

# Clearwater Care (Hackney) Limited

## Kacee Lodge

### Inspection report

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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?	Good 
Is the service well-led?	Requires Improvement 

# Summary of findings

## Overall summary

Kacee 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.

Kacee Lodge accommodates up to seven adults who have a learning disability and who may also have an autistic spectrum disorder. Kacee Lodge is a large single storey detached house within a residential area of Colchester. The premises enables each person using the service to have their own individual bedroom and adequate communal facilities are available for people to make use of within the service.

The care service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

This inspection was completed on 19 October 2018 and there were seven people living at Kacee Lodge.

Improvements were required to the service's governance arrangements to assess and monitor the quality of the service. Although, the current arrangements had identified some of the issues we found during our inspection, improvements were required to ensure where these were highlighted, compliance was monitored, and appropriate actions taken in a timely manner to rectify these.

This related specifically to staff training, induction, supervision and appraisal. Some staff had not attained up-to-date training relating to manual handling and medication or training relating to learning disabilities or autism spectrum, despite having no previous care experience. Staff had not always received a robust induction even though they had been employed at the service for several months. Formal supervision and appraisal arrangements for staff required strengthening to ensure these were undertaken. The registered manager wrote to us following the inspection advising of the actions taken and put in place to address these areas.

Suitable arrangements were in place to keep people safe. Risks to people were identified and managed to prevent people from receiving unsafe care and support. The service was appropriately staffed to meet the needs of the people using the service. People received their medication as prescribed and in a safe way. Recruitment procedures were followed to ensure the right staff were employed. People were protected by the providers arrangements for the prevention and control of infection. Arrangements were in place for learning and making improvements when things go wrong.

Despite the above, staff carried out their role and responsibilities effectively to meet people's needs. People's nutritional and hydration needs were met, and they were provided with drinks and snacks throughout the day. Minor improvements were required to consider the timings of meals, particularly where

people were due to attend college, as breakfast and lunch could be too close together. People received appropriate healthcare support as and when needed from a variety of professional services.

The service worked together with other organisations to ensure people received coordinated care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People were treated with care, kindness, dignity and respect. People received a good level of care and support that met their needs and preferences. Staff had a good knowledge and understanding of people's specific care and support needs and how they wished to be cared for and supported, including where people had complex communication needs.

Support plans were in place to reflect how people would like to receive their care and support and covered all aspects of a person's individual circumstances. Social activities were available for people to enjoy and experience both 'in house' and within the local community. Information about how to make a complaint was available and staff, relatives and advocates were available to support a person using the service if they were unhappy. The service sought people's and others views about the quality of the service provided.

We have made a recommendation about the registered provider's training, induction, supervision, appraisal and quality assurance arrangements.

Further information is in the detailed findings below.

## 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 remains Good

### Is the service effective?

Requires Improvement ●

The service has deteriorated to Requires Improvement.

Improvements were required to ensure staff received training appropriate to the needs of the people they supported. Improvements were also required for staff to receive regular supervision and annual appraisal of their overall performance.

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Requires Improvement ●

The service has deteriorated to Requires Improvement.

The service's governance arrangements were not as effective as they should be. Improvements were required to ensure where issues were raised, evidence was available to demonstrate actions taken and how this was to be monitored.

People, staff and relatives were positive about the registered manager and the day-to-day management of the service.

People and those acting on their behalf were able to express their views about the quality of the service.

# Kacee Lodge

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 October 2018 and was unannounced. The inspection was completed by one inspector.

We did not use information submitted by the registered provider via their 'Provider Information Return' [PIR]. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This was because the information requested was provided in April 2017 and may no longer be relevant. We also reviewed other information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the registered provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

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.

The majority of people using the service were unable to talk to us or tell us about the quality of the service provided at Kacee Lodge. Therefore, we observed people's non-verbal cues. We spoke with one person using the service who was verbally able to communicate with us, three members of staff and the registered manager.

Three people's care files and four staff recruitment and support records were reviewed. We also looked at a sample of the service's quality assurance systems, the registered provider's arrangements for managing medication, staff training records, staff duty rotas and complaints records.

