

# Clearwater Care (Hackney) Limited

## Florfield Home

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Florfield Home is a residential care home providing accommodation for persons who require nursing or personal care to a maximum of 4 people. The service provides support to people with learning disabilities. At the time of our inspection 2 people lived at Florfield Home permanently and another was staying there for respite care.

### People's experience of the service and what we found:

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Care

Staff had not always assessed the risks people faced in their daily lives. Staff did not have access to the information they needed to ensure the safe administration of medicines. People's needs were assessed and details of this were reflected in people's care plans. People's cultural needs were respected. People's goals and aspirations were not always clearly captured and it was not always clear people had been involved in reviewing their care. No one living in the service was currently at the end of their life, but some work was required to improve planning in this area.

### Right Culture

The quality assurance systems needed to be improved as they had failed to identify issues we found with the premises, medicines plans and risk assessments. The staff had developed an extremely caring culture which valued the people they supported highly. People clearly trusted their staff. Staff worked well with external agencies and health professionals. Processes were in place to safeguard people from abuse.

### Right Support

People were supported by a big enough staff team who had been recruited in a safe way. Staff received the training they needed to perform their roles. The home was clean and tidy. People's rooms were personalised and their sensory and physical needs were met by the layout of the premises. People were supported with their healthcare and nutrition needs. People were supported to maintain their relationships with their families, however, activities were limited.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (Published 3 October 2017).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment and good governance. Please see the action we have told the provider to take at the end of this report.

We have made recommendations about involving people in reviewing their care and ensuring they have access to activities that are socially and culturally meaningful to them.

### Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Florfield Home

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

Florfield Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Florfield Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The inspection was announced. We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed the information we held about the service including notifications they had submitted to us. Notifications are information about events that providers are required by law to inform CQC about. We sought feedback from the Local Authority about the service.

During the inspection

We spoke with 4 members of staff including the registered manager, the deputy manager and two support workers. We used the Short Observation Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke to 1 family member and attempted to make contact with another person's advocate. We reviewed 2 people's care files including their care plans, risk assessments and records of care. We reviewed various other documents relevant to the management of the service including audits, quality reports and improvement plans.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed 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

- People were supported to receive their medicines in a way that was not always safe.
- The information available to staff about how to support people with their medicines was not sufficient. The medicines plans in place described in general terms how to support people to take their medicines. They did not include information about the purpose, dose, route, timing or potential side effects of the medicines. The registered manager told us they kept the patient information leaflets but this is not sufficient to ensure people are supported safely with their medicines as they do not contain personalised information about how to support each person to take their medicines.
- The registered manager sent us an updated version of medicines care plans. However, these still did not contain the information required such as the dosage or times medicines were required.

The failure to have appropriate medicines plans in place meant there was a risk medicines were not managed safely. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had been trained to administer people's medicines, including where specialist techniques were used to support people with medicines. People had been supported to take their medicines as prescribed.

### Assessing risk, safety monitoring and management

- The provider did not always assess risks to ensure people were safe. Staff usually knew what actions to take to mitigate risks faced by people but were not always provided with accurate information.
- Risk assessments lacked detail of the nature of the risk and the specific actions staff should take to support people to be safe. One person was identified as being at risk of choking but the information in their care plan was not clear. The care plan described a specific consistency of food as being suitable but the staff used a different term when talking about the consistency of this person's food. Records showed the person was only supported to eat foods that were a safe consistency. The registered manager showed us the speech and language therapist had introduced a trial of a different consistency 3 months ago but they had not updated the care plan or risk assessment to reflect this trial.
- The registered manager took action to update moving and handling and fire safety risk assessments after the inspection identified that these did not provide clear information for staff about how to mitigate these risks. Staff relied on verbal instructions from more experienced staff to learn how to keep people safe.
- We saw staff supported people with moving and handling in a safe way that respected their dignity. A relative told us, "I'm confident with how they support [my relative] with moving and handling."

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Staff knew how to identify abuse and knew what to do if they had concerns that people were being abused.
- There were robust systems in place to mitigate the risks of financial abuse where staff looked after people's money.
- Relatives told us they were confident their loved ones were in a safe environment.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- The provider operated safe recruitment processes.
- The registered manager told us staffing levels were based on people's needs.
- We saw there were enough staff available to support people with their daily activities and care.
- Relatives told us there were always enough staff on duty when they visited.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Florfield home was clean and there were systems in place to ensure the home remained clean and a safe environment for people.
- During the inspection we identified some minor maintenance issues which posed an infection prevention and control risk as they prevented effective cleaning. The registered manager took immediate action and has shown us these issues have now been fixed.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.
- A relative told us how they felt confident to visit whenever they wished. They told us, "I don't tell them when I'm visiting and that's fine. It's always wonderful when I'm there."

