Clearwater Care (Hackney) Limited

Forest Haven

Inspection report

Hawksmouth
London
E4 7NA

Tel: 02085244188

Date of inspection visit:
02 March 2016

Date of publication:
04 April 2016

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

We inspected Forest Haven on 2 March 2016. This was an announced inspection. The provider was given 48 hours' notice because the location was a small care home for adults who are often out during the day and we needed to be sure that someone would be in.

Forest Haven is a care home providing accommodation and support with personal care for people with learning disabilities. The home is registered for five people. At the time of the inspection they were providing personal care and support to four people.

There was not a registered manager at the service at the time of our inspection. The manager in place at the time of our visit was still in the process of completing registration with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had systems in place to protect people from the risk of harm. Staff understood how to keep people safe and knew the people they were supporting very well. People's finances were managed and audited regularly by staff. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

There were enough staff to keep people safe. Robust recruitment and selection procedures were in place to make sure suitable staff worked with people who used the service. Staff were skilled and experienced to meet people's needs because they received appropriate training, supervision and appraisal. The service met the requirements of the Deprivation of Liberty safeguards.

Care was personalised and delivered to a good standard. People received good support to make sure their nutritional and health needs were appropriately met. People's needs were assessed and care and support was planned and delivered in line with their individual care needs.

The service had good management and leadership. The provider had a system to monitor and assess the quality of service provision. Safety checks were carried out around the service and any safety issues were reported and dealt with promptly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff knew what to do to make sure people were protected and had a clear understanding of how to safeguard people they supported.

Risks associated with people's care were identified and managed. Staff understood how to manage risks and at the same time actively supported people to make choices. People's finances were managed and audited regularly by staff.

There were enough staff to keep people safe. Recruitment checks were carried out before staff started working for the provider.

People's medicines were managed consistently and safely.

Is the service effective?

Good

The service was effective. Staff were supported to provide appropriate care to people because they were trained, supervised and appraised.

Staff understood how to support people who lacked capacity to make decisions.

People's nutritional needs were met.

Systems were in place to monitor people's health and they had regular health appointments to ensure their healthcare needs were met.

Is the service caring?

Good

The service was caring. People looked well cared for and staff treated people with respect and dignity.

We observed care and saw people received very good person centred support and enjoyed the company of staff. Staff knew the people they were supporting very well.

People using the service and their representatives were involved in planning and making decisions about the care and support provided at the home.

Is the service responsive?

Good

The service was responsive. People received a person centred service. They were supported to make choices and to have as much control as possible about what they did.

Relatives were confident that any concerns would be listened to and addressed.

People were supported to be involved in activities of their choice in the community and in the service.

Is the service well-led?

Good

The service was well led. A manager was in post supported by the group operations manager.

The staff felt supported by the management team and enjoyed working at the service.

A quality assurance system was in place to check standards were being maintained and improvements made where required.

Forest Haven

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.

Before we visited the home we checked the information that we held about the service and the service provider. This included any notifications and safeguarding alerts and previous inspection reports. We also contacted the local borough contracts and commissioning team that had placements at the home and the local borough safeguarding team. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

The inspection team consisted of one inspector and a specialist advisor. The specialist advisor had experience of learning disability services.

During our inspection we observed how the staff interacted with people who used the service. We looked at how people were supported during our inspection which included viewing three bedrooms of people who lived at the service with their permission. We spoke with one person who lived in the service and two relatives after the inspection. We also talked with the manager, group operations manager, one senior support worker and three support workers. We looked at four care files, staff duty rosters, five staff files, a range of audits, complaints folder, minutes for various meetings, four medicines records, accidents & incidents, training information, safeguarding information, health and safety folder, and policies and procedures for the service.

Good

Is the service safe?

Our findings

People who were able to speak with us told us they felt safe. One person replied to our question about staff keeping them safe by saying, "Yes". Relatives we spoke with told us they felt the service was safe. One relative said, "I don't have any concerns about [relative] safety."

