Care Quality Commission

Clearwater Care Group Limited

Searsons Way

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

Overall summary

The inspection was unannounced and took place on 12 November 2015. There service met legal requirements at our last inspection in December 2013.

Searsons Way provides accommodation and support with personal care for up to four young people some of whom have complex learning disabilities including autistic spectrum disorders. On the day of our visit there were four people living at the service.

The service had a registered manager in place who managed this service and the sister service next door. 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.

People told us they felt safe and that staff were kind. We observed that people were treated with dignity and respect and that their privacy was respected. We

Summary of findings

observed compassionate interactions between staff and people. Staff had attended equality and diversity training and were able to demonstrate how to apply this in practice.

Incidents and accidents were monitored and action was taken to learn and reduce the risk repeat incidents. Risk assessments to the environment and for people were completed to ensure appropriate steps were taken to mitigate the risks.

People told us that there were enough staff to meet their needs including taking people out to places of interest on a daily basis. We checked staff files and found appropriate recruitment checks had been completed to ensure that suitable staff with verifiable references were employed.

Staff were aware of the procedures to follow in response to allegations of abuse, reporting incidents, medical emergencies, fire, safe administration of medicines and had attended appropriate training. Staff were supported by means of regular supervision annual appraisals and regular meetings. In addition continuing professional development by means of gaining diploma in social care qualifications was also supported.

People were supported to maintain a balanced diet and given choice. Appropriate referrals were made to other healthcare professionals and advice given was followed in order to improve people's quality of life.

Staff had attended training and were aware of the Mental Capacity Act 2005 (MCA) and the need to follow appropriate procedures to ensure that people who lacked capacity to make certain decisions were only deprived of their liberty when it was in their best interests to do so.

Care plans were individualised and explained how to effectively respond to people's needs. Communication passports, health action plans, triggers to certain behaviours and how to respond were clearly outlined in the care records we reviewed.

People thought the registered manager was approachable and visible. Staff were aware of their roles and responsibilities and the vision and values of the service. There were quality assurance systems in place to ensure the quality of care delivered was monitored.

Summary of findings

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. People told us they felt safe and trusted the staff who supported them. Staff were able to recognise and report any witnessed or reported abuse.

There were effective recruitment practices in place to safeguard people from unsuitable staff. Staffing levels were reviewed and based on people's needs. Medicines were handled, administered, stored and disposed of safely.

Is the service effective?

Good

The service was effective. People told us and we observed staff supporting people appropriately.

Staff attended supervision and had annual appraisals. A comprehensive training program which included managing challenging behaviours was also completed by staff.

Staff were aware of the Mental Capacity Act 2005 and how it applied in practice. Deprivation of liberty authorisations were sought where necessary and best interests decisions were sought when required.

People were offered choice and supported to eat and drink sufficient amounts. Staff had been trained to safely manage people receiving nutrition via a tube inserted into the stomach.

Is the service caring?

Good

The service was caring. People told us that staff were very kind. We observed compassionate interactions between staff and people.

Staff responded to peoples verbal and non-verbal cues in a timely manner. We saw staff check regularly on people in their rooms to ensure they were ok.

Is the service responsive?

Good

The service was responsive. People's care needs were assessed and reassessed when required. Life histories, health action plans and communication passports were up to date and used to plan care and activities around people's interests.

People and their relatives were involved in planning their care.

There was a complaints procedure in place which was displayed on notice boards within the service in a format that people could understand.

Is the service well-led?

Good

The service was well-led. There were clear leadership structures in place and staff were aware of their roles and responsibilities.

There were regular quality audits, weekly meetings with people and annual satisfaction surveys for which action plans were completed in order to improve the quality of care delivered.

Searsons Way

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.

The inspection took place on 12 November 2015 and was unannounced.

The inspection team comprised an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we gathered information from safeguarding notifications, previous inspections and the service's website. We also contacted the local authority, commissioners and the local Healthwatch to find out information about the service.

During the inspection we spoke with three people and observed interactions with one person who could not communicate verbally. We spoke with three staff including the registered manager. We observed care interactions in the main lounge, the dining room and people's rooms. We reviewed three staff files including supervision, appraisals and recruitment checks, three care records and four medicine administration records. We also reviewed records relating to analysis of incidents, certificates and risk assessments related to the health and safety of the environment and quality audits.

Good

Is the service safe?

Our findings

We observed that staff followed appropriate health and safety guidelines in order to keep people safe. One person had a safety helmet in order to protect them from the impact of falls as the person had regular falls due to epileptic seizures. Staff were aware of how to manage seizures and we saw detailed seizure charts were maintained to monitor type, duration of seizure including any triggers and staff response. Staff were aware of the procedures to follow in the event of a fire or a medical emergency. Staff were aware of the fire assembly point and the evacuation process and details of each person's personal emergency evacuation plan. Similarly staff were able to explain how they would respond in an emergency such as a fire or medical emergency. They were aware of the incident reporting procedure and the use of body maps to identify record and skin breakages as well as monitoring to ensure no further deterioration occurs. Incidents and accidents were monitored monthly and any learning was shared with staff.

