

Clearwater Care (Hackney) Limited

Forest Haven

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We last inspected this service in March 2016 where it was rated 'good' overall. This inspection took place on 30 May 2018 and was announced. We gave the service 48 hours' notice of the inspection as it is a small service for adults with a learning disability who are often out during the day. We needed to be sure people would be in during our inspection.

Forest Haven 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.

Forest haven can accommodate up to five people. At the time of our inspection four people were living in the home. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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

The service was safe and people were protected from harm. Support workers were knowledgeable about safeguarding adults from abuse and what to do if they had any concerns and how to report them. Safeguarding training was given to all staff.

Risk assessments were thorough and personalised. Support workers knew what to do in an emergency situation.

Staffing levels were meeting the needs of the people who used the service and support workers demonstrated they had the relevant knowledge to support people with their care.

Recruitment practices were safe and records confirmed this.

Medicines were managed and administered safely and audited on a weekly basis.

Newly recruited support workers received an induction and shadowed more experienced members of staff. Training for support workers was provided on a regular basis and updated when relevant. Support workers told us the quality of training was good.

Support workers demonstrated an understanding of the Mental Capacity Act (2005) and how they obtained

consent from people on a daily basis. Consent was recorded in people's care plans.

People were supported with maintaining a balanced diet and the people who used the service chose their meals and these were provided in line with their preferences.

People were supported to have access to healthcare services and receive on-going support. Referrals to healthcare professionals were made appropriately and a multi-disciplinary approach was adopted to support people.

Positive relationships were formed between support workers and the people who used the service and staff demonstrated how they knew the people they cared for well. People who used the service and their relatives told us support workers were caring and treated them with respect.

Care plans were detailed and contained relevant information about people who used the service and their needs such as their preferences and communication needs.

Concerns and complaints were listened to and records confirmed this.

People who used the service, their relatives and support workers spoke highly of the registered manager and told us they felt supported by them.

Quality assurance practices were robust and taking place regularly.

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 continued to be safe.

Is the service effective?

Good ●

The service continued to be effective.

Is the service caring?

Good ●

The service continued to be caring.

Is the service responsive?

Good ●

The service continued to be responsive.

Is the service well-led?

Good ●

The service continued to be well led.

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 May 2018 and was announced. We gave the service 48 hours' notice of the inspection as it is a small service for adults with a learning disability who are often out during the day. We needed to be sure people would be in during our inspection.

Before the inspection we asked for feedback from the local authorities who commissioned services from the provider. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with one person who lived at the home, four support workers, one senior support worker and the registered manager. We reviewed three care files including needs assessments, care plans, risk assessments, medicines records and records of care delivered. We reviewed three staff files including recruitment, training and supervision records. We also reviewed various meeting records, surveys and other information relevant to the management of the service. After the inspection, we received feedback from three relatives.

Is the service safe?

Our findings

One person told us, "I feel safe here and I'm happy." A relative of a person said, "My [relative] is safe and well looked after at Forest Haven, [relative] always seems happy."

Policies and procedures were in place for whistleblowing and safeguarding adults from abuse. Staff were knowledgeable about what to do to if they had concerns about people's safety and told us they felt they would be protected if they needed to 'blow the whistle' on poor practice. One support worker told us, "I'd report any concerns to a senior or shift leader and also to the manager." Another support worker said, "I've read the safeguarding policy. I'd speak to the manager and report any concerns." A senior support worker said, "If you discover anything going wrong you can report it anonymously and call CQC as well." The registered manager told us, "We haven't had any safeguarding's in a few years, not since the last inspection."

Risk assessments were detailed and robust and contained personalised information about each person's risk factors and how to mitigate them. One support worker told us, "[Person] has epilepsy. They've had no seizures since I started here but I read in their care plan. If [person] had a seizure I've had training and I'd know what to do; remove clutter and create space, call 999. They're not on any PRN medication for epilepsy but [person] takes anti-epilepsy medicine every morning." PRN medicines are administered on an 'as required' basis. This person's care plan stated that they had not had any seizures for some time, but there was specific information for support workers in relation to what this person's seizures looked like and what action to take.

Risk assessments included a 'traffic light system' for each person, for example if a person was at high risk of choking, it would be rated as 'red'. A corresponding mitigation plan was then created to provide support workers with guidance to support the person and minimise the risk.

