

Clearwater Care (Hackney) Limited

Harold Lodge

Inspection report

6 Harold Road
Leytonstone
London
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Website: www.clearwatercare.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Harold Lodge is a residential care home providing personal care to people with needs related to learning disabilities and autism in a residential terrace house. The service can support up to four people. At the time of the inspection there were four people living at the service. The provider operated a second care home from the adjoining residential house.

The care home is an adapted period property with four bedrooms with a communal lounge and kitchen and medium sized garden.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The service did not always apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The manager had been in post for three months and had applied to the Care Quality Commission to become the registered manager. The manager worked across three services and there was no deputy manager in place. The manager had begun to make improvements at the service and was aware of areas that needed further development work.

Care records were not always updated following changes in people's needs and personal circumstances. However, they were personalised and reflected people's preferences. Staff demonstrated they knew people well and respected their dignity and diversity.

Medicines were well managed and people received their medicines as prescribed. People had access to nutrition and hydration and health care.

The service was open and inclusive and people's relatives and staff spoke highly of the management team. People's relatives told us they felt their relative was safe living at the service. The provider had assessed the

risks people faced and had developed plans to keep them safe from harm.

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 this service was good (published 21 June 2017).

Why we inspected

This was a planned inspection based on the previous rating and to check the safety and quality of care people received.

We have found evidence that the provider needs to make improvements. Please see the effective and responsive sections of the full report.

Enforcement

We have identified one breach of the Regulations in relation to the safe care and treatment. We have made two recommendations in relation to good governance and person centred care.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection 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?

Requires Improvement 

The service was not always 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?

Requires Improvement 

The service was not always 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.

Harold Lodge

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.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Harold Lodge 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 did not have a manager registered with the Care Quality Commission. A registered manager 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. The manager had applied to be registered with the Care Quality Commission.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority quality monitoring team 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 about their experience of the care provided. We spoke with

four members of staff including the manager, senior care worker, and two care workers.

We reviewed a range of records. This included two people's care records and medication records. We looked at two 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 using the service about the person's experience of the care provided.

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 as good. At this inspection this key question remains the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of harm. People and their relative told us they felt safe living at the service. One relative said, "Yes, it's safe."
- Staff had received safeguarding training and could identify the types of abuse people might face. One member of staff told us, "When you see anybody being abused you have to report it even if they were your friend. There's physical, emotional, racial, sexual, financial."
- Staff understood how to blow the whistle if required. One staff member said, "If [the manager] doesn't do anything, there's a report the helpline, then it's the CQC helpline and local authority safeguarding team."

Assessing risk, safety monitoring and management

- People were protected from risks to their health and wellbeing. Risk assessments included comprehensive guidance for staff about how to mitigate identified risks.
- Staff understood the guidelines and knew how to support people with complex health conditions, pressure ulcers and epilepsy and kept accurate records demonstrating the guidelines were being complied with every day.
- Maintenance records demonstrated fire drills were conducted and the premises were kept safe and secure. For example, window restrictors were checked to be in proper working order each week.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. Staff members had been safely recruited.
- People living at the service, a relative and staff told us there were enough staff every day. One relative said, "Yes, it's adequate and 24 hours. I think it's OK."
- The manager explained they had contacted the local authority for a care review as they had reviewed one person's needs and assessed they now required more care.
- Staff told us they only worked for the service and did not work in the adjoining home and records and our observations supported this.
- Staff recruitment records showed relevant safety checks had been completed for staff. Records demonstrated 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.

Using medicines safely

- Medicines were managed safely. Medicine administration records (MAR) had been completed accurately demonstrating people had received their medicines as prescribed.
- Medicines were ordered and returned promptly to ensure people had enough medicines. Medicines not

supplied in blister packs were counted to ensure the right amount of medicines had been administered.

Preventing and controlling infection

- The provider had a system to control the spread of infection. Staff had a cleaning schedule and told us they complied with it.
- Staff told us about safe practices such as hand washing and wearing gloves and aprons.

