Clearwater Care (Hackney) Limited

Haroldstone Home

Inspection report

8 Harold Road
Leytonstone
London
E11 4QY

Tel: 02089889947
Website: www.clearwatercare.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected Haroldstone Home on 13 January 2016. This was an announced inspection. The provider was given 48 hours' notice because the location was a small care home for adults who are often out during the day and we needed to be sure that someone would be in.

The service provides accommodation and support with personal care for up to five adults with learning disabilities. At the time of our inspection five people were using the service.

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

The experiences of people who lived at the home were positive. People told us they felt safe living at the home, staff were kind and compassionate and the care they received was good. We found staff had a good understanding of their responsibility with regard to safeguarding adults.

People's needs were assessed and their preferences identified as much as possible across all aspects of their care. Risks were identified and plans in place to monitor and reduce risks. Medicines were stored and administered safely.

Staff undertook training and received regular supervision to help support them to provide effective care. People were cared for by sufficient numbers of suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

The registered manager and staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS is law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests.

People told us they liked the food provided and we saw people were able to choose what they ate and drank. People had access to health care professionals as appropriate.

People's needs were met in a personalised manner. We found that care plans were in place which included information about how to meet a person's individual and assessed needs. The service had a complaints procedure in place.

The service had a management structure with clear lines of accountability. Staff told us the service had an

open and inclusive atmosphere and the registered manager was approachable and accessible. The service had various quality assurance and monitoring mechanisms in place. These included surveys, audits and staff and resident meetings.

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.

Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns.

Risk assessments were in place which set out how to manage and reduce the risks people faced

Medicines were stored and administered safely.

Recruitment records demonstrated there were systems in place to ensure staff were suitable to work with vulnerable people.

Is the service effective?

Good

The service was effective.

Staff undertook regular training and had one to one supervision meetings.

The provider met the requirements of the Mental Capacity Act (2005) and DoLS to help ensure people's rights were protected.

People were supported to eat and drink sufficient amounts that their individual dietary needs were met.

People's health and support needs were assessed and appropriately reflected in care records. People were supported to maintain good health and to access health care services and professionals when they needed them.

Is the service caring?

Good

The service was caring.

Care was provided with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's

right to privacy.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care plans to meet their needs were developed and reviewed with their involvement. Staff demonstrated a good understanding of people's individual needs and preferences.

People had opportunities to engage in a range of social events and activities.

People knew how to make a complaint if they were unhappy about the home and felt confident their concerns would be dealt with appropriately.

Is the service well-led?

Good

The service was well-led.

The service had a registered manager in place and a clear management structure. Staff told us they found the registered manager to be approachable and there was an open and inclusive atmosphere at the service.

The service had various quality assurance and monitoring systems in place. These included seeking the views of people that used the service.

Haroldstone Home

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 checked 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.

Before the inspection we checked the information we held about the service. This included any notifications and safeguarding alerts. We also contacted the local borough contracts and commissioning teams that had placements at the home, the local Healthwatch and the local borough safeguarding team.

The inspection team consisted of two inspectors. During our inspection we observed how the staff interacted with people who used the service and also looked at three people's bedrooms and bathrooms with their permission. We spoke with three people who lived at the service and one relative during the inspection. We also spoke to one relative after the inspection. We spoke with the registered manager, a team leader, and two support workers. We looked at five care files, staff duty rotas, four staff files, a range of audits, minutes for various meetings, medicines records, finances records, accidents and incidents, training information, safeguarding information, health and safety folder, and policies and procedures for the service.

Good

Is the service safe?

Our findings

People who used the service and relatives told us they felt the service was safe. One person told us, "Very safe because they [staff] always telling me what I am doing and escort me. That's why I feel safe." Another person said, "I do feel safe."

The service had safeguarding policies and procedures in place to guide practice. Staff understood the importance of keeping people safe in the service and how to respond to an allegation of abuse. Staff told us they would raise any concern firstly with the manager and if necessary escalate to the local authority, the police and the Care Quality Commission. Staff understood the whistle blowing policy and showed they felt confident raising concerns with the provider or outside agencies if this was needed. One staff member told us, "If suspected abuse I would go straight to the manager." Another staff member said, "If I saw it I would report to manager or go to the CQC and social services."

