

There were comprehensive risk assessments that were known by staff and updated regularly to reflect the actions staff would take should the risk occur. Risks assessments were for when people went outdoors, for behaviours that challenged the service, choking and moving and handling. For example, on the day our visit we saw a person go out in a wheelchair as that's what they were risk assessed to use in public. The key workers reviewed risk assessments regularly using a red amber green system to ensure the level of risk could be seen at glance.

People were protected from the risks of infection because appropriate guidance was followed. Staff had received infection control training and were observed to wearing protective clothing and washing hands before and after delivering support to people. The registered manager also audited to ensure staff were following infection control guidelines.

The premises were clean and there was a plan in place to replace some flooring. Regular health and safety checks and fire drills took place in order to ensure people were protected from harm. Staff and records confirmed that daily health and safety checks took place and fire drills took place regularly. There were personal evacuation plans in place to ensure staff knew how to support people to evacuate in the event of a fire.

There were enough skilled staff to support people. People told us, "Yes there is [staff] and [staff]. There is always someone here to help me." We observed staff respond promptly to people's requests to go out or to participate in activities. We reviewed rotas and saw that staffing levels were consistent with what staff and the management told us. Staff told us and records and the registered manager confirmed that staffing levels were reviewed if people's condition changed. Where necessary one to one staff was arranged as required until people's condition improved.

There continued to be robust recruitment checks to ensure staff employed were suitable to work in a health and social care environment. Staff folders evidenced that two references, qualifications, identity checks and Disclosure and Barring checks (checks made by the employer to see if staff had previous convictions) were completed before staff started to work at the service.

Good

Is the service effective?

Our findings

People could not tell us about the assessment process at the service. However, staff and records confirmed that thorough assessments took place before people started to use the service. This ensured the service was able to meet the person's needs. The assessment included an extensive medical history including all health care professionals involved in supporting the individuals. This included physical, social, emotional needs and personal outcomes. Where possible several visits were arranged for the person to come and visit the service a few times to enable them to transition safely.

People were supported by staff who had received the necessary training and support to enable them to support effectively. Staff told us they were happy with the support they received from the registered manager and the team leaders. We observed staff interacted with people throughout the inspection and were aware of what people's non-verbal expressions meant. We reviewed records and found annual appraisals, regular supervisions and team meetings took place to ensure staff were up to date with best practice. Supervision included reflections on what went well and areas for development. Appraisal records showed -staff's objectives and any training they wanted to pursue.

There was a comprehensive induction program which staff told us was helpful as it enabled them to get to know people. One staff member said, "It's helpful for people to get to know us during shadowing then it becomes easier to support people as you become a familiar face." We saw a training matrix that was used to ensure that staff were kept up to date with best practice guidelines. Training included, safeguarding, infection control, epilepsy, first aid, food hygiene and health and safety. Training was a mixture on online and classroom based and tested staff understanding of concepts learnt.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found staff had attended appropriate training and were able to explain how they applied the MCA in practice. Where people had DoLS authorisations in place, staff were aware of the specific conditions in place. The registered manager had a system in place to ensure where applicable, DoLS applications were completed in a timely manner. Records showed that people had comprehensive capacity assessments for specific decisions.

People's rights to make their own decisions were protected. Staff were aware of the need to gain consent

from people before they delivered support. One staff member told us, "We always ask and wait for a non-verbal or verbal indication that the person is ready for us to support them." Throughout the inspection we observed staff listening and waiting for people to give their consent before supporting them to join in in activities or with personal care. For example we saw staff gave someone time and came back later to offer personal care as the person had initially refused.

People were involved in choosing their meals and staff supported them to ensure they had a balanced diet. Staff told us and we saw that meetings were held weekly and people decided what they wanted to eat for the week. On the day of our visit we saw people choose what they wanted supported by staff who had received the necessary support and training. Throughout the inspection people had access to hot and cold drinks and snacks as and when they wanted. We observed people ate all their food. Staff were aware of people's dietary requirements and were also aware of the strategies in place to encourage people to eat. One staff member told us,"[Person] won't usually sit down to eat so we leave finger foods on the table." We saw this person pick food from the plate as and when they passed by.

People were supported to access healthcare services and maintain their health. One person responded by saying yes when asked if they saw the doctor when they needed to. Staff told us and records confirmed that people were supported to see the dentists, chiropody and GP. A healthcare professional told us they had no problems with the service as they always ensured people kept their appointments. We saw staff followed the instructions about how to put on a special helmet to ensure a person was safe.

Good

Is the service caring?

Our findings

People were supported by caring and kind staff who knew them well. One person said, "[Staff] is very good to me. They are all very nice." Another person smiled when staff interacted with them during a game of Lego. People were comfortable and relaxed amongst staff. We observed staff speaking at appropriate tones, using body language, pointing and speaking slowly in order to engage with different people.

