

# Klearwater Adults Services Limited

# Wickham Road

## Inspection report

330 Wickham Road  
Croydon  
CR0 8BH

Tel: 07958435709  
Website: [www.kwas.co.uk](http://www.kwas.co.uk)

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

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 assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Wickham Road is a residential care home providing personal care to 2 people at the time of the inspection. The service can support up to 4 people.

### People's experience of using this service and what we found

#### Right Support

The provider had acted to make improvements that were required after our last inspection. People now received care and support in a safer, cleaner environment because staff followed current practice in relation to infection prevention and control. The environment was well-equipped and well-maintained and met people's sensory and physical needs. People received support with their medicines to achieve the best possible health outcome. Staff supported people to have the maximum possible choice, control and independence and they had control over their own lives.

#### Right Care

The service now had enough appropriately skilled staff to meet people's needs and keep them safe. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

#### Right Culture

The provider had improved their monitoring and oversight of the service since our last inspection. They had provided additional resources and support to the service to make and maintain improvements that were required. Staff placed people's wishes, needs and rights at the heart of everything they did. The service enabled people to work with staff to develop the service. Staff valued and acted upon people's views. People's quality of life was enhanced by the service's culture of improvement and inclusivity. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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 and update

The last rating for this service was requires improvement (published 24 March 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We carried out an unannounced inspection of this service on 6 November 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, staffing and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wickham Road on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 safe.

Details are in our safe findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Wickham Road

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by 1 inspector.

#### Service and service type

Wickham Road 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.

Wickham Road 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 not a registered manager in post. A new manager had been recruited by the provider and due to take up their post by the end of June 2023. We will assess this application to register once this is received.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 2 people using the service. We observed interactions between people and staff to help us understand the experience of people. We obtained feedback from an advocate of a person using the service. We spoke with the deputy manager, a care support worker, and a director. We reviewed a range of records. This included 2 people's care records, records relating to medicines management, staff recruitment records and other records relating to the management of the service.

# 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 requires improvement. At this inspection, the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

At our last inspection we found the provider did not have robust systems and processes in place to manage risks in relation to infection control which put people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had acted immediately after our last inspection to make improvements. They made sure staff were using appropriate personal protective equipment (PPE), trained in infection and prevention control in relation to COVID-19 and had undertaken risk assessments with people and staff to ensure any risks posed to them by COVID-19, would be suitably managed. At this inspection we found these improvements had been maintained.
- The service used effective infection prevention and control measures to keep people safe, and staff supported people to follow them.
- The service had good arrangements to keep the premises clean and hygienic. For example, there was a cleaning schedule in place and all staff were assigned specific duties which the deputy manager checked were completed.
- The service prevented visitors from catching and spreading infections.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service promoted safety through the layout of the premises and staff's hygiene practices.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy was up to date.
- Staff had completed food hygiene training and followed correct procedures for preparing and storing food.

### Staffing and recruitment

At our last inspection we found there were not enough staff to provide adequate cover on every shift. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The provider had acted immediately after our last inspection to make improvements and ensure there were enough staff to support people. They had recruited new permanent staff. Staff shifts had been changed to make sure staff were not working excessively long hours without adequate rest.
- At this inspection we found these improvements had been maintained. The service had enough staff at the time of this inspection, including for one-to-one support, for people to take part in activities and visits how and when they wanted. We saw when people sought support from staff this was provided promptly.
- The deputy manager planned the staff rota and made sure shifts were of a reasonable length and staff had adequate breaks when required. Staff confirmed they did not work excessively long hours and said there were enough staff at the service to support people. A staff member told us, "I'm fine with current shift pattern... whenever I want leave I have no problem getting this. We also have enough breaks. There is enough staff, and they are recruiting new people as well."
- The provider was continuing to recruit more staff to work at the service to make sure there were enough staff to meet the changing needs of people at the service, if required.
- Staff recruitment and induction training processes promoted safety. The provider conducted appropriate checks on staff that applied to work at the service to make sure they were suitable to support people.
- Every person's record contained a clear summary profile with essential information and do's and don'ts to ensure that new or temporary staff could see quickly how best to support them.

#### Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. The provider had improved the management of incidents since our last inspection. They had updated their systems to include better oversight and monitoring of incidents and made sure learning from these was used to reduce the risk of these reoccurring.
- Staff recognised incidents and understood when and how these should be reported.

