Clearwater Care (Hackney) Limited

Fairkytes

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Fairkytes is a residential care home providing personal care to people with learning disabilities and/or autism.

The home is an adapted two floor building with facilities, including en-suite bathrooms. The home was located in a residential area close to a town centre. The home's building design fitted into the residential area and other large domestic homes of a similar size. There were no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home.

The service was registered to provide support to up to four people and there were three people using the service at the time of our inspection.

People's experience of using this service and what we found:
The service was not always safe. Medicines were not managed safely because robust procedures were not in place to ensure staff followed prescribing instructions for some medicines, including controlled drugs.

We were not assured with the way staff were deployed in the home because some people required additional support, particularly when they went out. This could lead to shortages of staff.

People were not fully protected from the risk of abuse due to a number of serious allegations made against the home within a short space of time. The provider was complying with the police and the local authority to investigate these cases. We have made a recommendation in this area.

People's care plans and risk assessments were not always up to date or reviewed when needed.

The provider had planned for improvements in the home but audits had not identified the other shortfalls we found. Accidents and incidents that had taken place in the home were not always reviewed to learn lessons to prevent them re-occurring. The provider had a plan in place to improve this.

The provider was not meeting regulatory requirements and had failed to notify us within a suitable timeframe of when it had received authorisation to deprive people of their liberty. Notifications of incidents were not always submitted to us on time.

The service didn't always consistently apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. However, the home was situated next to another home managed by the same provider. People were supported by staff who sometimes worked in the other home. Staff from the other home could easily access Fairkytes via the front door or garden. Both services operated as one larger service, for example by having a shared staff rota and

food menu. This meant the provider had not mitigated against environmental factors which could make the environment feel institutional and had not ensured they could provide truly person-centred care.

We have made a recommendation about seeking advice and guidance about Registering the Right Support.

Premises and equipment safety was maintained to ensure the home environment was safe.

Staff had the skills and knowledge to support them. People and relatives were given opportunities to provide feedback about the quality of the service.

Team meetings with staff were held with the management team to discuss important topics and go through concerns.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was good (published 20 February 2018).

Why we inspected
We received concerns in relation to people not being protected from the risk of abuse and the management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were received in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to medicines management, good governance of the service and registration regulations at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Fairkytes

Detailed findings

Background to this inspection

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

Inspection team
The inspection team consisted of one inspector.

Service and service type
This service is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection took place on 1 September 2020. We announced our inspection one hour before our arrival to enable us to check if there were any Covid-19 related matters we needed to take into account before our site visit.

What we did before the inspection
We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection
We spoke with two people who used the service about their experience of the care provided. We spoke with

three members of staff including senior care workers. We also spoke with the regional director.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff recruitment files. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We spoke with two relatives by telephone for their feedback about the home. We continued to seek clarification from the provider to validate evidence found.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

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

Using medicines safely

● Medicines were not being managed safely at all times. The home had controlled drugs in storage, which are medicines that can be dangerous because they are at high risk of abuse and dependence. One person was prescribed a controlled drug which was a stimulant medicine normally used to treat certain health conditions.

● Staff assisted the person to take this medicine as prescribed and recorded it in a controlled drug entry book. However, we did not find further information in the person's medicine file about why the person was prescribed it, what the procedure was for storing the medicine to ensure it was safe and any other risks. Following the inspection and submission of our report to the provider, documentation was provided highlighting further information around why medicine was prescribed. However, these were not evident at inspection and these issues were raised at feedback. We believe if we struggled to find this information at inspection, a staff member could also find it difficult which could lead to errors.

● We were not assured staff had the necessary guidance in relation to this medicine for them to be able to manage it correctly in accordance with controlled drugs administration. The medicine's policy for the service did not sufficiently address the procedure for controlled drugs. This meant some staff would be unaware of the risks around these types of medicines, which could put people at risk of harm, should there be an error made with how it is stored or administered.

