

Clearwater Care (Hackney) Limited

Haroldstone Home

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

About the service

Haroldstone Home is a residential home providing personal care for up to four adults with learning disabilities and autistic people with sensory and communication impairments. The home provided four single person rooms and communal areas including a lounge, dining room and private garden. Three people were living at Haroldstone Home at the time of our inspection.

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

People were protected from the risk of abuse. People told us they felt safe at the service. Risks to people's safety were managed. Staff were recruited safely. People received their prescribed medicines and medicines were managed safely. The service was clean and hygienic. COVID-19 government guidance was followed by staff.

People's needs were assessed before they moved into the service. Staff had been trained and had the necessary skills and experience to support people to achieve a positive lifestyle. People were supported to eat and drink enough to maintain a balanced diet. People had access to health services. The provider worked closely with external health professionals to monitor people's physical and mental health.

People were treated with kindness and their privacy was respected by staff. People were encouraged to express their views and were involved in making decisions about their support. This included reviewing their care plans or deciding what activities to take part in.

People were supported in line with their communication needs and staff demonstrated an excellent understanding of how to communicate with individuals. People were given information in a way they could understand. People were supported and encouraged to maintain relationships with their friends and relatives.

The registered manager and staff had a clear vision about the service and support they offered to people. A range of audits were completed to ensure good quality services. Staff and the registered manager worked together with other agencies to ensure people received the right care and support. People, staff and relatives were involved in the running of the service and were asked for feedback about the service.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or

autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support: People were actively supported to pursue their interests and to develop the skills to lead independent and fulfilling lives. Staff had a good understanding of people's individual support needs and empowered people to achieve their own aspirations.

Right care: people were supported in a person-centred way which promoted their dignity, privacy and human rights. For example, the environment was designed to support people's privacy and independence.

Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensured people using services lead confident, inclusive and empowered lives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service was Good (published on 23 February 2018).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Haroldstone 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 Care Act 2014.

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 one inspector.

Service and service type

Haroldstone Home 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was announced. We gave 24 hours' notice because some of the people using the service could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

What we did before inspection

We reviewed information we had received about the service since it was registered with us. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This

information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service, the registered manager, acting deputy manager and two support workers. We reviewed a range of records. This included three people's care records and their medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one relative of a person who lived at 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 the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse.
- People told us they felt safe living at the service. One person said "Yes" when asked if they felt safe. A relative told us, "[Relative] is safe."
- Staff demonstrated good understanding about safeguarding and felt confident the management would take actions if they had any concerns about people's safety. A support worker told us, "The best thing to do is to report it to the manager."
- Staff were informed during daily handovers about any incidents and learnings in order to reduce the likelihood of similar incidents reoccurring.
- The registered manager had reported safeguarding concerns to the local authority safeguarding team and lessons learnt from any incidents were recorded and reflected upon. For example, the registered manager told us about a recent incident with a person who used the service and their support worker. They explained, "Lesson is to keep things really consistent [with person]."

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and monitored by the management.
- Risks to people's safety was identified and staff were given guidance on how to support people in a safe way. People who showed behaviours that challenged others had detailed plans in place to provide staff with a step-by-step guide to make sure they could intervene to prevent or reduce the possibility of an episode of challenging behaviour. During the inspection, we observed staff using these plans to support a person, and this was done in a supportive and safe way.
- Risks to the environment were assessed by the registered manager and actions were taken to mitigate these risks. Regular checks of people's environment were undertaken to ensure it was safe.

Staffing and recruitment

- Staff recruitment records showed relevant checks had been completed before staff worked at the service. We saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records
- We found there were enough staff to meet the needs of people who used the service and staff confirmed this with comments such as, "There are enough staff" and "If someone calls in sick, there is always cover".
- The registered manager told us that all staff had been vaccinated for COVID-19 and staff confirmed this with us.