The service made sure there were sufficient numbers of suitable staff to support people. There were always four support workers on shift as well as the registered manager during the day and two support workers at night. These staffing levels were reflected on the rota. The registered manager explained, "In the house, everyone receives one to one care and two of our service users require two to one care whilst out in the community and we meet that need." The registered manager also told us how they made arrangements for any unexpected absences, "We only use bank staff to cover absence such as sickness and it gets covered pretty well. We haven't used agency staff for years now." A senior support worker told us, "All of the support workers have a group chat and we will arrange cover between ourselves." A support worker explained, "If someone is off sick, there's cover and we have a group chat and arrange it. We have enough staff. We don't use agency, we all cover for each other."

Medicines were managed and stored safely and records were contemporaneous and up to date. Medicine audits were also being completed on a weekly basis and records confirmed this. Each person had their own cabinet which was securely locked and contained their medicines folder with detailed information about the person's specific medicines, times for administration, dosage and any side effects. Each person also had a medicines risk assessment. Support workers were only permitted to administer medicines once they had

completed the relevant training and assessment. A senior support worker explained, "You have to do medicines training before you can administer. You have to complete an assessment and have to shadow three medicine administrations before you can start. You need that training, it's good and we also do online training for medicines that is provided by the pharmacy."

The service routinely completed a range of safety checks and audits such as fridge temperature checks, first aid equipment, fire system and equipment tests, gas safety, and water temperature checks as well as infection control practices. The systems were robust and effective. Each person had a fire risk assessment in place and an evacuation plan which was in easy-read format that included information about the person's mobility needs, their ability to manage stairs, evacuation aids, estimated evacuation times and the person's understanding of evacuation. The registered manager told us, "We do weekly tests on fire alarms and regular evacuations." Records confirmed these were taking place. In addition, we saw records of a recent 'complete fire protection' certificate as well as an inspection of the fire alarm system.

The COSHH (Control of Substances Hazardous to Health) cupboard was securely locked and the home environment was clean and free of malodour. The registered manager explained, "We have a daily cleaning rota and night rota broken down into different areas. We encourage service users to clear their rooms as well to encourage independence." A relative told us, "I feel the home is well managed and whenever I've visited, it seems clean and tidy."

Records confirmed that people using the service either had a Court of Protection order in relation to their finances, Local Authority appointeeship or family support for the management of their money. The registered manager showed us cash records and receipts for all transactions that they supported people with and all transactions linked correctly with corresponding receipts. The service carried out a daily audit of all financial transactions during staff handover as well as a monthly audit. One person told us, "They look after my money and I wanted that. I've always got money. At the moment I'm saving up to buy dresses." A support worker explained, "Only the shift leader and manager has access to the safe and the manager audits the money and receipts every week."

The service had a robust staff recruitment system. All staff had references and DBS checks were carried out. The service carried out risk assessments where appropriate for any contentious DBS findings. DBS stands for Disclosure and Barring Service and is a check to see if prospective staff have any criminal convictions or are on any list that bars them from working with vulnerable adults. This process assured the provider that employees were of good character and had the qualifications, skills and experience to support people living at the service.

Accident and incident policies were in place. Accidents and incidents were recorded and we saw instances of this where the registered manager kept a summary of all incidents, the actions taken as a result and whether CQC had been informed. The registered manager told us about the lessons learnt in relation to any incidents and said, "We've had a recent increase in incidents due to not having a vehicle to take people out, mainly in relation to behaviours. We are currently looking for a new vehicle but having a car on site is a huge thing to some of the service users and its absence has caused some change to people's routine. We have increased other activities but we have learnt that we need to have a vehicle."

Is the service effective?

Our findings

Care plans contained detailed information about people's care needs and the information was captured in an assessment form that had been completed prior to them being placed at the home. Information included the person's history, medical needs, likes, dislikes, expectations of the placement, medicines and a transition timetable.

The registered manager told us, "When we take someone new, our business development planner and I will assess the person with the social worker and the family will visit the home. We have someone new coming here soon and I met with the manager of their current home and I will be developing a transition plan for the person. In addition, two seniors will go and shadow the person and their support workers in their current setting, the person will then come and visit, have lunch, meet the other service users and do an overnight visit. This will be over a two or three week period." They also explained how they involved the people using the service with this transition, "We do 'social stories' for the new service user and everyone else. Social stories are developed for any change in the normal setting. We'll do a short story of what is happening in an easy read format and describe the change and we read it to them as often as we need to."

A relative told us, "A new resident is coming and we have been notified. I understand great care was taken that this person would 'fit' in with the current residents." The registered manager explained, "I am not afraid to say no if we can't meet someone's needs."