People were treated with dignity and respect. A person when asked if they were treated well responded by saying "yes". We saw staff patiently allowing a person to try and explain what they wanted. When people's clothes were visibly soiled, we observed staff with gentle persuasion encourage people to go and find alternative clean clothing to wear. Similarly, where required. People were supported with their continence in a discreet manner. We saw staff and people get involved in deciding where and when to eat meals and when to go out for a walk within the community.

People's right to confidentiality was respected as their records were stored securely. Staff told us they had attended training about confidentiality and were careful not to discuss work related issues whilst out on public transport. We also observed staff taking care answering the phone and ensuring they did not divulge any confidential or personal information. Records also contained details of people who had agreed to share their personal information with relatives. This meant peoples consent was sought before information was shared.

People were supported to be as independent as possible. The service helped people to maintain important independent living skills, for example, we saw one person loading the washing machine. The same person also made several hot drinks for themselves during the inspection. Staff told us they always worked with people to achieve goals such as making their bed or preparing a drink. We saw evidence of this in the care records we reviewed.

Care plans ensured support needs outlined the diverse needs of people including, gender, disability, religious beliefs and culture. Staff were aware of people's likes and dislikes and could tell us how they respected these on a daily basis. One staff member told us a person "liked to throw glass at a recycle place" and we saw this in the support plans and daily records we reviewed.

Good

Is the service responsive?

Our findings

People and their relatives told us the service was responsive to their needs. Records showed several example of how the service had been responsive to people's needs. We saw an example of a person who, when they started to use the service would not go out at all. The service had now enabled this person by lots of encouragement and they were now going out to activities at times. Another person had recently had been diagnosed with a condition that had resulted in mood fluctuations and reduced mobility. Staff told us and we saw the changes made to this persons care plans including assessments by healthcare professionals to ensure the person received the assistance they required. The registered manager told us they were currently trying to source equipment to enable this person to be supported comfortably and safely.

Support plans were pictorial and person centred. They were discussed with people and their relatives and reviewed every six months or as and when people's condition changed. This meant people and their relatives were involved in planning their care. They contained clear outcomes and were written in the first person as a way of illustrating the individual's needs. They were all pictorial and included holistic outlines of people's life. There were in sections entitled "My life History", "How to support me", "Health Action Plan" and communication passports. Communication passports detailed what different body language meant for different people. For example one read "Show [person] a picture of where they would like to go."

The activities within the service were flexible in order to meet people's individual needs. For example, we saw people go out to the garden or to the local shops when they wanted. Each person also had scheduled activities of their choice which were in a pictorial format so people could understand and choose what they wanted to do. The activities ranged from trampolines, swimming and watching movies. Staff also ensured people were given space and time to be on their own if they wished. We observed staff go regularly to a person's room to check on them and at one point to check what movie they wanted to watch and this was put on by staff. This meant staff respected people's preferences and enabled them to plan their day as they wished.

There was a comprehensive user friendly complaints process which was known by people, relatives and staff. The complaints process was displayed within the service so people could easily access it. Staff told us they would support people to make a complaint or get an independent advocate where required. We reviewed the complaints log since the last inspection and found only one complaint that had been resolved.

Staff told us and records confirmed that end of life care decisions were still a work in progress and people and their families were not yet willing to discuss the subject. Staff told us they were aware of respecting people's wishes when they were towards the end of their life.

Good

Is the service well-led?

Our findings

People, staff and their families continued to report that they service was well-run and that they could call on the registered manager at any time for support. They reported an open and transparent culture where they felt involved in how the service was run. This was evidenced by the amount of time we observed staff and people freely go in and out of the registered manager's office.

Although the service had recently been bought by another provider, the registered manager and staff were briefed of the changes. We observed that people had not been affected by the change as staff and management remained the same. They were settled and continued to attend meetings that informed of any upcoming changes.

There was an experienced registered manager who managed both this service and the sister service next door. Staff and people told us the registered manager spent equal time at both services. We also noticed that the back doors were kept open during the day to allow people, staff and the manager easy access to and from the two services. The registered manager ensured they sent the Care Quality Commission (CQC) all the notifications of events and incidents they were required inform us by law.

The registered manager continued to audit the service and submit weekly reports to senior management. We saw monthly reports of quality audits that included various aspects of care such as incidents and accidents, infection control and medicines managements. We also saw tool specifically to monitor and manage and improve behaviours.

Staff remained motivated and told us and we saw evidence of initiatives such as, "employee of the month". We also saw a journal of staff that had left who had all developed and moved on to advance their careers in various sectors including social care.

People were enabled to express their views during weekly meetings and monthly keyworker review meetings. These were all documented in a pictorial format that people could understand. We also saw satisfaction surveys completed by people and their relatives and saw actions had been taken to make any improvements. For example the flooring in some bedrooms was scheduled to be replaced as people had requested this.

The service continued to ensure that people's records were up to date and reflected their individual support preferences. Other records relating to the running of the service such as insurance policies, health and safety checks, staff records were stored securely and kept up to date. Policies were also in the process of being updated to reflect the new provider's values and vision