

Clearwater Care (Hackney) Limited

Searsons Way

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

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

Searsons Way is a residential care home which was providing personal care to 3 people at the time of our inspection. All people living at the service were autistic or had learning disabilities. The service can support up to 4 people in one adapted building over two floors.

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

Right Support

People were supported to live safely. Medicines were administered to people by staff who had been trained and competency assessed. This was an improvement from our last inspection. Evidence indicated people were supported by the right amount of staff. We made a recommendation about this at our previous inspection. Staff were recruited safely. People were supported through systems to safeguard them from abuse, this included financial abuse. We had made a recommendation about this previously. People were kept safe through good infection prevention and control practice. People were supported by other agencies which the provider assisted them to do.

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

Right Care

Risks to people were assessed and monitored. The provider completed health and safety checks to ensure where people lived was safe. Care provided was person-centred and the provider aimed to meet people's communication needs. The provider had quality assurance measures to monitor whether people got the right care.

Right culture

Improvements had been made at the service since our last inspection. However, relatives expressed concerns about whether there was open and positive culture at the service. Relatives told us they felt improvements could be made to how the service was managed, in particular how the service had work to do in becoming more transparent with their decision making and communications. Evidence showed the provider had recorded concerns and attempted to resolve issues and attempted to communicate with relatives. The provider had not re-registered the service along with its sister service next door, which was

something they told us they would do at the last inspection.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement published (05 November 2020) and there were multiple breaches of regulation. 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.

At our last inspection we recommended that the provider follow best practice guidance on maintaining safe and suitable staffing levels, we recommended the provider follow best practice guidance on developing a culture of keeping people safe from abuse and we also recommended the provider follow best practice guidance on seeking advice and guidance from CQC about re-registering the service as it was not meeting the requirements of CQC 'Right support, right care, right culture' guidance for residential services for people living with learning disabilities and or autism . At this inspection we found improvements made around all three recommendations, but the service had not re-registered the service or sought guidance from CQC in this regard.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture and to follow up on action we told the provider to take at the last inspection.

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, 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Searsons Way

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

The inspection was carried out by one inspector.

Service and service type

Searsons Way is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

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

Notice of inspection

This inspection was unannounced on the first and also the third time we visited the service. Inspection activity started on 24 November 2022 and ended on 05 January 2023. We visited the service on 24 and 25 November 2022 and 09 December 2022.

What we did before the inspection

We reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications of significant incidents the provider had sent us. We used the information the provider sent us in the provider information return (PIR). 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 sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with 2 relatives about their experience of the care provided. We spoke with 4 members of staff including 3 care staff and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 3 people's care records and multiple medicines records. We looked at 4 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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.

Managing medicines safely

At our last inspection the provider had failed to ensure the proper and safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Safe Care and Treatment. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed safely. Our previous inspection found documentation to support staff lacked appropriate information about medicines people had to take. Similarly, there was little or no guidance around medicines they took as and when required.
- At this inspection, we found adequate information about people's medicines to guide staff how they should be administered. There were protocols in place for medicines prescribed to be taken as and when required and there was information to support correctly administering all other medicines people took.
- We counted 3 people's medicines, reviewed administration sheets, risk assessments, policies and audits relating to medicines and found everything in order.
- Staff were trained in medicine administration and their competency to do so assessed. One staff member told us, "I put on gloves before I do medication and we get [person] a glass of water."

Staffing and recruitment

At our last inspection we made a recommendation the provider follow best practice guidance on maintaining safe and suitable staffing levels and deployment at all times. The provider had made improvements in this regard.

- Staff rotas indicated enough staff supported people throughout the day. At our previous inspection staff had expressed mixed views about staffing levels. At this inspection staff told us there were enough staff. One staff member said, "Yes [we have enough staff], we have 1 to 1 with [person], and then if we need a hand a manager comes to sit with us... sometimes we have overtime and swap houses." The service covered staff absences from the existing staff pool but used agency staff if required.
- The registered manager showed us correspondence with social services where they sought to increase one to one hours for staff with people. On the first day of our inspection, the registered manager interviewed a job applicant on site and told us the provider was proactively seeking to employ new staff.
- Relatives told us they believed there could be more staff. One relative told us, "I don't think there was enough [staff], only one staff on duty." The registered manager told us that even though there is 1 person on duty there was also another supporting 1 person 1 to 1 and that this was adequate to meet the needs of others at the service.
- Recruitment processes were robust. We looked at 4 staff files and the provider had made appropriate

checks on staff to ensure they were safe to work with people. These included criminal record checks, employment history and identification.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we recommended the provider follows best practice guidance on developing a culture of keeping people safe from exploitation and abuse. The provider had made improvements.