The registered manager told us there had been no safeguarding incidents since the last inspection. The registered manager was able to describe the actions they would take when reporting an incident which included reporting to the Care Quality Commission (CQC) and the local authority.

Individual risk assessments were completed for people who used the service. Staff were provided with information as to how to manage these risks and ensure people were protected. In the records that we saw, some of the risks that were considered included road safety, epileptic seizures, access to the community, medicines, cooking, support at night, finances and behaviours that challenged. For example, one person was at risk of having an epileptic seizure while bathing. We saw the risk assessment in relation to this was robust and detailed. Staff we spoke with were familiar with the risks people faced and knew what steps needed to be taken to manage them. Staff told us they managed each person's behaviour differently according to their individual needs. Risk assessment processes were effective at keeping people safe from avoidable harm.

Accidents and incidents were recorded and staff told us they would record any incidents, inform the registered manager and advise staff at handover to keep them informed should extra support be needed. We saw records to confirm this.

Financial records showed no discrepancies in the record keeping. The home kept accurate records of any money that was given to people and kept receipts of items that were bought. Financial records were checked by the provider and we saw records of this. This minimised the chances of financial abuse occurring. This meant the home was supporting people with their money safely.

Medicines were stored safely and securely. People told us they received their medicines on time and the Medicine Administration Record (MAR) reflected this. Staff explained how they administered medicines safely in accordance with the medication policy. Two members of staff were present, one staff to dispense and administer and another staff to witness the medicine had been given. People's consent was sought when it was time to take their medicines and they were told the medicine to be administered. When

someone had their medicine reduced or started a new medicine the service used 'new medication monitoring forms' so they could record any reactions or changes in behaviour to inform health professionals. Medicines prescribed had a protocol which clearly stated the reason why it was prescribed and when it was to be given. Staff had received medicines training this was completed online and provided by the local pharmacy annually.

Sufficient staff were available to support people. People told us there were enough staff available to provide support for them when they needed it. One relative said, "There is enough staff." The registered manager told us staffing levels were determined according to people's individual needs and risk assessments. Any vacancies, sickness and holiday leave was covered by staff working at nearby homes for the same provider. Staff rotas showed there were sufficient staff on duty. One staff member told us, "If someone is sick we have bank staff or a carer will cover an additional shift. This is the best covered place I have worked in. It's always covered."

People lived in a clean and safe environment. Rooms were decorated to individual taste and people could choose what items to keep there. One person told us, "You can do absolutely anything to your room." Equipment was checked to make sure it was in safe working order. One staff member said, "If the maintenance man is needed she [the registered manager] calls him straight away." We looked at records that showed fire equipment was tested and regular fire drills were practiced. The home had in place personal emergency evacuation plans for each person living at the home.

Good

Is the service effective?

Our findings

People and their relatives told us the staff were very good and supported them well. One person said, "The staff understand my [medical condition]." One relative told us, "All the staff are being sent on training. They are aware of people's needs."

Staff told us they were well supported by management. Staff said they received training that equipped them to carry out their work effectively. Training records showed staff had completed a range of training sessions. Training completed included basic life support, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), medicines, mental health, basic first aid, epilepsy, safeguarding adults, COSHH, nutrition, infection control, food safety, fire safety, health and safety, and risk assessments. One staff member told us, "We ask for additional training and we get it." New staff had been provided with induction training so they knew what was expected of them and to have the necessary skills to carry out their role.

Staff received regular formal supervision and we saw records to confirm this. One staff member said, "I get supervision once a month. I think it is good because I talk about my own personal development." Another staff member said, "Have supervision regularly. Talk about how things could improve and information sharing and how to prioritise." All staff we spoke with confirmed they received yearly appraisals and we saw documentation of this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity. The registered manager had a good understanding of the requirements of the Mental Capacity Act (MCA) and associated Deprivation of Liberty Safeguards (DoLS). Applications had been made to the local authority when a DoLS was needed and the service applied to extend them as needed. The service informed the Care Quality Commission (CQC) of the outcome of the applications in a timely manner. This meant that the CQC were able to monitor that appropriate action had been taken. This meant the home was meeting the requirements relating to consent, MCA and DoLS.

We saw that people were able to leave the service and go out to the shops or for a walk. If they needed support a member of staff would accompany them. We saw that people who were not at risk were given the door code for the home and leave freely. One person told us, "You have freedom here."