Records confirmed that all staff had up to date training which included topics such as medicines, health and safety, food hygiene, first aid, fire safety and moving and handling, autism and challenging behaviour. A senior support worker told us, "We receive training in managing service users if their behaviour becomes erratic but we never use restraint." A support worker told us, "The training we received is relevant and very good." Upon commencement of employment records showed that all staff received an induction. Another support worker told us, "We had an induction and then we shadowed someone more senior who knows the service users well and we also read the care plans and policies and procedures." A third support worker explained, "We have refresher training annually, it's great, we cover a lot of stuff and it's relevant." The registered manager explained, "We have an online system that monitors the training matrix and we update it every couple of weeks which flags up if any training is due."

Records showed that supervision was taking place every two months and annual appraisals were also taking place. Supervision discussions included personal development, timekeeping, attendance, safety, team work and feedback. A senior support worker told us, "Supervision is every other month. We had our annual appraisals in February. The registered manager supervises me, it's not bad, we can open up and she's a good manager, she listens a lot." A support worker told us, "We have supervision every other month and it's good."

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 found the service had up to date policies and procedures in relation to the MCA so that staff were provided with information on how to apply the principles when providing care to people using the service and we were made aware of people subject to DoLS authorisations.

At the time of inspection people who used the service had authorised DoLS in place because they needed a level of supervision that may have amounted to a deprivation of liberty. The service had completed appropriate assessments in partnership with the local authority and any restriction on people's liberty was within the legal framework. We found that the service had submitted notifications to the CQC about the decisions of applications submitted for DoLS for people who used the service. The service kept a record of all DoLS applications, authorisations and refusals and this helped them to track if any authorisations were expiring. The registered manager explained, "Everyone is on DoLS. [Person] just had theirs reviewed and some are due in a few months. The reminders for expiries are in my electronic diary and we do a DoLS report every week."

Support workers demonstrated a good understanding about obtaining consent from people and one support worker told us, "You have to ask consent and involve them, they understand everything, even if they can't verbalise." Another support worker explained, "For example with medicines. If someone refuses you can't force them, you just try again later."

People were supported to have enough to eat and drink in line with their preferences. The fridge and freezers were stocked with fresh food and cabinets were stocked with snacks. There was a bowl of fresh fruit available for people to snack on. The registered manager told us, "We do our shopping online that gets delivered on a Friday and we try to get the service users involved." A support worker explained, "The service users will help out if we are cooking for example pass us items. There is always enough food and they choose what they want and we have a menu with options which is all pictorial so they can choose." One person told us they were happy with the food and said, "I've got my own food and my own kitchen, I choose all the food, they deliver the food in the van and I choose what I want by making a list. For breakfast I usually have Alpen or Bran Flakes with milk."

People's health care needs were documented in their care plans and the service supported people to access healthcare professionals as needed. Records showed people had access to various healthcare professionals when necessary. A support worker told us, "The GP, psychologist, DoLS assessors, they all come here and we take people to appointments if needed. We'd always speak to the manager if we thought someone needed a referral." A relative told us, "[Relative] has a current health issue which an alert member of staff reported and [relative] is awaiting an operation as a result, so I'm very grateful for the vigilance." The registered manager told us, "We referred [person] straight to the GP and got [person] in on the same day for blood tests and further investigations." This meant the service was proactive in supporting people with their health needs and in taking prompt action when people showed any signs of being unwell. In addition, each person had a 'health action plan' that was reviewed every six months. The 'health action plan' contained information about the person's general health, skin, allergies, and whether they needed support around sexual relationships and contraception.

The adaptation and design of the home was in line with people's individual needs. One person had a self-contained annex as per their individual requirements and support needs. The main house had four bedrooms where three people currently lived, all with en-suite bathrooms. There was also a large kitchen

area in the main house, lounge and access to the garden. One person told us, "I've been here more than two years, I've got my own flat, it's nice. I've got my own space, I don't want to share my television with anyone. The decorator did it all up and I chose the colours."

Is the service caring?

Our findings

During our inspection we observed positive and caring interactions between staff and people who used the service. For example, we observed one person who was having difficulty with their television be supported by the registered manager to fix it in a caring and kind way. We also observed support workers talking to people who were non-verbal in a person centred manner by using pictorial aids where necessary. One support worker told us, "I love caring for people. I like to nurture. Another support worker explained, "It's not about the money. It's how you feel about what you're doing, it's rewarding."