- People were safeguarded from risk of abuse as there were systems to limit risks to them. When we completed our previous inspection, we had found issue with a serious incident where the potential for abuse had occurred. At this inspection we saw the provider had implemented a service improvement plan with measures to prohibit similar incidents reoccurring.
- Staff received training in how to safeguard people from abuse. They were able to tell us what they would do should they suspect abuse which was in line the provider's safeguarding policy. One staff member told us, "We look out for physical abuse, mental abuse. I would go straight to manager [if I thought there was a concern] and then if they didn't do anything, I would go above them."
- We looked safeguarding concerns that had occurred since our last inspection. These were recorded appropriately and adequate actions taken to remedy them; the local authority and the Care Quality Commission had been informed when happened.

Assessing risk, safety monitoring and management

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)

- We found 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.
- Risks to people were assessed and monitored. Risk assessments were in place for people and contained information about potential risks and actions to help mitigate risks. Risks assessments covered different areas of people's lives. We saw specific risk assessments for epilepsy, budgeting and personal hygiene.
- Since our last inspection the provider had implemented a service action plan which the registered manager had completed. The plan had highlighted risk assessments as an area for improvement and the registered manager had reviewed people's risk assessments.
- People's care plans contained Personal Emergency Evacuation Plans (PEEPS). These recorded how to support people in the event of an emergency. These were personalised and showed how the provider sought to keep people safe in an emergency through good planning.
- The provider completed regular health and safety checks at the service. This included maintenance checks on fire systems, gas and water. This meant the provider had systems in place to keep people as safe as possible.

Learning lessons when things go wrong

- Lesson were learnt when things went wrong. Incidents and accidents were recorded, and actions taken to

keep people safe. Incident records were reviewed by the registered manager and investigated where appropriate. Information about incidents was shared with the provider for wider analysis and learning.

- The registered manager showed us evidence indicating they shared documentation and communicated with relatives when incidents occurred. However, relatives were not always happy with how incidents and accidents were dealt with as they felt they were not communicated with appropriately when adverse events occurred. 1 relative told us, "We're not getting incident reports." Another relative told us, "When they phone me up and tell there's a safeguarding incident, but they don't tell me the outcome. There's been at least three." The registered manager told us they would seek to work further with relatives to address their views on how incidents are dealt with.

Infection Control

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- Visitors were able to see people at the service. Relatives told us they were now able to visit the service when they wanted to.

Is the service responsive?

Our findings

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

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

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 and take part in activities. However, relatives felt the service could improve in this regard. A relative told us, "Some staff don't like supporting activities and doing certain things." They also expressed concern that where there had previously been a sensory room had been turned into an office.
- We observed people taking part in activities within the service, including playing with sensory equipment and watching movies on television. We also saw photographs of people enjoying a wide range of activities including trampolining, craftwork, bowling and dining out.
- Care plans recorded what activities people preferred. We checked records of people's activities and saw that people completed regular activities. We also noted people were given the choice to take part in activities, which they often declined.
- The registered manager told us the change of a sensory room into an office had been a business decision for the provider and people's access to sensory tools and activities had not been inhibited, but they would seek to work further with relatives around this to address their concerns.

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 met. Care plans recorded information about people's communication needs. Staff used this information to assist their understanding and meeting of people's differing needs. For example, 1 care plan highlighted what programs were on a person's tablet device to support the person identify and express their choices. We asked a staff member to show us how to access and use the tablet and they were able to do so.
- Pictorial menus and easy read documents were available to assist people make their feelings and choices known. We observed people and staff communicating using signs.
- Relatives expressed concern as we had not observed communication methods, they expected we would have seen, "You did not see a social story, and now and next [communication tools]. [They] don't communicate with visuals - now and next card... Then [they] don't know [person's] choices." The registered manager was able to demonstrate these methods were used by staff though we had not seen them in use.

Improving care quality in response to complaints or concerns

- Relatives had mixed views about whether the provider worked with complaints appropriately. 1 relative said, "I'd complain to the manager [if needs be] and then take it to head office." Another relative told us, "They've identified an issue [with a concern we raised] but are unable to do anything about it."
- The provider had an electronic system for recording complaints. The registered manager recorded what actions they had taken in response to complaints and concerns. The provider was able to monitor these complaints and seek wider learning from these where possible. The registered manager told us it was hoped the system could be shared with relatives so there was further transparency when concerns arose.
- We looked at a number of complaints and saw that the registered manager and provider had attempted to address concerns, though having spoken to relatives, we understand this was not always to their satisfaction.