The provider took appropriate steps to protect people from abuse, neglect or harm. Training records showed staff had received training in safeguarding adults. Staff knew and explained to us what constituted abuse and the action they would take to protect people if they had a concern and who to report their concerns to within the organisation, the local authority and the Care Quality Commission. One staff member told us, "We need to report to the manager. If nothing being done then we report to CQC." Staff we spoke with knew about whistleblowing procedures and who to contact if they felt concerns were not dealt with correctly. Safeguarding policies were displayed at the service and were in different formats so that they were accessible to people, staff and their relatives.

The manager was able to describe the actions they would take when reporting an incident which included reporting to the Care Quality Commission (CQC) and the local safeguarding team. This meant that the service reported safeguarding concerns appropriately so that CQC was able to monitor safeguarding issues effectively.

Staff understood people's risks when they were in and outside of the home. There were risk assessments in place which had a clear emphasis on supporting people to have as much freedom as possible whilst remaining safe. The risk assessments included managing money, traffic awareness, using household cleaning products, accessing the garden, medicines, physical aggression, nutrition, daily routines, dressing and grooming, oral health and behaviours that challenge. For example we saw staff had removed some everyday equipment in the kitchen and lounge area which presented a risk for one person rather than restricting their access to these areas which was a social area in the home. This meant staff had explored and provided the least restrictive option which promoted people's safety without limiting the opportunities to develop and interact with others. We saw that the risk assessments were updated immediately whenever there was a change in circumstance.

The provider had processes in place to ensure people's finances were kept safe. We saw that for people who were not able to manage their own finances on returning from an outing, work or shopping, two staff members would check receipts and these were checked daily. The manager told us and records confirmed that a weekly financial audit was completed. This minimised the chances of financial abuse occurring.

Staff rotas confirmed that the numbers of staff on duty ensured that people received safe and effective care. One staff member said, "We have enough staff to support people." We observed that staff responded promptly to people's needs and spent time encouraging them to take part in things they enjoyed. Staffing levels were reviewed regularly and adjusted when people's needs changed. The manager was not included within the numbers of staff on duty, but was available so that they remained aware of people's needs and

could monitor for any changes, whilst providing on-going support for staff.

The service had a robust staff recruitment system. Records confirmed that appropriate checks were carried out before staff began work, references were obtained and criminal records checks were carried out to check that staff did not have any criminal convictions. This assured the provider that employees were of good character and had the qualifications, skills and experience to support people who used the service.

People received their prescribed medicines when they needed them. No one living in the service was able to manage their own medicines. Medicine administration records (MARS) showed they were completed correctly. A positive culture to using alternatives to 'as required' (PRN) medication was encouraged and emphasised. Staff we spoke with took pride in their interactive skills as the best way to respond to and adjust challenging behaviour. Where PRN was prescribed the MARS charts gave clear instructions. The policy on medicines was well written, easy to follow and covered safety and security widely. Regular audits of medications were done by the manager and her findings were easily accessible to staff for shared information. These audits involved stock checks of medications, including measurements of liquids. Any discrepancies were subject to more thorough analysis and discussion. There were some inaccurate administrations in the recent past. Communication and information related to this was transparent and recorded. Staff we spoke with were aware of the recent inaccurate dosage of medications, how it transpired and the process to follow in future if they encountered a discrepancy. Training was given in the care of and administration of medication. All staff undertook this training and certificates were held in their staff files.

The premises were well maintained and the service had completed a range of safety checks and audits. Health and safety checks included room and fridge temperature checks, first aid, fire system and equipment tests, gas safety, portable appliance testing, electrical checks, water regulations and emergency lighting.

The provider had suitable plans to keep people safe in an emergency. We saw each person had a personal emergency evacuation plan (PEEPS) this detailed action to be taken in the event of an emergency and was accessible to staff.

Good

Is the service effective?

Our findings

People were supported by staff who were well trained and supported and had the skills necessary to meet their needs. One person told us, "The staff are lovely and nice." A relative said, "The staff are conscientious."