We did not find evidence of people being harmed in relation to medicines. However, adequate systems to ensure medicines were safely managed were not in place. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

● Most people's medicines folders detailed the medicines they were prescribed, the dosage, what they were for and side effects. Medicine administration records (MAR) were also stored to record when medicines were given. One person told us, "I get my medication everyday."

● All other medicines were stored in a cabinet in an office. We looked at MAR charts and found these were up to date and had been completed correctly. Stock checks took place and staff counted medicines to ensure the correct number of medicines remained in their packaging after they had been administered. Records we viewed showed these were accurate.

Staffing and recruitment

● The provider assessed the number of staff needed in the home. Three staff were required during the day. They were supported by the deputy manager. Staff had mixed views about staffing levels, partly because one person in the home required two members of staff to accompany them when they went outside, which

could leave the service short staffed. However, the provider confirmed they would bring a staff member in from the provider's neighbouring sister service to help maintain the staffing levels.
● People and relatives felt there were enough staff to support people inside and outside the home. A person told us, "Yes there is." One relative said, "[Family member] is supported well by staff but sometimes there are not many staff around when I visit."
● The deputy manager worked across both these services. This meant staffing levels could be stretched thin. This could put people at risk of harm as there would not always be enough staff to support them at particular times. When we arrived, there was no manager available on site as the deputy manager was on leave but a senior support worker was on duty to supervise staff.
● Some staff did not feel confident they had adequate numbers to support people at all times, particularly as people required more intensive staff support at certain times. One staff member said, "We were a bit short today as [person] and [another person] went out. It can happen but we manage. Sometimes there can be too little staff but sometimes there can be more than enough. It all depends on who goes out and when." Another staff member told us, "There can be a few staffing issues. Some of us also need to go out and drive the car to take people out and about, so it leaves the service short. I think the driver role should be a separate job so we can concentrate on providing care and support in the home."
● Uncertainty about staffing numbers led to an incident where a senior member of staff did not follow the person's risk assessment for when they were in the community. One person who required two staff members with them when they went outside, only had one staff member with them, which put the person at risk of avoidable harm, as they also absconded. The person was later found safe.
● We viewed staffing rotas but a staff member told us they were not required to sign in when they arrived for their shift. We discussed this with the regional director as we were concerned it was not clear what systems were in place to confirm staff had arrived for their shift, such as a staff register. The regional director said staff were only required to fill in their own organisational weekly timesheets to confirm staff had attended their shift as well as shift handover sheets.
● After our inspection we were sent copies of timesheets and handover records. The regional director told us they would also implement another measure other than the staff rota to confirm staff were on shift, should there be an emergency such as a fire. They showed us a new daily fire register record for staff to enter their names and times on and off shift. This helped to assure us more adequate systems would be in place to confirm staff attendance.

We recommend the provider follows best practice guidance on maintaining safe and suitable staffing levels and staff deployment at all times.

● There were safe recruitment procedures in place. Records showed criminal record checks were carried out for new staff. Applicants completed application forms and provided two references and proof of their identity.
● This ensured the provider could determine if staff were suitable to provide care and support to people. However, we found it difficult to find references for staff due to the ongoing reorganisation of the service. After the inspection, the regional director confirmed references had been sought and received. They provided us with evidence of this.

Systems and processes to safeguard people from the risk of abuse
● People were not always safe from the risk of abuse. Prior to our inspection, the provider notified us of a serious incident that led to people in the home being put at risk of financial abuse. Although this incident was being investigated and the provider took appropriate disciplinary action, we were concerned about the nature of the incident and how it happened within a similar time frame to similar incidents occurring to the adjoining sister service; managed by the same provider and staffed by the same staff.