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

- Care plans were personalised and sought to meet people's care needs. People's needs and preferences were recorded in care plans and detailed how they wanted to receive care. Documents were specific and personalised to individuals; addressing people by their name and recording what they liked or didn't like.
- Care plans contained information to assist staff to work with people. For example, we read a care plan which highlighted what was important for a person, how to speak to them and recognise how they might be feeling through the behaviour they displayed.
- Care plans covered different areas of people's lives. They recorded their health care and communication need and what was important for them to have a fulfilled life. This showed the service wanted to support people in ways they preferred.

Is the service well-led?

Our findings

has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to notify the CQC of approvals made by a court in relation to depriving a person of their liberty is a breach of Regulation 18 (Registration Regulations 2009).. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The registered manager understood regulatory requirements and when to notify CQC. At our last inspection we found that notifications to CQC had not been submitted "without delay", either when there had been a serious incident nor when the local authority had authorised people's liberty being deprived. These are things the provider is required to do. At this inspection we found notifications had completed correctly and in good time.

At our last inspection there was a lack of overall good governance in the service which had led to some serious incidents and shortfalls with records. This meant the provider was not suitably assessing, monitoring and improving the quality and safety of the service. This was a breach of regulation 17 (Good governance) 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.

- Quality assurance processes at the service had improved. At the previous inspection we found quality assurance processes had not identified concerns we had found nor was documentation we sought in regard to recruitment in place. At this inspection we saw the registered manager had completed a service improvement plan created by the provider in response to the previous inspection's findings. The completion of this plan had led to improvements at the service.

- Whilst we noted improvements had been made, we recognised relatives felt more work was required to build trust with them. One relative told us, "We've had a lot of resistance from the manager, and they seem unable to convince some of the staff to support the young people." Another relative said, "I've really got an opinion They don't communicate enough."

- We spoke with the registered manager about these views and how some relatives (of both this service and the sister service located next door) felt that communication with them and transparency about how the service worked, was lacking. The registered manager told us they send weekly reports to some relatives as requested, maintain regular communication with others and shared appropriate information. They were able to document this communication. They also informed us about how they hoped to improve transparency with the implementation of a new digital care planning system, which relatives could access

remotely.

- Staff understood their roles and responsibilities. Staff had job descriptions, so they knew what their roles entailed.

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

At our last inspection we made a recommendation the provider seeks advice and guidance about Registering the Right Support from the CQC registrations department before re-registering the service. The provider had made some improvements in this but had not re-registered the service.

- At our last inspection we highlighted our concerns about how the service worked alongside the sister service next door, in a way that demonstrated both homes were essentially the same service. The provider had registered them with us as two separate services. We believe this arrangement did not meet the requirements of registering the right support for people because there was joint working between the services. At this inspection we found elements of this were still the same; there was one registered manager for both services and occasionally staff covered shifts in the other service.
- However, we also noted at this inspection improvements had been made. We found separation of rotas and menus and access between the two sites was limited to the registered manager.
- At our last inspection we saw scheduled meetings with people to discuss their thoughts about the service were not occurring regularly. At this inspection improvements had been made in this regard and meetings were occurring, though some relatives felt their concerns were disregarded and the provider was not doing all it could to meet people's needs.
- Staff were able to engage with the service through meetings and supervisions. These spaces provided opportunity to discuss issues, concerns and improvements with the management team. One staff member told us, "Team meetings [happen] every month. We discuss about concerns with the people we support and [registered manager] wants to know what's lacking so they can improve it."

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

- The provider sought to promote a positive and open culture. They sought to achieve this through personalised care planning and a focus on learning, development and empowerment for people and staff. The registered manager put staff forward for national care awards in recognition of the good work they felt staff had done. One staff member told us, "We are humankind and we put people we support first."
- Relatives told us they thought the provider and management could do better in this regard. One relative said, "Physical improvements have been made [to the environment] but being asked to [complete a certain action requested by management] is not person centred."
- Staff were trained in person-centred care to support people achieve their best outcomes. Care plans, which were person-centred, were followed by staff who aimed to meet people's individual needs, in line with their preferences and the provider's policies.
- People's cultural needs were met. Staff understood people had differing cultural needs and sought to meet them in an appropriate manner. Care plans and other documentation and records showed people were supported to adhere to faith-based principles in the food they ate and or attendance at ceremonies.

Continuous learning and improving care

- The service wanted to continuously learn and improve the care they provided. Quality assurance systems monitored how people received care and they also sought to ensure people were kept safe. These systems included audits of documentation, such as care plans and medicine administration records and health and

safety checks. The provider also completed mock inspections, seeking to use people external to the service to objectively identify areas for improvement. Local authorities and health teams also completed monitoring checks on the service. We saw several of their visit reports and these were positive.

Working in partnership with others

- The service worked in partnership with others. Staff supported people maintain relationships with health care professionals, social workers and other local community organisations.