Learning lessons when things go wrong

- The manager was newly in post and had begun to put an emphasis on learning lessons.
- Things that had gone wrong were discussed in meetings and actions were in place to address them.

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 as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 and were being met.

- People's liberty at the service was deprived and we found one instance where someone's liberty had not been deprived in line with law and guidance.
- People had DoLS authorisations in place, however, one person's authorisation was out of date and we observed staff restraining this person. This amounted to a deprivation of their liberty outside of the scope of the DoLS authorisation. This meant the practice had not been assessed as in their best interests by a relevant qualified person and the manager confirmed staff should not restrain the person. This meant the service had not protected the person from harm.
- The registered manager informed us they would take appropriate actions after we reported the incident to them.

This is a breach of regulation 13 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had been trained in the principles of the mental capacity Act and were supported by a comprehensive policy. Staff explained how they gave people choices about their day-to-day care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- The provider effectively assessed people's needs when they started living at the service. A comprehensive care plan was then developed. People had hospital passports which they could take with them to hospital so other professionals would know how to support them.
- The service was arranged over three floors and each person had their own room.
- We saw people enjoying the communal spaces during the inspection which was set up to enable people to carry out those tasks they were able to do independently.

Staff support: induction, training, skills and experience

- Staff received relevant training to learn how best to support people.
- New staff received an induction about how to meet people's needs before they started working with them.
- The new manager had booked in more specialist training after auditing staff knowledge, for example, training about behaviour that challenges, and autism training.
- Staff supervisions were not up to date due to the change in manager but staff told us they felt supported by the manager and supervisions had been scheduled for the following month.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough.
- People's care plans were based on the advice of health care professionals and told staff how to help people eat if they needed more support.
- We saw people eating and drinking during the inspection and people had access to snacks between meals.
- A person used body language to tell us the food was good.

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

- People had access to health care and the service worked with external agencies to provide effective care.
- Staff we spoke with told us how they could tell if people may not be feeling well and discussed the process to get them timely support from health care professionals.
- We observed people attending appointments during the inspection and records demonstrated people saw a range of professionals such as the dietitian, optician and district nurse.

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 as good. At this inspection this key question has now 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

- Staff developed caring relationships with people using the service.
- A relative told us, "They're caring and attentive."
- Staff spoke about people in a warm and friendly way and explained how they got to know people well.
- People's spiritual and cultural needs were reflected in their care records.
- A relative told us the service supported their family member to attend their place of worship when they wished to do so. The relative said, "Yes, they do cater for [person's] cultural needs with food and they had a [party for a festival] which was really nice."
- Staff told us they respected everybody's wishes and the manager told us, "The service's values are open and accepting and we support all people whatever gender identity or religion. This is drawn out in care plans and we would talk to advocates and social workers."

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

- Staff operated a key worker system. A key worker is someone who works closely with a person to ensure their needs are identified and met. Key workers understood people's individual needs and preferences well. Staff supported people to express their views and make decisions about their care.
- Staff told us how they offered people choices about their day to day care.
- One member of staff told us, "You have to respect their wishes" and gave examples of how they supported people to decide what they wanted to eat, wear and go to bed.
- The manager also gave a confidential example of how the team ensured the person's wishes were understood and acted upon.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and promoted their independence.
- One staff member told us, "You have to respect their wishes, like when they go to the shower, you put on robe or big towel, the curtains and door has to be closed until they're fully dressed."
- Care plans contained detailed guidance about which tasks people could do for themselves in order to maintain their independence. We observed staff encouraging people to do what they could for themselves.
- Staff spoke with people calmly and in a friendly manner.

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 as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

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

- People's needs had been assessed and care plans completed to guide staff about how to care for them.
- The care plans had not always been updated following a change in people's health and wellbeing needs. For example, following hospitalisation. This meant that the care needed had not been fully assessed and staff were not always supporting people in their best interests.