● People told us they felt safe. One person said, "Yes, I feel safe. Staff are good. Staff help me."
● We spoke with staff about their understanding of safeguarding people from abuse and how to identify and respond to it. They told us they received safeguarding training and knew how to identify different types of abuse and who they should report it to. They also understood what whistleblowing meant if they had concerns about the service. One member of staff said, "I would report abuse immediately and inform the manager or head office." Another staff member told us, "Yes, if I had concerns, I know I can go outside and speak to the local authority if I couldn't go to my manager."
● Meeting minutes we viewed showed that these areas were discussed with staff members to ensure they understood their responsibilities.

We recommend the provider follows best practice guidance on developing a culture of keeping people safe from exploitation and abuse.

Assessing risk, safety monitoring and management
● There were systems in place to minimise risks to people. Assessments of risks were carried out and these included risks around behaviours, health conditions and mobility.
● For example, one person risked harming themselves and others when they got angry and could break household items. Staff used Antecedent-Behaviour-Consequence (ABC) charts to monitor this and examine the triggers to help keep the person and others safe. The person's risk assessment advised staff to communicate with them using Makaton techniques (a form of communication for people who have difficulties speaking) and change the environment they were in, such as by calmly directing them to their room to help them ease their anger or anxiety.
● It was not always clear how often risks were being reviewed due to the provider's recent changes to care plans. We found some people's records show the planned date for review but there was no evidence to show the review had been completed.
● We spoke with the regional director who told us work was in progress to ensure all care plans and risk assessments were up to date.
● Checks on systems such as fire extinguishers, water, gas and equipment used to assist people were carried out. People had personal evacuation plans in the event of a fire or other emergency.

Learning lessons when things go wrong
● There was a procedure for reporting any accidents or incidents that took place.
● Incidents, including safeguarding concerns, were reviewed and action taken to ensure people remained safe. For example, if there were incidents between people, staff recorded the action they took to de-escalate situations. The provider worked with the Positive Behaviour Support team to support some people and reviewed incidents relating to their behaviour. However, it was not clear if incidents were being reviewed to identify what lessons were being learned to prevent them reoccurring. The regional director told us the provider was implementing a new system of capturing this information and told us this was a work in progress.

Preventing and controlling infection
● The home had procedures to prevent and control infections, including Covid-19. There were hand washing facilities available throughout the home. There was a daily schedule for the home to be cleaned and disinfected every three hours, which maintained the home's cleanliness and hygiene.
● Staff used personal protective equipment such as disposable gloves, aprons and anti-bacterial hand gels when providing personal care to people. Staff told us they washed their hands thoroughly before and after providing personal care to help contain the spread of infection.

Requires Improvement

Is the service well-led?

Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was failing to follow regulatory requirements, such as submitting notifications in a timely manner. It is their legal responsibility to notify CQC of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong. They notified us of a serious incident six days after it occurred in the service; Notifications should be sent to us without delay.
- The provider is also required to notify the CQC of approvals to deprive a person of the liberty following Deprivation of Liberty Safeguard (DoLS) applications made to the local authority. Approvals from the local authority were granted earlier in the year for three people but the provider did not inform us of these. We discussed this with the regional director, who told us these would be submitted as soon as possible. After the inspection, the notifications were received.

Failure to notify the CQC of approvals made by a court in relation to depriving a person of their liberty is a breach of Regulation 18 (Registration Regulations 2009).

- There was a lack of robust quality assurance processes that had not identified some of the shortfalls we found. Medicine audits had not identified issues with how the risks associated with controlled drugs were managed. There was a lack of accessible information for staff on the procedures they should follow to manage and administer these types of medicines and enable staff to be fully aware of the risks. For example, there was little detail in people's files on how these types of drugs could be misused and their classification under the Misuse of Drugs Act 1971 (MDA) and the Misuse of Drugs Regulations 2001 (MDR).
- During the inspection, paper copies of references for staff were unable to be located in their files. Due to IT issues, the electronic versions were also unavailable and they were sent to us following our visit. The provider's service improvement plan set a timescale of 24 August 2020 for staff files to be reviewed both for hard and electronic copies but this had yet to be completed.
- There was not a registered manager in place at the time of our inspection. The previous manager had left their post seven weeks before our inspection and the service was being managed by the deputy manager with support from the regional director and an operations support manager. The regional director came to meet us later in the day. They provided assurance they intended to make improvements to the service and

was in the process of reviewing systems. The provider had implemented a service improvement plan, which confirmed a new registered manager would be recruited.
● People and relatives were positive about the regional director and staff. One relative said, "The staff are very friendly and respectful. [Regional director] is really helpful as well. They have improved a lot since they started."