Support workers were proactive in promoting the independence of people and encouraging them to learn new skills. A support worker told us, "We prompt people with personal care, for example brushing teeth, washing feet. [Person] makes their own breakfast and we promote their independence." Another support worker said, "We prompt people to do things themselves and choose what they want to wear. One person, we used to do everything for but now they'll go to the fridge and get a jug, they'll put things in the sink, choose what they want to wear, they're really progressing. Another person, after their shower will choose what to wear. They never used to do this and they now put their clothes in the washing machine as well." A third support worker explained, "It's important to promote people's independence."

People's privacy and dignity was respected and a support worker told us, "Dignity is very important. I always talk to people, even if they can't reply. For example I will explain that it's shower time and explain things concisely." In addition, people who used the service were not forced into a daily routine. On the day of inspection, two people were still asleep at 11 am and a support worker told us, "They went to bed late according to the handover notes and we respect that. We can't force them to do anything like wake up, when they're hungry they will wake up." One person explained, "The staff are good, they are caring. They never force me to do anything I don't want to do. I get on with all of the staff."

Records showed that staff had received training in respecting people's privacy and dignity. The provider had a policy on dignity, privacy and respect which reminded staff that they were guests of people who used the service and they should behave accordingly. The policy also gave guidance to staff in line with the Equality Act 2010 about not discriminating against people who used the service regardless of age, gender, disability, race, religion or belief, gender reassignment, sexual orientation, marriage or civil partnership, and being pregnant or on maternity leave. A support worker told us, "Everyone here is very accepting of each other."

Is the service responsive?

Our findings

A relative of a person told us, "[Relative] does seem content at Forest Haven and is well looked after. He has a particularly good relationship with his key worker, and his needs seem to be well met there and I feel the staff have his best interests at heart." Another relative told us, "I do feel our [relative], is well looked after. [Their] key worker is outstanding." Records showed that people had monthly meetings with their allocated key worker to discuss their goals, any mood changes and behaviours and these meetings were recorded in a pictorial format.

Care plans were detailed and contained personalised information in a pictorial format about each person who used the service, including information about their needs. Information included the person's life history and communication needs in the format of a 'communication passport'. Each person had a communication passport that contained detailed information for support workers to use in order to communicate with each person in a personalised way. For example for one person this stated, 'How person tells you things; pointing, facial expressions, symbols. When happy, gives high five's, when upset; high pitched vocalisations.' Support workers also had guidance on how to effectively respond to people if they were upset, for example, "Reassure [person], create a calm, low arousal environment, engage in activities such as puzzles."

One support worker said, "Everything you need to know about the person is in there, for example medicines, wellbeing, activities, communication needs. You get to know the person initially through the care plan." Another support worker told us, "When you know the person and the care plan, you know what to do. It's very clear in the care plan, for example we know what triggers people and how to support them accordingly. A third support worker explained, "The care plans are good. There's plenty of information in there." A relative told us, "We have always been involved in any care planning and currently we are all working together to ensure [relative] has some regular daytime activity via [local authority]."

People were supported in a personalised way, for example one person who experienced anxiety with attending appointments was supported by support workers with certain techniques. A support worker explained, "For this service user we have found that telling them about their upcoming appointment three days in advance works well and we turn it into a 'social story'. We write down the process of the appointment, where it is, how will we get there and read it to them. It comforts them and eases their anxiety."

Each person had an activity planner on the wall which they could adapt and change with Picture Exchange Communication System cards (PECS). PECS are an alternative communication system developed to help people affected by autism convey their thoughts and needs. The registered manager told us, "[Person] will wake up and update the day of the week and weather using the PECS cards." A support worker told us, "I've worked here for some time and know how to communicate, we use PECS and PECS are very useful." One person used PECS to communicate that they were hungry and their care plans stated, "[Person] will give you a PEC of the food [they] want. [Person] may take the food from the cupboard and give it to you. [Person] may sign 'please' and point to [their] choice."

One person told us, "There's always something to do. I get showered, have breakfast and go out." The registered manager explained, "The service users can deviate from their timetable. They're always given another choice and we use the PECS board."

Daily records of care were completed for each person and included information about their food intake, activities and level of staff support. People's daily records were reflective of their personal preferences as per their care plan.

The registered manager told us that they did not support anyone who was 'end of life' but that they had an end of life policy for support workers to refer to. They explained, "We are currently providing end of life training to staff."

The service had a complaints procedure in place that was in an easy-read format. This included timescales for responding to any complaints received and details of who people could complain to if they were not satisfied with the response from the service. Records showed that no formal complaints had been made since our last inspection. People who used the service told us they knew how to make a complaint. One person said, "I'd talk to [registered manager] or a member of staff if I'm not happy."