We recommend the service seeks guidance and support from reputable sources about reviewing care records.

- People's care plans were highly personalised and contained lots of information about people's preferences.
- Staff told us they read people's care plans and knew people's food, music and bathing preferences.
- The service had arranged for health care professionals to review a person following a change in the person's behaviour.

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.

- The service had assessed people's communication needs and these were captured in their care plans.
- Care plans contained pictures to help people understand them.
- Staff explained how they used signs and body language to communicate with people who could not speak.
- The manager had an action plan to further improve communication around the home.

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

- The service supported people to maintain relationships with their family to avoid social isolation.
- People's interests were captured in their care plans and activity plans had been drafted.
- During the inspection people were supported to attend the day centre, the shops and to use the basic sensory equipment at the service.
- A relative told us that they would wish to see more organised activities and trips at the service. The

manager told us they were making improvements about activities at the service.

Improving care quality in response to complaints or concerns

- The manager told us there had not been any formal complaints for the past 12 months.
- There was an easy read complaints procedure for people living at the service.
- A relative told us, "I could complain if I needed to, but I would like a copy of the procedure."

End of life care and support

- The provider had an end of life care policy.
- The manager told us the service was not providing end of life care at the time of the inspection.
- Care records captured very basic end of life plans for some people who used the service such as if they wanted to be buried.

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 as good. At this inspection this key question has now deteriorated to 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.

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

- There was a positive and open culture at the service.
- The manager had undertaken a piece of work since starting at the service to boost staff morale and team work.
- Staff told us improvements had begun to be made at the service and they now enjoyed working at the service. One staff member said, "everyone says they are more happy now."
- A relative told us they were satisfied with the care provided for their family member and that their wellbeing had improved.
- Staff and relatives spoke highly of the manager and believed he put the people at the centre of the service. A staff member said, "[The manager] is excellent... Anything you ask for [people living at the service] he is willing to help." A relative told us, "The manager is welcoming, very friendly and very polite."
- The manager told us he understood their responsibilities under the duty of candour. Duty of candour is intended to ensure that providers are open and transparent when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The manager told us he would investigate the breach of the regulations we found during the inspection.

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

- The manager had begun in post three months prior to the inspection and had begun a programme of improvements.
- The manager had previously worked for the provider as the registered manager of another home and had taken over running this service and the service next door when the previous registered manager had left suddenly.
- This meant the manager was overseeing three services and did not spend everyday at the service. There was no deputy manager who ran the service in the manager's absence at the time of the inspection, however, there was a senior care worker on shift during the inspection. Relatives and staff told us this impacted on the running of the service. A relative said, "Because he's shared he's part time and there's no

one deputising." The manager told us the provider was in the process of recruiting a team leader for the service to support the running of the service.

- The provider had systems to check the quality of the service provided such as audits and team meetings to discuss where things went wrong and the extra training staff required. However, these were not always sufficiently robust to identify the issues we found with out of date care plans during this inspection.
- We observed one staff member saying, "good girl." This is language which treats the person like a child and did not promote the person's dignity. The manager stated that the person does not mind this but that this term is not documented in their care plan and these are terms of endearment that the person liked that did not treat them like a child and they would discuss this with staff.

We recommend the service seek support and guidance from reputable sources about good governance.

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

- The provider had systems in place to engage with people, the public and staff but these were not always up to date given the work involved in the change of management.
- The service had key worker sessions and pictorial resident surveys to understand people's views about the service.
- A relative told us they thought formal communication such as surveys and meetings could be improved but that they would contact the manager if they needed to.
- The service worked in partnership with a nearby learning disability service and had referred people to occupational therapists and psychologists when required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Service users were not always protected from abuse and improper treatment and systems and processes were not always effective to prevent abuse of service users. Care included restraint that were not proportionate to a risk of harm posed to the service user or another individual if the service user was not subject to control or restraint. Regulation 13(1) (2) (4)(b).</p>