New staff were supported with a four week induction programme. Newly employed staff had embarked upon the Care certificate, a new nationally recognised qualification for the induction of health care support workers and adult social care workers.The induction included meeting all staff and people who used the service, shadowing more experienced staff, reading care plans and risk assessments, and a range of training sessions. Records confirmed this. One staff member told us, "I did a four week induction which had to be signed off".

Staff we spoke with told us they were well supported by the manager and the provider. They said they received training that equipped them to carry out their work effectively. Staff training records showed staff had completed a range of training sessions, both e-learning and practical. Training completed included medicines, manual handling, emergency first aid, safeguarding adults, health and safety, infection control, conflict management, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), epilepsy awareness, nutrition, food safety, fire safety, and risk assessments in care. The staff training records also showed upcoming training sessions booked for staff which included reporting writing, autism and dignity. One staff member said, "It is not an issue to get more training. I just have to ask."

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 are called the Deprivation of Liberty Safeguards (DoLS).

We heard staff offering people choices and gaining consent from them throughout the day. We saw that people could access all shared areas of the home when they wanted to. We saw people going back and forth to their bedrooms, the lounge, kitchen, and dining room. People could go to the local shops, the library, college or cafés with support from the staff. This meant that people could have the independence and freedom to choose what they did and where they went, in safety with as little restriction on their liberty as possible. Applications had been made to the local authority when a DoLS was needed. The service informed the Care Quality Commission (CQC) of the outcome of the applications in a timely manner which meant that the CQC were able to monitor that appropriate action had been taken. This meant the home was meeting the requirements relating to consent, MCA and DoLS.

People's dietary and food preferences were recorded in their nutrition support plans. One support plan stated "I enjoy eating all vegetables and I particularly like spinach and broccoli." People who were able to speak to us told us they liked the food. One person told us, "The food is nice. I can have any food." People

were supported to be involved in decisions about their nutrition and hydration needs in a variety of ways. These included using the Picture Exchange Communication System (PECS). PECS is a communication aid for people with autism spectrum disorder. On the day of our inspection people went out for lunch at a local café. We observed the evening meal and we saw people had a variety of fresh food cooked for them. Menus were planned in advance but were not rigid, so that people could have a choice if they did not want what was on offer. One relative told us, "[Relative] never used to eat fruit but now does. Overall diet much better and more varied." Records showed food and fluid intake was recorded daily and weight records for each person were completed monthly.

People had their health care needs met to support their physical, mental and psychological wellbeing which was demonstrated by the range of appointments we saw in people's care files. Records of appointments showed the outcomes and actions to be taken with health professional visits. A relative told us, "[Relative] has regular appointments like dental checks. When under the weather they will take [relative] straight to the doctors. Always will let us know when [relative] is not well". People were supported to attend annual health checks with their GP and records of these visits were seen in people's files. People had a 'Hospital Passport', which was a document in their care plan that gave essential medical and care information, and was sent with the person if they required admission or treatment in hospital. The service used a community dentist who specialised in people with learning disability needs.

Good

Is the service caring?

Our findings

People received care and support from staff who were caring and understood their needs. One person told us, "They're [staff] are lovely." A relative told us, "They [staff] have a caring, respectful attitude." Another relative said, "I feel the staff are as good as you get."

We observed that people were relaxed in the company of staff, and seemed genuinely happy when they saw them. Staff were aware from facial expressions and hand gestures what people wanted. Staff also used specific points of reference to communicate with people and find out their needs. We saw that staff responded swiftly to people's requests for assistance and took time to explain things so that people knew what was happening. People received good care and support from staff who were caring. One staff member told us, "I love working here with these clients. I feel good when I have helped them."

Throughout the course of our inspection we observed staff speaking with and treating people in a respectful and dignified manner. Staff appeared to know all of the people using the service well. Support was delivered by staff in a way which met people's needs, for example staff were observed engaging people in conversation and activities such as catching a balloon and completing jigsaw puzzles. We observed staff gave people time and space to do the things they wanted to do. For example, we saw one person go to their bedroom to use their computer and electronic tablet.