Is the service well-led?

Our findings

People who used the service, their relatives and support workers spoke positively about the registered manager and their management style. One person told us, "[Registered manager] is lovely. I can talk to her. I am happy with everything." A relative told us, "I have built up a good relationship with the manager who runs the home well. I'm able to discuss and make suggestions regarding my [relative's] welfare knowing they will be taken on board." Another relative stated, "[The registered manager] ensures we are kept up to date with everything. I feel she is very approachable and whenever I've mentioned any minor concerns, has been proactive and 'on it'." A senior support worker explained, "The registered manager likes to help. She's a very nice person." A support worker told us, "The registered manager is good, you can always talk to her."

The registered manager told us about their management style and ethos of the service, "My door is always open. I'm really laid back, I've adapted from working on the floor as a senior and then onto a team leader and now manager. I talk to staff on a personal level. I get to work around eight am and we have all have a cup of tea and general discussions. I'm down to earth. The service user's and staff are my priority, I have a good relationship with the staff and we share the responsibility. I also receive support from my line manager and have supervision every eight weeks."

Team meetings were taking place once a month and records confirmed this, although the registered manager told us there hadn't always been full attendance. They explained, "There wasn't always a good turn out so I asked staff what would increase attendance and they said a bucket of chicken! So I did that and it worked!" A support worker told us, "They're [team meetings] very useful. We're encouraged to talk about the welfare of the service users or things we're not happy about." A senior support worker added, "In addition to the team meetings, in the morning we will all sit around the table and discuss the next shift. It's a good team. I'm very happy and proud to work here." Another support worker told us about the culture of the team and said, "It's like a family here. Everyone knows the clients very well and we all help each other. There's real team work." In addition, the registered manager attended a manager's meeting once a month and records confirmed this. The registered manager told us, "We can bring anything up, it's useful."

Resident's meetings were taking place on a monthly basis and records confirmed this. Discussions included health and safety, fire safety including what to do in the event of a fire and meals.

The service completed regular and robust quality assurance practices in order to learn, improve and maintain the sustainability of the home. The registered manager told us, "We have weekly reports that I send every Thursday to my line manager which includes information about any incidents, staff sickness and any concerns." They also explained, "We have a quarterly audit where we focus on personnel, finances, health and safety and infection control. We also have internal audits where another manager will come here." Records confirmed that a weekly medication audit was taking place as well as the quarterly audit whereby an action plan was created to follow up on any discrepancies or areas for improvement.

Spot checks were completed by the registered manager and included night checks. Records confirmed these were taking place and the registered manager completed a spot check form and noted if any issues

had been found and what actions needed to be taken, if any.

At the start of every shift, handover forms were completed by support workers to communicate any significant events from the previous shift and records confirmed this. This ensured that all support workers were aware of people's activities, plans for the day, health professional visits and information about money and medicines.

The service had a business continuity plan in place that included information about reporting and notification requirements, emergency contact numbers, out of hours numbers, gas and electricity emergency plans and staffing. The registered manager told us, "We have a plan for on-going maintenance work for the year in accordance with our budget. We want to install a new kitchen but we plan to wait until one of our service user's moves so that it causes less disruption."

Records showed that a resident's survey had been completed in February 2018 and was in pictorial format. Responses were positive and people agreed to statements such as 'I am given information about what is going on at my service' and 'the staff respect my personal views, values and beliefs.' The results of the survey were summarised into a chart and actions were taken as a result. For example, one person had stated in the survey that they didn't have access to the garden as they couldn't be in a communal area with other people. The registered manager told us about the plans they were implementing in order to give this person a private garden area.

Relatives and professionals involved in supporting people at the service had also completed a survey in 2018 and their responses were very positive. Feedback from a relative stated, 'I think the registered manager is an excellent manager who keeps us well informed and up to date with any issues. I'd also like to single out [support worker] who is really fantastic and has built up a truly excellent relationship with [relative] and I trust [them] absolutely.'

The registered manager worked in conjunction with other organisations in the local area to support people at the service. The registered manager explained, "We are working with the local authority to find different community groups for one of our service users to attend. We also regularly attend the local authority provider forum."

Policies and procedures were up to date and available for all staff to access. The registered manager told us staff were required to read policies and procedures and sign once they had read them and records confirmed this.

Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. One notifiable event is when someone has a serious injury. The registered manager had a good understanding of when they needed to notify us. We checked our records and we had been notified when required.