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- The provider had identified that the low number of incidents reported in Florfield home may be an indicator of under reporting. The registered manager was completing work to make sure staff understood incident reporting requirements.
- Incidents that had occurred were investigated thoroughly and discussed in team meetings to ensure lessons were learnt. The provider also cascaded lessons from incidents in other services to ensure learning was shared across their services.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes.
- The registered manager undertook assessments of people's needs before they moved to Florfield Home. These assessed people's physical, emotional and social needs and were used to produce related care plans.
- People's care plans were structured around their needs and desired outcomes. We discussed with the registered manager that the care plans lacked detail in some areas which meant they did not reflect the specific nature of the support staff were providing.
- The registered manager explained some of this detail had been lost as they transferred from paper to electronic records and they would undertake work to increase the detail in the care plans so all staff would be able to work consistently to support people to achieve their outcomes.
- Assessments and care plans took into account people's cultural background and protected characteristics. We saw staff provided support that was sensitive to people's backgrounds.

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support.
- Staff told us they received the training they needed to perform their roles, including from external providers where this was needed to meet people's specific needs.
- The registered manager had an effective system in place to monitor staff training and ensure staff planned to do their training in a timely manner.

Staff told us they received supervision and found this supportive.

- A relative told us they were confident that staff were trained to support their relative, particularly with regard to their physical support needs which required specialist training.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet.
- Most of the people living at Florfield home were not able to take their nutrition by eating. They were supported to maintain their nutrition and hydration through percutaneous endoscopic gastrostomies (PEG) where feeding tubes allowed people to receive nutrition.
- Despite the issues regarding the consistency of food described in the safe key question, people's nutrition and hydration needs were detailed and we saw staff were confident and competent in supporting people with their nutrition and hydration.
- Where people were able to eat food staff knew their preferences well and prepared food they liked. We

saw they were offered choices and these were respected.

Staff working with other agencies to provide consistent, effective, timely care

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- Staff had positive and effective relationship with other agencies involved in providing support to people.
- Relatives told us staff kept them informed and involved when other agencies were involved in their loved ones care.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthier lives, access healthcare services and support.
- People had complex health needs and staff supported them to access healthcare services as they needed them.
- Relatives told us they were confident staff supported people with their health. One relative described how staff had facilitated a 4-way online meeting to ensure they were involved in a health review. They also told us how staff had increased their confidence with regards to their loved one's health. They said, "I was really nervous [about change to health need] and the home have been wonderful with that."
- Information about people's health and the actions required by staff to maintain their health was clearly recorded.

Adapting service, design, decoration to meet people's needs

- People's individual needs were met by the adaptation, design and decoration of the premises.
- Florfield home is specially adapted and accessible for the people living there with accessible en-suite bathrooms. People's bedrooms were highly personalised.
- People's sensory needs were met with appropriate sensory equipment available in both public and private areas of the home.
- We noted that the shared bathroom was being used for storage and was not equipped for anyone who lived in Florfield home to use. The registered manager told us they would consider what the best use for this space could be given it was not being used by people.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act.
- People's capacity to consent to their care had been assessed. DoLS had been applied for and granted. Staff supported people in the least restrictive way.
- We saw staff offered people choices and responded to people's subtle communication to ensure they were supporting them in a way they wanted.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well supported.
- Staff treated people with genuine kindness and respect. One member of staff told us, "For me, what keeps me working here is the people we support. They feel like my family, as a staff team we feel with them, we worry together and celebrate."
- People's care plans considered their cultural background and religious beliefs. We noted that people's sexuality had not been considered.
- We saw staff supported people in a way that promoted their individuality. Our SOFI observations showed people received warm interactions that enabled their involvement in the activities available.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and make decisions about their care.
- We saw people were offered choices and that their choices were respected. Relatives told us they were involved in decision making processes when required.
- People had advocates to support them in having their views considered.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- We saw staff supported people in a way that promoted their dignity. People were given privacy and people's bedrooms were respected as private spaces.
- Staff told us how they involved people but we could not see that they actively promoted people to be as independent as possible. We discussed this with the registered manager who told us this detail had not transferred from the paper files to the electronic ones. They had a plan in place to improve the quality of the records.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported as individuals, in line with their needs and preferences.
- The provider operated a keyworker system where staff took responsibility for ensuring that a particular person had received their support as planned.
- Staff reviewed people's care plans regularly involving people's relatives when this was appropriate. A relative told us, "I'm involved in all the reviews and meetings." However, staff did not involve people in reviewing and updating their care plans so their views about their care were not always considered.