People's food preferences were recorded in their care plans. People told us they liked the food and were

able to choose what they ate. One person told us, "I haven't got a problem with the food. You get choices and they [staff] are quite willing to change if you don't like it." The same person said, "It's healthy food. They [staff] make you aware what you eating. Let you know if it is fattening or nutritious." People were supported to be involved in decisions about their nutrition and hydration needs in a variety of ways. For example, providing feedback in resident meetings and key working meetings. We saw fruit was available to people in the communal area. Food and fluid intake was recorded daily and weight records for each person were up to date. Systems were also in place to meet peoples' religious and cultural needs, for example arrangements had been made to supply food that reflected people's culture.

People's health needs were identified through needs assessments and care planning. We spoke with people about their access to health services. One person told us, "They [staff] have arranged for a new GP and dentist for me." Another person said, "I went to the optician yesterday. I'm going to get glasses." A relative said, "The other day [relative] went to the opticians with the carer." Records showed that all of the people using the service were registered with local GP's. We saw people's care files included records of all appointments with health care professionals such as GPs, dentist, chiropodist, optician and psychiatrist. Records of appointments showed the outcomes and actions to be taken with health professional visits. People were supported to attend annual health checks with their GP and records of these visits were seen in people's files. People had a 'Hospital Passport' and a health action plan, which was a document in their care plan that gave essential medical and care information, and was sent with the person if they required admission or treatment in hospital. This means that people were supported to maintain their health.

Good

Is the service caring?

Our findings

People and their relatives told us they thought that the service was caring and they were treated with dignity and respect. One person told us, "Very caring cause they [staff] ask if I am ok."

We observed that people were comfortable with staff and were happy to be around them and being involved in activities with them. Staff were friendly and kind in their support and responses to people. Their attitude was respectful and they showed that they understood people's individual characters and needs. Throughout our visit we saw positive, caring interactions between staff and people using the service. For example, we observed a person who was getting anxious. A staff member talked reassuringly to this person and gently massaged their back until they were calm and relaxed. We also observed a staff member holding a person's hand while talking to them. One staff member said, "I get on well with all them. I build up a friendship." Another staff member said, "We talk to them and encourage them."

People told us their privacy was respected by all staff and told us how staff respected their personal space. One person told us, "Always ask my permission. For instance, never come into my room without knocking." Another person said, "I have never been happier. It is one hundred percent for treating me with dignity." Staff described how they ensured that people's privacy and dignity was maintained. One staff member told us, "Always knock on door and ask to come in. I am always seeking permission." Throughout the inspection we saw staff members knocking on people's doors before entering their bedroom.

People told us that they were listened to and their views were acted upon. Each person using the service had an assigned key worker. One person told us, "[The registered manager] tells us everything so I feel involved." Another person said, "They [staff] never keep anything in the dark. Inform me everything they do." Staff showed that they understood people's individual styles of communication well enough to know their preferences and wishes.
Staff used various communication tools and aids to enhance each person's ability to make active decisions about their care and support in their everyday routines, this included using pictorial information.

Care plans included information about people's likes and dislikes, for example in relation to food and social activities. Care plans included information about how to support people with communication. For example, for one person it was recorded they used body language, picture cards and objects of reference to communicate. One staff member told us, "I get to know them through the care plan and talk to them." One staff member gave an example of a person who was non-verbal. The staff member told us, "If he doesn't like something he will push it away."

We looked at people's bedrooms with their permission. The rooms were personalised with personal possessions and were decorated to their personal taste, for example with family photographs, sporting posters and television characters.

People were supported to maintain relationships with their family and friends. Details of important people in each individual's life were kept in their care plan file. Relatives and friends were welcomed to the service

and there were no restrictions on times or length of visits. People confirmed that they were able to keep in touch with their family and friends and were supported to do the things they wanted to do. A relative told us, "Anything I need to know [registered manager] phones me."

Good

Is the service responsive?

Our findings

People and their relatives told us they were involved in their care planning. One person said, "They [staff] are helping me." A relative told us, "Yes, I absolutely know about the care plan."

Care records contained detailed guidance for staff about how to meet people's needs. There was a wide variety of guidelines regarding how people wished to receive care and support including dressing and undressing, toileting, personal hygiene, medicines, health needs, eating and drinking, support at night, mobility and transport, communication, finances, health and diet, personal safety, daily living skills, hobbies and interests, behaviours that challenge and maintaining family relationships.