#### Assessing risk, safety monitoring and management; using medicines safely

- Care plans contained explanations of the control measures for staff to follow to keep people safe.
- Staff understood where people required support to reduce the risk of avoidable harm. A staff member told us, "When we're supporting [person using the service] we follow their care plan and use strategies to redirect them and do things."
- Staff managed the safety of the living environment and equipment in it well, through checks and action, to minimise risk.
- Staff followed systems and processes to prescribe, administer, record and store medicines safely.
- The provider audited medicines stock and records at regular intervals and checked staff were managing and administering medicines safely.

#### Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. People appeared comfortable and at ease with each other and with staff. A person's advocate told us, "[Person] always seems happy when I see them. I think they are comfortable and safe there. They have never indicated any concerns or worries to me."
- Staff had training on how to recognise and report abuse and they knew how to apply it. A staff member told us, "If we had an incident I would flag this with the [deputy] manager straight away... I feel confident the manager and provider would act on any concerns."
- The deputy manager understood their responsibility to liaise with the relevant agencies if a safeguarding concern about a person was reported to them.

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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Staff had received training in the MCA and associated codes of practice and understood their responsibilities under this Act.

Visiting in care homes

- The provider made sure visiting arrangements at this service were in line with government guidance.

# 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 requires improvement. At this inspection, the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

At our last inspection the provider's governance processes and oversight of the service had not always been effective. This was a breach of regulation 17 (Good governance) of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had acted immediately after our last inspection to make improvements. An interim manager was brought in to support the service to make the changes and improvements required to infection prevention control practices, records, staffing and management of incidents. We found the provider had continued to maintain these improvements, supported by our findings at this inspection.
- The provider's governance systems were now more effective and used to monitor and review the safety and quality of the service. Action was taken to address any gaps or shortfalls at the service to ensure people were safe and experienced good quality care and support.
- Although there was no registered manager in post at the time of this inspection, the provider confirmed a new permanent manager had been recruited and due to start work at the service by the end of June 2023. The deputy manager was managing the service on a day-to-day basis until then.
- Senior managers visited the service on a regular basis to make sure the deputy manager was well supported. The deputy manager told us they were encouraged to make improvements and changes at the service when these were required.
- The deputy manager had the skills, knowledge, and experience to perform their role and a clear understanding of people's needs. A person's advocate told us, "I think [deputy manager] is upfront and honest and lets me know what is happening."
- Staff had clearly defined roles and responsibilities and worked well together. Staff felt respected, supported, and valued which supported a positive and improvement-driven culture. A staff member told us, "[Deputy manager] is excellent. He is somebody that you can talk to and he will listen. He is not biased and takes everything into consideration. He knows the people here well."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering

their equality characteristics

- The provider set clear expectations for staff about the quality of care and support people should expect to receive at the service. They encouraged and supported staff to provide care and support which met people's needs and wishes. A person's advocate told us, "They make people their priority. They don't have barriers or exclude people and they respect the fact that it's people's home. I believe [person] is getting the care and support they need."
- The deputy manager was hands-on, providing care and support to people on a daily basis and led by example. They and the staff team were warm and kind when interacting with people. They spoke to people with respect, asked people what they would like to do, listened, and then acted on people's choices and wishes. A staff member told us, "I would say people are safe here and looked after well. We have a good rapport with each, and they feel comfortable talking to us and we know how to help people and meet their needs."
- The deputy manager sought people's views to help develop and improve the service. For example, the provider had recently recruited new staff to work at the service. People were introduced to the new staff members before they started working at the service over lunch and afterwards were asked by the deputy manager for their opinions as to whether they would be a good fit for the service.
- Staff made sure people could participate and give their views using their preferred method of communication so that people were not excluded.
- Staff were provided opportunities through supervision and staff meetings to give their feedback about how the service could be improved and help people achieve positive outcomes.

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; working in partnership with others

- The provider understood their responsibility to provide honest information and suitable support and to apply duty of candour where appropriate.
- The provider had systems in place to investigate accidents, incidents, and complaints and to make sure people would be involved and informed of the outcome.
- Good relationships had been developed with a range of healthcare professionals involved in people's care and support. The service acted on their recommendations and advice to plan and deliver care and support that met people's needs and helped them achieve positive outcomes in relation to their safety and wellbeing.