Comprehensive risk assessments were completed in order to mitigate risk. There were risk assessments to the environment and Control of Substances Hazardous to Health (COSHH) in order to minimise the risk of people having access to potentially dangerous cleaning products. Risk assessments were for within the service and outside the service and included traveling in the car, garden area and using the pool. Risk assessments were pictorial and had a traffic light system with red being the highest risk and green being the least. Each risk had clear instructions of how staff should respond should the identified risk occur. For example one risk assessment explained how when a person became agitated staff were to use distraction and calming techniques to divert the person to another room whilst following them at a distance in order to minimise anxiety.

There were procedures to ensure that people were protected from harm. Staff were aware of the different types of abuse and told us they would report any allegations of abuse to their team leader who would in turn report to the registered manager and then escalate to social services and the Care Quality Commission. Contact details were available to enable staff to report any abuse to the relevant authorities. Staff told us they had attended safeguarding training and we confirmed this in the records we reviewed. They told us people's safety was their priority. Staff was aware of the whistle blowing procedures and told us they would not hesitate to report any bad practices to the registered manager in order to protect people from receiving unsafe care.

Medicines were managed appropriately. We observed that people received their medicine on time and that they were checked by two members of staff before being administered to ensure the correct medicine was given to the right person. We reviewed all four medicine administration records and found no discrepancies. Controlled drugs were stored securely and a record of the quantity left was maintained. Medicines were administered by staff who had been trained to do so. Annual refresher training was provided once staff were assessed as competent in administering medicines. Staff were aware of how to report medicine errors and could demonstrate learning from errors made in the past in order to protect people from receiving the wrong medicine.

Staff told us the service had three members of staff during the day and one waking night staff. We reviewed staff rotas dated September and October 2015 and found that staffing levels were in line with what staff told us. We found that staffing levels were determined by people's support needs which were assessed monthly. In addition daily support hours were evidenced on a log sheet. Handovers took place at the beginning of each shift to ensure that all staff were up to date with any changes in people's condition and to ensure continuity of care. There were robust recruitment checks which included disclosure and barring checks, references, proof of identity and qualifications in order to ensure that people were cared for by staff who were able to work in a social care environment.

We observed the premises were clean, maintained and recently decorated with the exceptions of a few scuffs to walls. The free flowing design of the living area was clearly beneficial for people as they liked and needed to move about quite frequently. Staff told us that the main equipment they used was wheelchairs, exercise balls, scales and a profile bed. We found that all the equipment was clean and stored appropriately and staff had been shown how to use them safely.

Good

Is the service effective?

Our findings

We observed staff were knowledgeable about how to effectively support people with autism. Staff checked on people in their rooms and supported people without invading their personal space. We were told that a person did not use words, but could make their needs known by actions and sounds. For example, a staff member said "If he wants to go out, he will get his shoes." On three separate occasions during the inspection we observed the person fetching their shoes and each time a staff member would respond by taking them out for a walk in local area. Another person's use of words was predominantly echolalic (automatic repetition of vocalisations made by another person) and staff appeared very attuned to their patterns. As the person referred to various photos staff would respond "Yes, that's your mum isn't it?" People were supported by staff who understood their needs and preferences.

People's needs were consistently met by staff who had the right knowledge, qualifications, experience, attitudes and behaviours. Staff had an induction which included a period of shadowing until they were confident and had built a rapport with people. This gave staff the skills and confidence to carry out their roles effectively so that people's needs were met. One staff member we spoke with had only been working at the service for a few months but was very knowledgeable about people's needs and behaviours and responded appropriately to verbal and non-verbal prompts from people who used the service. Staff were appraised annually and regular supervision including direct observations were completed by the manager and were used to review their practice and to develop and motivate staff. Staff were also supported to have a social care qualification. We noted that most staff had level two and some were being supported to gain level three vocational qualifications in order to enable them to effectively support people.

We found where needed appropriate actions had been taken to ensure that best interest's decisions were made in accordance with the Mental Capacity Act 2005 (MCA). Staff told us they had attended training on the MCA and were aware of the people within the service who were lawfully deprived of their liberty because it was in their best interests to do so. Staff could explain the steps they would take and said they would escalate any concerns relating to a person's capacity to make specific decisions to the team leader who would in turn inform the manager and start the necessary assessments and referral required. We saw that capacity assessments were completed and the manager ensured that appropriate steps were followed when it was in people's best interests to deprive them of their liberty for their own safety. People's human rights were respected by staff who understood the key requirements of the MCA.