Due to the concerns found, there was a lack of overall good governance in the service which had led to some serious incidents and shortfalls with records. This meant the provider was not suitably assessing, monitoring and improving the quality and safety of the home. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

● Staff we spoke with were clear about their roles and responsibilities, including the senior staff but had mixed views about how the service was managed. A staff member said, "[Regional director] and [deputy manager] are very supportive. I can text them about anything or any issues and they will respond. They are very on it." Another staff member said, "I think the managers are doing the best they can but things could be better. My induction when I started was not great. There was not enough guidance."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● We were concerned that the service worked alongside the sister service next door, in a way that implied both were part of one service. The provider registered them with us as two separate services. This arrangement did not meet the requirements of registering the right support for people because there was joint working between the services. For example, we found that both services shared the same food menu and staff rota. There was a lack of clarity about where staff worked. This could have an impact on people's right to privacy as staff from the other service could sometimes come and go. This meant the provider was not mitigating the risk of making the environment feel like a large institution.
● Meetings with people to discuss their thoughts about the home had not been carried out and scheduled for this year. These issues meant people did not always receive a consistent good quality service. The regional director and records confirmed there was a plan to register both locations as one.

We recommend the provider seeks advice and guidance about Registering the Right Support from the CQC registrations department before re-registering the service.

● Staff attended meetings with the management team to go through any issues and also get to know the regional director and their plans for the service.
● The management team also obtained feedback from people and relatives about the service and staff. We saw that feedback was positive.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● We did not find an overall positive culture in the service. From the feedback we received from staff and managers, the changes in management and the new systems being introduced were not always received positively. Minutes from team meetings showed that some staff felt under valued or undermined.
● We discussed this with the regional director. They told us some staff who were not happy had decided to leave but other staff were responding well to the new ways of working. They said, "We need to evidence what we do better and show the outcomes people are achieving such as with key workers and activities. I am supporting and mentoring [deputy manager]."

Continuous learning and improving care

● Systems were in place to obtain feedback for continuous learning and improving care. Following the serious incidents that occurred, the regional director and other members of the management team worked together with staff to review these incidents. They acknowledged the mistakes made and were working to ensure there was a safe working environment for all staff and people in the service.

● The provider's quality improvement plan for the home was monitored by the regional director and other senior managers. The regional director confirmed there was a lot of work still to do. These included refurbishment works, reviews of people's support plans and ensuring that "each person has a meaningful and inclusive activity plan." They said, "I am expecting all our targets to be completed over the next three months." This would help to create a cycle of continuous improvement.

Working in partnership with others

● Staff told us they worked in partnership with other agencies such as health professionals and local authorities if people were not well, to ensure people were in the best possible health.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to notify the CQC of approvals made by a court in relation to depriving people of their liberty. Regulation 18 (4A)b

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider was not providing care in a safe way as they were not doing all that was reasonably practicable to mitigate risks to service users. Medicines were not being managed in a proper and safe way. There was a lack of policies and procedures for the safe management of controlled drugs on the premises. Regulation 12(2)(b)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider was failing to assess, monitor and improve the quality and safety of the services provided. Quality assurance audits had not identified concerns with how controlled drugs were managed. Notifications to the CQC, including notifications of DoLS approvals were not sent in a timely manner. The service was not meeting the requirements of registering the right support.

Regulation 17(1)(2)(a)