Staff told us how they made sure people's privacy and dignity was respected. They said they knocked on people's doors before entering their rooms. We observed staff knocked on doors and asked permission before entering people's rooms. Staff told us they tried to maintain people's independence as much as possible by supporting them to manage as many aspects of their care that they could. One staff member told us, "We respect their space. We need to knock on their door." Another staff member said, "All the people let me know when I am wanted, they make it clear. If they want privacy they can go to their rooms." A relative told us, "What I observed is staff just don't walk in [relative's room], they will knock and wait for him to answer door."

The relatives of people using the service told us they and the person who used the service had been involved in their care and support needs. One relative told us, "We have a review meeting." The same relative said, "Staff devised a holiday plan and involved [relative] in what he wanted to do on certain days." People's needs were assessed and care and support was planned and delivered in line with their individual care plan. People living at the service had their own detailed and descriptive plan of care. The support plans were written in an individual way, which included family information, how people liked to communicate, nutritional needs, likes, dislikes, what activities they liked to do and what was important to them. The information covered all aspects of people's needs and clear guidance for staff on how to meet people's needs. For example, one support plan stated, "Soft gentle tones to be used at all times when prompting me to get out of bed please, as I am more likely to respond and this will also help to reduce my anxiety."

People's independence was encouraged. Staff gave examples how they involved people with cooking, and doing certain aspects of their personal care to help become more independent. This was reflected in the

support plans for people. For example, "I am capable of drying myself though I will require occasionally prompting" and "I am able to complete tasks of washing up and putting my laundry in the machine."

People using the service and their relatives were provided with appropriate information about the service in the form of a service user guide. This included information about the home, support plans, key working, the local area, finances, how to make a complaint, and the standard of care they should expect. The manager told us this was given to people and their relatives when they started using the service.

Good

Is the service responsive?

Our findings

Before a person started to use the service the manager or a senior person would carry out an assessment of their needs, before an agreement for placement was made. This was carried out to ensure that the service could meet the person's needs. We looked at the records of one person who had recently started to use the service. Records showed that an assessment of their needs had been carried out before they came to stay at the service. Information was obtained from the pre-admission assessment, and reports from health and social care professionals had been used to develop the person's care plan. This helped staff to ensure that people received individualised care and support which took account of their wishes and preferences.

Care records contained detailed guidance for staff about how to meet people's needs. There was a wide variety of guidelines regarding how people wished to receive care and support including their likes and dislikes, nutritional needs, support with eating and drinking, daily living skills, activities, mobility, cultural and religious needs, family and relationships, communication, finances, personal care and daily routines. The care plans were written in a person centred way that reflected people's individual preferences. For example, one support plan stated "At breakfast I usually have a wrap or petite roll with chocolate spread with a glass of orange juice." Another example, a support plan stated "minimise talking to [person who used the service] when in transit as she likes to concentrate and does not like distractions." Pictorial aids were incorporated in care plans to assist peoples understanding. For example, where a person was being offered drinks, pictorial cards were shown to the person to assist communication. The person was encouraged to handle the cards and express whether they felt positive or not. Staff quickly understood the non-verbal communication and acted accordingly.

People were encouraged by staff to be involved in the planning of their care and support as much as possible. Staff told us they read people's care plans and they demonstrated a good knowledge of the contents of these plans. We were told that plans were written and reviewed with the input of the person, their relatives, their keyworker and the manager and records confirmed this. Staff told us care plans were reviewed monthly. One relative told us, "We have a review meeting with [relative], staff and the social worker. Usually six months to annually depending on his progress." Detailed care plans enabled staff to have a good understanding of each person's needs and how they wanted to receive their care.