Using medicines safely

- Systems and processes were in place to ensure safe management of medicines.
- The service had a medicines policy in place which covered the recording and administration of medicines.
- Staff who administered medicines were trained and received regular training updates. Staff competency checks were also undertaken regularly.
- Staff completed daily medicine counts to ensure there had been no errors in medicine administration and records confirmed this. In addition, the acting deputy manager told us, "I do medication audits, checking that medicines have been administered correctly, checking PRN medications and why they have been administered."
- The service followed guidance on when medicines should be administered on an "as a required basis" (PRN). Records confirmed there were appropriate protocols in place to support when this type of medicine should be administered.
- The acting deputy manager explained how they supported those who were non-verbal in relation to PRN medicines, "With [person], [they] will not settle and will use your hand to place on [their] head for comfort and the back of [their] neck. So, we will keep a close eye on [them], check [their] temperature. Then we will know it's justified to give PRN paracetamol for example. And [Person] will make a noise that will demonstrate pain. PRN is not really given regularly. And we also always obtain medical advice."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 the last inspection this key question was rated good. At this inspection this key question has remained the same. 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 and choices were assessed to ensure their care, treatment and support was delivered in line with current legislation, standards and evidence-based practice to achieve effective outcomes.
- Staff were able to tell us about the needs of the people they supported and we observed positive interactions between staff and people who used the service that showed they knew people well.
- People's care records reflected their current care and support requirements. Any input which had been provided by external health care professionals was recorded appropriately.

Staff support; induction, training, skills and experience

- Staff were provided with training to help equip them with the necessary skills and knowledge to perform their role and records confirmed this.
- Staff told us training was thorough. A support worker said, "The training here is very good. I had medication training this year as well as learning disability training, we are booked for autism refresher training next week".

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 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority were being met.

- The service was working within the principles of the MCA. Where people were deprived of their liberty this was done according to the legislation and guidance.
- Consent to care and treatment was sought in line with legislation and guidance. A support worker told us, "We give options and never force anyone. Even though they may not have capacity."
- People's care plans included MCA assessments, where required, for issues such as medicines administration or management of their finances.

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, in line with their needs and preferences.
- The menu was varied, and people took part in meal preparation. For example, on the day of inspection one person was baking a cake.
- There were snacks available for people to help themselves to, as well as fresh fruit and drinks.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to live healthier lives. Staff worked alongside external health care professionals (such as GPs and mental health professionals) where required to ensure people's needs were met in a timely way.
- The registered manager told us that people were supported to attend health appointments and records confirmed this.
- People's care records reflected their current care and support requirements. Any input from external professionals was recorded, in order to provide staff with the necessary guidance.

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

- People had access to a garden where they could enjoy outdoor space.
- People's rooms were decorated in line with their preferences and personal items were on display such as posters, DVD's and books. Each person's room was different. One person showed us around their room and told us they chose the paint for the walls. They said, "I can decorate my room in any way that I want."

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 the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were treated in a person-centred way which respected their dignity and independence. We received positive feedback from people and their relatives about the care and support they received and observed caring and compassionate interactions between staff and people who used the service.
- Staff spoke about caring for the people who used the service in a positive way. The acting deputy manager told us, "Treat [people] how you'd like to be treated." A relative told us, "The [staff member] who looks after my [relative] speaks about caring for [them] with pride."
- People's care records contained information about their background and preferences. This information helped staff get to know people and deliver person centred care.
- We saw that people's privacy was respected on the day of inspection. People were able to spend time in their rooms alone and staff knocked on people's doors before entering.
- Records showed that the service was committed to delivering person-centred care that reflected people's diverse needs in respect of the protected characteristics of the Equality Act 2010. For example, care plans included information about people's religious, cultural and sexual needs. A support worker told us they were respectful of anyone from the LGBT community. They said, "I would not treat [LGBT people] differently. No discrimination."