People told us and we observed that they had enough choice of food and drink. One person went out for lunch to a local restaurant with a member of staff and with another person from the neighbouring service which is run by the same provider. We observed another person walk to the fridge and help themselves to a cold drink as and when they wanted. People were offered hot drinks at regular intervals. There was a meeting attended by people and staff every Sunday, during which food choices were ascertained for the weekly Monday food shop. Staff told us this was not set in stone and people could change their mind on the day if they no longer wanted the menu for the day. One staff member said, "We have a supermarket chain over the road, so if they want something else during the week we can always go shop for it." People were encouraged to make choices from the "Food Folder" (a large folder full of actual large photographs of meals) in order to enable them to visualise the options available and choose by pointing.

People were supported to eat a balanced diet. Staff had been trained to manage people receiving food enterally via a tube that goes directly to the stomach. Staff told us and the records we reviewed confirmed that positive outcomes were reached for people receiving nutrition enterally as their weight had improved. Staff were aware of people on soft diet and looked out for signs of choking. Staff protected people, especially those with complex needs, from the risk of poor nutrition, dehydration, and other medical conditions that affected their health.

People experienced positive outcomes regarding their health. Staff told us people were reviewed by their GP and we saw evidence of input from dentist, the community learning disability team, dietitian where required. We found that advice from GPs regarding changes to medicine doses was implemented. In addition behavioural charts were compiled and sent to psychologists to review and recommend positive behaviour reinforcement strategies. Appropriate referrals were made to other health and social

Good

Is the service effective?

care services. Records of meetings taking place were available in a format that people could understand. People's needs were monitored and reviewed and relevant professionals and people using the service are actively involved in this as much as possible.

Good

Is the service caring?

Our findings

People told us that staff were very good and kind. One person said when asked how staff treated them said, "very good", another person said, "great". Another person gave a nod of approval whilst another smiled. We observed that staff were approachable and kind and looked after people in an empathetic manner. Staff told us how they had supported someone when they lost their close relative. They listened and looked out for signs to indicate people's mood and were aware of how to respond to people. We observed that care was delivered in a kind and sensitive nature.

We observed the way staff interacted with people throughout our inspection and found that staff responded to people in an appropriate and timely manner. When one person took their jacket to indicate they wanted to go out for lunch staff responded straight away and told us later that to minimise agitation they have to act quickly to both verbal and non-verbal prompts from this particular person.

People were treated with privacy dignity and respect. Staff respected people's wishes and knocked before entering people's rooms. Staff were knowledgeable about people's needs and treated them as individuals addressing them by their preferred names. There were two dignity champions within the service and staff told us that they tried their best to give people their personal space. Continence was managed in a dignified way that also promoted peoples independence. For example where people sometimes accidentally soiled their clothes they were discreetly prompted to go back to their rooms to change their clothing in order to maintain their comfort dignity and independence.

Staff completed equality and diversity training and told us they treated each person as an individual and gave people one to one time as often as possible. Staff told us people's diversity was celebrated and how people's wishes were accommodated. Staff told us provision was made to ensure that people's preferences were accommodated where possible. This included whether people wanted personal care to be delivered by same gender staff, how they preferred their food cooked and their religious and sexual preferences. Staff demonstrated knowledge of people's likes, dislikes and personal goals and how they supported them.

People were encouraged to remain independent. We saw a person help with the laundry and were told people went shopping for food and clothes. Staff told us people sometimes helped to prepare meals. A member of staff said "[person A] loves to help. When we are having jelly say, he will help tear up the cubes, that sort of thing." People chose to stay in their rooms when they wished and came out when they wished and decided what they wanted to do. One person liked to spend time in their room and asked staff to leave the door open to enable freedom of movement, when the person wanted to leave the room using a walking frame. Where possible prompts with personal care were encouraged for people to do as much as they could for themselves.

People were given choice and information was made available on the activities and the menu choices for the day in a format they could understand on a board at the entrance of the service. A "service user guide" was also available outlining information about the service in a pictorial format. People told us they had been involved in decorating their rooms. We saw that people had personalised rooms with pictures and prized possessions and achievements displayed. Rooms depicted people's interests. One room had Elvis and dinosaurs and another had horse-riding achievements. Both people responded positively when we pointed to objects of interests and asked if they were of interest to them. Another person confirmed they had chosen their room décor based on their favourite hobbies and pastimes.

Good

Is the service responsive?

Our findings

We reviewed care plans and found people and their relatives were involved in planning the care. . We saw that relevant professionals supported people and any correspondence was made in a format people could understand. Care plans were evaluated monthly and reflected people's current support needs. Staff knew people's current needs and the care records we reviewed gave an accurate description of people's physical, social and emotional needs.