# Is the service safe?

## Our findings

At our last inspection in March 2016, the key question of safe was rated as 'good'. At this inspection on 19 October 2018, the service continued to effectively manage risk and meet people's needs safely. The rating continues to be 'good.'

Staff had a good understanding of how to keep people safe and ensured people's safety was maintained at all times. No safeguarding concerns had been raised since our last inspection to the service in 2016. Staff were able to demonstrate satisfactory understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to the management team and external agencies. Staff told us they would not hesitate to raise a safeguarding alert if they suspected abuse.

Suitable arrangements were in place to manage risks to people's safety appropriately. Risk assessments recorded within people's care plans identified the specific risks associated with people's care and support needs and the actions to be taken to mitigate them. These related to people's moving and handling needs and more specific risks, for example, the risks involved in enabling people to access the community safely, where people were at risk of choking as a result of swallowing difficulties, undertaking particular social activities and risks related to people's specific healthcare conditions, for example where people were at risk of experiencing seizures.

Information provided identified people who could become anxious and distressed; and potential factors which could cause them to behave in a way that may challenge others. Risk management strategies were in place to enable staff to manage the person's behaviour safely and to improve the person's quality of life without restricting their freedom and liberty. Staff demonstrated a good understanding and knowledge of the risk management strategies in place, to ensure their and others safety and wellbeing.

The registered manager confirmed three out of seven people living at Kacee Lodge received between nine and 13 one-to-one support hours per week. This was to enable them to participate in particular activities for their safety or the safety of others. Our observations showed people received care from a consistent staff team. The deployment of staff was suitable to meet people's care and support needs in line with information documented within their care plan and this included carrying out their chosen leisure activities. Staff were always present within communal areas or where people resided and provided support at all times.

Arrangements were in place to ensure the right staff were employed at the service. Staff recruitment records showed the registered provider had operated a thorough recruitment procedure in line with their policy and procedure to keep people safe. Relevant checks were carried out before a new member of staff started working at the service. These included the obtaining of references, ensuring the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service [DBS], processing applications and conducting employment interviews. Prospective employees' equality and human rights characteristics were also recorded and considered when recruiting staff.

People's medicines preferences and risks were documented so staff knew how to give medicines in a way that suited that person. We looked at the Medication Administration Records [MAR] forms for each person using the service and these showed that each person had received their medication at the times they needed them, and these were kept in good order. There was no evidence to suggest people's behaviour was being controlled by excessive or inappropriate use of medicines. Minor improvements were required, and these were discussed with the registered manager. This related to the staff list depicting staff judged as competent to administer medication not being up-to-date. Where people were prescribed a medicated patch to be administered, the site of application was not recorded. Following the inspection, the registered manager wrote to us and confirmed the list of staff authorised to administer medication had been updated and a record confirming the site of application for transdermal patches was now in place.

People were protected by the prevention and control of infection. The service's infection control and principles of cleanliness were monitored and maintained to a good standard. The premises were clean, odour free and staff used appropriate Personal Protective Equipment [PPE], such as gloves and aprons. Staff told us, and records confirmed staff received suitable infection control training and understood their responsibilities for maintaining appropriate standards of cleanliness and hygiene; and followed food safety guidance.

There was a system in place for recording accidents and incidents. The registered manager and staff understood their responsibilities to raise concerns and report incidents and near misses. Although some shortfalls were identified as part of this inspection process, the registered manager was able to demonstrate lessons learned when things go wrong.

# Is the service effective?

## Our findings

At our last inspection in March 2016, the key question of effective was rated as 'good'. At this inspection on 19 October 2018, the service continued to demonstrate people received good support to access healthcare services and staff delivered effective care and support. However, improvements were required to ensure staff received specific training relating to the needs of the people they supported, induction, supervision and appraisal. The rating has changed to 'requires improvement.'

Staff received mandatory training at regular intervals, so they could meet the needs and preferences of the people they cared for and supported. Staff training records viewed showed the majority of staff had received mandatory training in line with the provider's expectations in key areas and the majority of training viewed was up-to-date.