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

- People's preferences and choices were respected. People had a say over how they wanted to spend their day and we observed people doing so throughout the inspection.
- Care and support needs had been discussed with people and their relatives helping to ensure staff knew how people wanted to be supported. A support worker told us, "[Person] doesn't like a shower, [person] likes to stay in the bath. I always ask [person] what [they] would like. I always encourage [person] to take the sponge."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care focused on their needs. People and those important to them were fully involved in the planning and review of their care needs.
- People had detailed and person-centred care plans which provided staff with the information they needed to support them. Information about people's likes and dislikes, triggers for their behaviours and what staff should do to support people when they were getting anxious were clearly documented.
- Staff knew the people they cared for well and told us specific information relating to people's care. A support worker told us, "I am very used to [the people] here. I know them all very very well."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were documented within their care files. People who had limited communication skills had a detailed 'communication passport' which provided staff with clear information on the best ways of communicating with them.
- Staff were very knowledgeable about the individual communication needs of the people they cared for. For example, a support worker told us, "If they are non-verbal, especially they communicate with facial expression and body language." Another support worker told us, "[Person] is nonverbal. If [they] want something [they] will grab you and point at the item. If you bring the wrong item [their] body language will change. We know their communication needs. We see them every day."
- There was easy-read information displayed in communal areas for people, for example how to make a complaint or information about to keep well and healthy.

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 supported to maintain relationships with those important to them, including family and friends. We saw one person using their own mobile phone to communicate with people.
- People were able to have a say in what they wanted to do on a daily basis. Some people had their own TV's in their rooms and there was also a TV in the communal lounge. This meant people could decide where they wanted to spend their time.
- People were supported to take part in activities that were in line with their interests and hobbies. For

example, one person loved going for walks and discovering new parks and we saw that this was supported on a daily basis. Another person had recently taken an interest in cooking and this was encouraged.

Improving care quality in response to complaints or concerns

- At the time of our visit there were no current complaints.
- People knew what to do if they had a concern or complaint. One person told us, "I would go and tell [registered manager]." A relative told us they would also speak to the registered manager if they had any concerns.

End of life care and support

- The provider had an end of life care planning policy and people's care plans contained information about end of life preferences. This included information about family members to contact and also the 'SHADOW 6 point guide tool'. This is a tool developed by the NHS to identify where conversations should be considered about future plans and wishes regarding care at the end of a person's life.
- At the time of inspection, no one at the service was being supported with end of life care.

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 the last inspection this key question was rated good. At this inspection this key question has remained the same. 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

- The registered manager demonstrated a good understanding of their roles and responsibilities and sent us statutory notifications to inform CQC of any significant events that placed people at risk, meaning that CQC were alerted to the current level of risk at the service.
- We received positive feedback about the registered manager from people who used the service, staff and relatives. Comments included, "He is a good manager", "Things are going very well because we have the best manager" and "[Registered manager] is very good. [Registered manager] is supportive and very accommodating."
- Audits and governance processes were in place to ensure that the safety and quality of care was monitored and analysed and records confirmed this.
- Systems for supporting staff including inductions, supervision and appraisals were implemented to help support the delivery of safe and high-quality care.

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

- Staff told us there was an open and inclusive culture within the service. A member of staff told us, "It's a good working culture here. [Registered manager] takes time to teach you things, even if you don't understand it, [registered manager] will make it very simple." They also told us that they felt empowered in their role, "When I have dealt with things well, I am given opportunity to explore and show my skills and I am told when I am doing a good job."
- Staff told us there was good communication within the home. A support worker said, "We have a staff [mobile phone] group and there is the communication book." This meant everyone working at the home was up to date with any changes or incidents, and this was particularly important for those working part-time.
- The registered manager worked effectively with external professionals to help achieve positive outcomes for people. They told us how they recently supported a person to improve their meetings with a health professional. This was achieved with the use of the person's favourite character from a TV programme and records showed that communication was greatly improved as a result.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service actively engaged people to ensure they had a say in the running of the home. Feedback from

people, staff and relatives was welcomed by the registered manager and we saw that this fed into their service improvement plan.

- Regular staff meetings were held which enabled the registered manager and provider to continuously monitor and improve people's experiences of the care and support provided.
- Staff told us they enjoyed their job and coming into work. One member of staff said, "Very nice company to work for. I have learnt so much here."
- The service worked effectively with others such as commissioners, safeguarding teams and health and social care professionals.