Each person had a section in their care plan entitled "My Life History" and this enabled staff to have a holistic view of the person as well as better understand and care for people by using information about them to start conversations with people. Parts of the care plans were in pictorial format making it easier for people to understand. In addition communication passports and health action plans were used to depict people's support needs. One communication passport read "uses photos, objects and a few words to communicate" and we observed staff using these means of communication throughout our visit. We saw that staff understood people's needs and preferences.

People and staff told us the care delivered was focused on people's individual needs and preferences. The care records we reviewed were person centred and gave detail on people's behaviours and how to effectively manage them. For example one person according to staff was very sensory and liked the sound of breaking class. As a result part of their support plan was to take them to the local recycle centre where they could throw glass bottles. The same person had been reluctant to go outdoors when they first started to live at the service but was now very comfortable going outside several times a day.

People's relatives visited when they chose and were invited to functions and celebrations at the service as well as annual care review meetings. We saw pictures of people's family members displayed within the home and staff talked with people about getting presents for Christmas for their loved ones. People had regular visits from relatives and staff made an effort to ensure that people maintained contact with family and friends.

We observed that activities were based on people's preferences and abilities. Each person had a weekly activity plan which included a lot of activities outside the service such as library, local theatre, local craft centre, lunch outings, shopping and movies. One staff member said, "[A person] likes routine. So we try and have a structured day." One person chose to go out for lunch whilst two people sat at the table for lunch. After lunch we observed a staff member gently attempting to engage a person in a game of noughts and crosses. The staff member was very adept at judging how long to work with the person and when to step back as the person had extended lapses in concentration. Another person was able to tell us 'yes', when the staff member told us they went horse riding and the person got very excited and rocked back and forth when the staff member added "you go to trampoline too don't you". We saw some pottery ornaments that had been made at the local craft centre by a person living at the service and were displayed in the dining area. This person also had interest in old movies and now had an electronic device that enabled him to watch old movies. In addition they had been supported to visit an airfield and ride in a plane as they had a keen interest.

People were able to complain with the support of external advocacy services or their relatives were able to raise concerns on their behalf. The complaints policy was displayed within the service in a format people could understand. Staff told us they would support people to make a complaint if needed and that they would try to resolve the issue. We reviewed and found complaints were responded to in a timely manner. There was also a comments book at the main entrance where we saw compliments made by relatives and other health care professionals about the positive impact the care being delivered was making on people who used the service.

Good

Is the service well-led?

Our findings

People made positive comments about the management and the staff and appeared elated when certain staff members entered the room. People knew the registered manager and some staff by name or description. We observed that people could approach staff or the registered manager if they wanted. Staff told us they thought the registered manager was approachable and that they could express any concerns about their work. The registered manager was visible within the service and the open door policy was evident as people and staff approached the registered manager as and when they needed to.

The service was managed well and staff worked as a team. There were clear management structures in place and staff was aware of their roles and responsibilities. The registered manager was supported by a deputy manager and there were monthly manager meetings where different issues were discussed. Staff told us they would report to the team leaders first before escalating to the deputy or the registered manager. When we arrived the registered manager was not on site but the team leader and a senior staff member were able to assist us with the inspection until the registered manager returned from a meeting. We observed that the atmosphere in the communal areas was calm both morning and afternoon. Staff took turns to go out for walks with a person who regularly wanted to go out.

There were robust quality monitoring systems which included a manager's weekly report to head office covering any vacancies, new staff, incidents, accidents, concerns and achievements. The registered manager also completed night visits to check on night staff and monthly clinical governance reports which included monitoring infection control, medicines and health and safety. Actions were made to address any issues identified during the various checking systems. Any issues identified within the audits had actions and responsible persons to ensure that the quality of care delivered to people was improved. For example, one person had chosen replacement flooring as a result of his flooring being identified as needing replacing during health and safety checks.

Staff were aware of the vision and values of the provider and how they applied this in practice. Staff told us that they were there to give people an improved quality of life which was in line with the provider's main objective of "To ensure they have safe and fulfilling lives in our care." Staff spoke passionately about people they supported and their achievements since they started to live at the service. There were strong community links that had been developed over time which enabled people to go out into the community regularly to eat, watch films at the theatre and the local arts and craft centre.

Staff told us they felt well supported by management. They also explained that training was ongoing. One staff member said, "We have to send a training report in each week and head office checks off against the matrix and then the deputy will let people know what they have to do next." Staff told us they had opportunities to feedback or discuss any issues with the team leader or the registered manager. They told us that appraisals, supervision and meetings were all platforms to feedback in addition to any time they saw the registered manager or their deputy. We also saw quarterly newsletters where good practice was recognised. There was also a provider newsletter and Searsons Way had been mentioned for the good work it does in integrating people into their local community.