However, though no poor manual handling practice or medication concerns were highlighted and observed at this inspection, not all staff had completed refresher medication and 'practical' manual handling training, despite the registered manager being an accredited manual handling trainer. The latter was discussed with the registered manager. The rationale provided for this lapse in training for staff was because the registered manager had been delivering manual handling training to other staff employed at the organisation's 'sister' services and staff were still completing the medication workbooks.

Following the inspection, the registered manager wrote to us and confirmed arrangements were now in place for them to deliver 'practical' manual handling training for staff whose training had expired. Although not all staff had attained moving and handling training, staff had received at least one moving and handling observation which recorded their level of competency to undertake this task safely. Whilst this is positive, this is not a substitute for robust training. Additionally, staff had completed e-learning medication training and had their competency assessed.

Whilst some staff had received specialised training relating to the needs of the people they supported and specific healthcare conditions, not all newly employed staff had received training relating to learning disability, autism awareness or stoma care. This was despite no previous experience of working in a care setting. An assurance was provided by the registered manager that training relating to learning disabilities and autism would be facilitated as a priority. Following the inspection, the registered manager wrote to us and confirmed the local GP surgery had been contacted to assist stoma care training for staff. The registered manager was booked to attend a 'train the trainer' course relating to autism on the 25 and 26 October 2018. Once completed the training would be cascaded to staff.

We recommend that the registered provider ensure that all new staff receive training relevant to supporting people with a learning disability, including autism; and this includes updated learning in line with best guidance practice.

The registered manager confirmed all newly employed staff received an induction. This related to both an 'in-house' orientation induction and completion of the Skills for Care 'Care Certificate' or an equivalent. The



'Care Certificate' is a set of standards that social care and health workers should adhere to in their daily working life. This had not been completed for three members of staff employed in 2017, and at the time of this inspection they had still not completed the 'Care Certificate' and there was no set timeframe for the completion of the 'Care Certificate'. This was not in line with the registered provider's induction policy and procedure and meant there was no evidence to show they had had their competency assessed against the core standards as outlined within the 'Care Certificate' or achieved a National Vocational Qualification [NVQ] or Qualification and Credit Framework [QCF].

Following the inspection, the registered manager wrote to us and confirmed the 'Care Certificate' would be completed for each member of staff and in future this would be undertaken in a timely manner. It remained unclear as to why this had not been followed up sooner.

Staff told us they felt supported by the registered manager and existing work colleagues. One member of staff commented, "Yes, the manager is supportive." Supervisions were completed but not at regular intervals in line with the registered provider's own policy and procedures. Supervisions allowed staff the time to express their views, to reflect on their practice and key-worker role and to discuss their professional development and training needs. Not all staff employed longer than 12 months had received an appraisal of their overall performance. Following the inspection, the registered manager wrote to us and confirmed, although staff had not received regular supervision, staff had attended staff meetings. Six members of staff had received an annual appraisal within the last 12 months, others were scheduled to take place throughout October and November 2018.

We recommend that the registered provider ensure that all staff receive regular supervision and an annual appraisal of their overall performance in line with best practice guidance and their own policies and procedures.

Where people required assistance and support to eat and drink, improvements were required. Although people were not rushed to eat their meal and were able to enjoy the dining experience at their own pace, the registered manager was advised to consider the timings of meals, particularly where people were due to attend college. On the day of inspection, two people received a late breakfast, and this meant they were still eating their breakfast at 10.50am. However, staff proceeded at 12.00 midday to give both people their lunch as they were scheduled to attend college in the afternoon. Although one person duly ate their lunch, the other person refused. It was not clear why the person could not be supported to take a small packed lunch or brunch and an afternoon snack to college. This demonstrated a lack of understanding and consideration towards meeting this person's needs. We discussed this with the registered manager and whilst it is recognised one person does not like to get up early in the morning, consideration must be given by the service to weigh up the benefits of them attending college and their nutritional needs being met in a timely manner.

Where people were considered to be at nutritional risk, referrals to a healthcare professional, such as Speech and Language Therapist, had been made and guidance followed by staff. Where instructions recorded that people should be weighed at regular intervals, such as, weekly or monthly, this had been followed to ensure their nutritional and hydration needs were being monitored and any concerns were picked up at the earliest opportunity.