Care plans were written in a person centred way that reflected people's individual preferences. For example, one person was anxious travelling by car in the community. The care plan gave clear guidance to inform the person well in advance about travelling to relieve anxiety and the staff member to sit next the person. Pictorial aids were incorporated in care plans to assist peoples understanding.

People were encouraged by staff to be involved in the planning of their care and support as much as possible. Staff told us they read people's care plans and they demonstrated a good knowledge of the contents of these plans. Care plans were written and reviewed with the input of the person, their relatives, their keyworker and the registered manager. Records confirmed this. Staff told us care plans were reviewed regularly. Detailed care plans enabled staff to have a good understanding of each person's needs and how they wanted to receive their care.

People had opportunities to be involved in hobbies and interests of their choice. Staff told us and records showed people living in the home were offered a range of social activities. People's care files contained a weekly activities planner. On the day of our inspection people went out shopping, walks with staff and out to lunch with relatives. People were supported to engage in activities outside the home to ensure they were part of the local community. We saw activities included going to the local shops, day centres, attending college courses, swimming and holiday trips. We also saw people could engage with activities within in the home which included puzzles, games, and arts and crafts. One person said, "[Staff member] takes me out every morning to get the paper."

Our observations showed that staff asked people about their individual choices and were responsive to that choice. People told us their choices were respected. One person said, "They [staff] will always ask." A staff member told us, "They have choices. They have choices with personal care and medication. They get the choice to go out or stay in house."

Resident meetings were held regularly and we saw records of these meetings. The minutes of the meetings showed they discussed topics including food menu, health and safety, activities, health appointments and discussions on dressing for different weather seasons. One person told us, "Have resident meetings. Talk about health and safety and activities."

There was a complaints process available and this was available in an easy to read version. The complaints process was available in the communal area so people using the service were aware of it. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints policy and we saw there was a clear procedure for staff to follow should a concern be raised. We saw the service had one complaint since the last inspection. We found the complaint was investigated appropriately and the service provided resolution in a timely manner. One person told us, "I would go straight to the manager. I know she would do something about it." A relative said, "If unhappy I would speak to [registered manager]. She would address it."

Good

Is the service well-led?

Our findings

People told us that they liked the home and they thought that it was well led. One person told us, "Very good manager. Wouldn't have a problem approaching the manager." Another person said, "[Registered manager] very good." A relative told us, "I can talk to [registered manager] and she is open to suggestions." The atmosphere between people living in the home, staff, and visiting family members was very relaxed and their interactions were calm.

There was a registered manager in post and a clear management structure. Staff told us the registered manager was open, accessible and approachable. They said they felt comfortable raising concerns with the registered manager and found her to be responsive in dealing with any concerns raised. One staff member told us, "I really like [registered manager]. Very approachable and willing to talk about everything. Very honest and up front." Another staff member said, "She's a good leader, very punctual and dedicated."

Staff told us the service had regular staff meetings. Staff said that team meetings were helpful and that all staff had input into discussions about the service. Records confirmed that staff meetings took place every month. Agenda items at staff meetings included activities, registering new residents with the GP, updating care plans, training, medications for residents and the side effects associated, health and safety, infection control, resident meetings, key working, and accidents and incidents. One staff member told us, "We talk about health and safety, maintenance, cleaning rota, and how we can work together." Another staff member said, "Every month staff meeting."

The registered manager told us that various quality assurance and monitoring systems were in place. The registered manager told us and we saw records of a weekly quality check. The quality check included inspecting the premises, medicines and people's finances. The regional manager completed an audit of the home three times a year. The last audit recorded showed actions for training to be updated and an action plan to be created. Records confirmed this was completed and training was now up to date.

The home gathered the views of people who used the service, family members, staff members and health professionals twice a year. Positive feedback was received from health professionals and some comments included "staff communicate effectively" and "staff attended surgery on time and were good." The home used an easy read format so that all views could be captured from verbal and non-verbal people using the service. The service analysed their staff survey results both internally and through the use of an external consultant company. We saw that overall the service had received positive feedback from staff, health professionals, family members and people who used the service. One relative when asked if they have been asked their views about the service told us, "Yes they did. Asked about improvements and happy working with the house.