We recommend the provider seek and follow best practice guidance about involving people with complex communication needs in their care planning.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was not always meeting the Accessible Information Information. People who lived at Florfield House did not have capacity to understand most information about their support and the service. The provider had versions of documents about the service available in easyread formats. These were not accessible for the people who lived in Florfield Home.

We recommend the provider seek and follow best practice guidance around the Accessible Information Standard for people with very complex communication needs.

- People's communication needs were understood and supported.
- Staff knew and understood people's communication well. They described how people made choices and expressed themselves. Relatives told us they were confident staff knew how to communicate with people.
- The registered manager told us they were working to improve the detail of people's communication care plans to ensure they captured the detailed knowledge staff had about people's communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were not always supported to follow their interests or take part in activities that were relevant to them.
- People were supported to maintain relationships with people who were important to them. Relatives told us they felt welcome in the home and visited regularly.
- People's care plans included information about activities they enjoyed. However, records showed that people were not consistently supported with these activities. For example, one person's care plan said they enjoyed a music group and regular bowling trips. However, during an entire month they had only gone to the music group once and had not gone bowling at all.
- It was not clear that people were supported to do individual activities as records showed people tended to go to the same activities as their housemates as a group. This was despite there being a significant diversity between the people living in the home. The provider had not looked into this to confirm whether or not they were supporting people to do what they most wanted to do.
- A relative told us they felt their relative enjoyed a range of activities. They said, "They do activities, bowling and big communal events as well. [My relative] enjoys both. They get active when they see they are in a different environment and enjoy the anticipation."
- People were supported to maintain relationships with people who were important to them. Relatives told us they felt welcome in the home and visited regularly.

We recommend the provider seek and follow best practice guidance on supporting people with personalised activities that are socially and culturally relevant to them.

#### End of life care and support

- People had not always been supported to plan for their end of life needs.
- The registered manager recognised that they had not updated people's care plans in relation to their end of life wishes. People did not have plans in place to reflect their wishes in the event that they became seriously unwell. The registered manager told us they would arrange meetings to develop end of life care plans for people living at Florfield home.

#### Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care.
- There had not been any formal complaints made. The provider had a clear policy and procedure in place to respond to complaints that were made. Staff were familiar with this process and knew how to respond to any concerns.
- Relatives told us they were confident they could raise any issues or concerns and these would be addressed.

# 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 our last inspection we rated this key question Good. At this inspection the rating has changed 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

- The provider did not have a fully supported management structure. The provider's system did not always effectively monitor the quality of care provided to drive improvements.
- The provider had a clear structure of audits and quality assurance visits in place. However, these had not identified the issues we found with medicines care plans, the level of detail in care plans and risk assessments or activities provision.
- Despite having maintenance and health and safety audits in place the provider had not identified the maintenance issues found during the inspection.

The issues with the effectiveness of the quality assurance and governance systems are a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The audits had identified and addressed other issues, including improving staff supervision rates.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider did not always have effective systems to provide person-centred care that achieved good outcomes for people.
- The provider's systems had not identified the issues we found with the range of activities and level of personalisation.
- There was a positive, warm culture at Florfield Home. People were supported by staff who cared deeply for them. This was reflected in the very good staff retention rates with many staff who had worked there for a long time.
- The registered manager set the tone for this culture. Both staff and relatives told us they found them approachable and available to them.
- Relatives were positive about the atmosphere and described how staff treated their loved one with respect.

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 understood their responsibilities under the duty of candour.

- The provider ensured that they apologised when things went wrong and looked for way to improve their services.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was room for improvement in how people and staff were involved in the running of the service.
- There was a feedback survey for people who lived in the home. Staff had completed this on people's behalf and we could not see any efforts had been made to engage people in a way that met their individual communication needs in order to provide feedback themselves.
- Staff told us they were involved in planning and developing the service. We saw team meetings took place regularly and the provider used an online platform to share information and updates about the home.
- The provider completed a staff survey and had an action plan in place in response to staff feedback. Staff told us they felt they were listened to by the provider.
- Relatives also completed a survey. They told us they felt confident that as the provider is large they have systems in place to protect their loved ones.

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- The provider and registered manager encouraged a reflective approach to incidents and events across their services. We saw these were talked about in staff meetings and staff considered any changes they should make to their practice.
- The provider shared a monthly report of lessons learned from across their portfolio of services for teams to discuss. This ensured lessons from one service were shared with others.

Working in partnership with others

- The provider worked in partnership with others.
- The registered manager ensured Florfield Home was linked with other of the provider's services in the local area which gave people a broader range of experiences.
- The service worked well with the other agencies involved in people's care.

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 12 HSCA RA Regulations 2014 Safe care and treatment  Systems to ensure the safe management of medicines were not in place. Regulation 12(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The governance systems had not operated effectively to identify and address issues with the quality and safety of the service. Regulation 17(1)