People had opportunities to be involved in hobbies and interests of their choice. Staff and relatives told us people living in the home were offered a range of social activities. People's care files contained an activities planner and records showed activities were recorded daily. On the day of our inspection one person went to college, two people went for a drive and out for lunch and another person went shopping. The person who went shopping told us, "Look what I bought." The same person said, "I go shopping, go for walks and the pub." People were supported to engage in activities outside the home to ensure they were part of the local community. We saw activities included going to the shop for groceries, coffee shop, pub, college and visit family. We also saw people could engage with activities within the home which included arts and crafts, drawing, and music. One relative told us, "They [staff] do involve [relative] with activities." The same relative said, "At Christmas they took him on a cable car. Lots of activities like cinema and swimming."

Staff and relatives told us people were offered choices. For example, with the clothes they wanted to wear or the food they wanted to eat. A relative told us, "[Relative] went out for a haircut the other day and that was his choice." The same relative said, "[Relative] is given a list of choices and decisions. They [staff] will involve him with buying new clothing and toiletries. They [staff] do that really well."

There was a complaints process available and this was available as an easy to read version which meant that those who may have difficulties in reading had a pictorial version explaining how to make a complaint. The complaints process was available in the communal area so people using the service were aware of it. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints policy and we saw there was a clear procedure for staff to follow should a concern be raised. One relative told us, "Any concerns we call a meeting and it is responded too."

Good

Is the service well-led?

Our findings

Relatives said they found the manager was helpful and listened to them. A relative told us, "[Manager] very good." Another relative said, "It's well run. I have every respect for [manager]." The same relative told us, "She [manager] knows each person there and their level of need. Very confident manager and very hard working."

The manager in place at the time of our visit was still in the process of completing registration with the Care Quality Commission. Staff spoke positively about the manager and said they were happy working at the service. They knew what was expected of them and understood their role in ensuring people received the care and support they required. Staff told us they found the manager to be accessible and approachable. One staff member said, "She [manager] knows the service users well and what they need. She is always trying to improve the house and activities." Another staff member said, "She [manager] has done a lot to build up the service and move it forward. She is very supportive with staff."

The staff were clear of their role and spoke passionately about how the manager supported people to lead meaningful lives and to have a good quality of life. There were clear values that had been developed to enable people to receive the care and support they wanted and to innovatively develop the service to ensure people were actively involved within the home and community and were not restricted.

Staff told us the service had regular staff meetings. Staff said that team meetings were helpful and that all staff had input into discussions about the service. Records confirmed that staff meetings took place every month. Agenda items at staff meetings included updates on people using the service, health appointments, health and safety, training, maintenance of the building and the staff rota. One staff member told us, "Staff meetings are good because any problems we talk about. It's a good tool of communication." Another staff member said, "We talk about concerns staff have, about each service user and things we need to get better at."

The provider had effective systems in place to monitor the quality of the service delivery. The group operations manager undertook regular audits to monitor the quality of the service. Records showed this included checking people's files, staffing levels, recruitment, supervision, premises maintenance and CQC notifications. Areas of concern from audits were identified and acted upon so that changes could be made to improve the quality of care. For example, the latest audit had identified that survey questionnaires had not gone out to people who used the service and their relatives. Records showed this was then actioned and dated when the surveys were sent out. This meant people could be confident the quality of the service was being assessed and monitored so that improvements could be made where required.

The quality of the service was also monitored through the use of six monthly surveys to people who used the service, their family members and staff. Surveys included questions about communication, agreed outcomes, care plan review updates, contacting the manager and complaints. We saw that positive comments were received about these from relatives. One comment stated, "I am very happy how Forest Haven is run. I'm happy with the staff and they interact with my [relative]." People who used the service were

assisted by staff to complete the questionnaire. One relative told us, "They [staff] responded to concerns I raised in the questionnaire. I appreciated that." The service completed a summary of the surveys which included what the service had learnt and actions to be taken. Records showed actions had been addressed. For example, the most recently completed survey had identified some relatives were not aware of how to make a complaint. Records showed all relatives were sent a copy of the complaints procedure as a result of this action.