People had all of their needs assessed in relation to their physical, mental, emotional and spiritual care and wellbeing. This was to ensure their care and support needs were delivered in line with legislation and nationally recognised evidence-based guidance. Appropriate steps had been undertaken by the service, to ensure where appropriate, people were supported to have their varied and diverse needs met.

Staff worked well with other organisations to ensure they delivered good joined-up care and support. The staff team knew the people they cared for well and liaised with other organisations to ensure the person received effective person-centred care and support. This was particularly apparent where people's healthcare needs had changed, and they required the support of external organisation's and agencies to ensure people's welfare and wellbeing. This referred specifically where people using the service had received support from the Speech and Language Therapy team, GP, consultant psychiatrist and epilepsy nurse specialist. People's healthcare needs were met and they received appropriate support from staff. Each person had a hospital passport. If people are admitted to hospital this document is used to provide hospital staff with important key information about the person.

People lived in a safe environment. People's diverse needs were respected as their bedrooms were personalised to reflect their own interests and preferences. People had access to comfortable communal facilities, comprising of a large 'open-plan' lounge and dining area. Adaptations and equipment were in place in order to meet peoples assessed complex physical care needs.

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 the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are 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 were being met.

Staff demonstrated a good knowledge and understanding of MCA and Deprivation of Liberty Safeguards (DoLS). Staff were observed during the inspection to uphold people's rights to make decisions and choices on most occasions. We discussed with the registered manager that this could be better demonstrated, particularly at mealtimes and minor improvements were required to ensure staff routinely reminded people of the meal choices available. However, we recognised the difficulties faced for people living at Kacee Lodge to understand the concept of decision making, weighing up options and choice; and the difficulties faced by staff to facilitate this in a meaningful way because of people's complex needs. Nevertheless, information was available detailing, 'What I like' and 'What I do not like' to demonstrate these preferences would be acted upon and considered by staff.

Information available showed that each person who used the service had had their capacity to make decisions assessed. Where people were deprived of their liberty, the registered manager had made appropriate applications to the Local Authority for DoLS assessments to be considered for approval and where these had been authorised the registered manager had notified the Care Quality Commission.

# Is the service caring?

## Our findings

At our last inspection in March 2016, the key question of caring was rated as 'good'. At this inspection on 19 October 2018, the service continued to treat people with compassion, kindness, dignity and respect. The rating continues to be 'good.'

Our observations showed people received person-centred care and had a good rapport and relationship with the staff who supported them, including newer members of staff employed at the service. During our inspection we saw that people and staff were relaxed in each other's company and staff knew people well.

People were addressed by their preferred names and staff interacted with people in a kind and considerate way. Staff understood people's different communication needs and how to communicate with them in an effective and proactive way, for example staff conversed with people at a slower pace and kept information simple. Evidence available showed steps had been taken by the service to comply with the Accessible Information Standard [AIS]. This was introduced in 2016 by the government to make sure people living with a disability or sensory loss are given information in a way they can understand, and the communication support they need.

Staff told us and records confirmed, some people used 'objects of reference' and Makaton to help them to effectively communicate. Makaton is a language programme designed to provide a means of communication using signs and symbols with speech. An 'object of reference' is used to represent an item, activity or place as a means of communication. One person had their routines of the day visually displayed using the Picture Exchange and Communication System [PECS]. This enables people who have limited verbal communication to develop expressive communication and to understand what is happening.

People and their relatives had been given the opportunity to provide feedback about the service through annual reviews and through the completion of annual satisfaction questionnaires. Although the latter had been undertaken, these were completed by staff rather than with people's advocates. The registered manager confirmed that people's relatives advocated on their behalf and that some people had an independent advocate. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. All satisfaction questionnaire comments recorded were positive and no concerns were raised about the quality of care and support provided.

Our observations demonstrated people's personal care and support was provided in a way which maintained their privacy and dignity. For example, people received personal care in private and people were spoken to by staff in a respectful manner. Staff encouraged people to do as much as they could for themselves according to their individual abilities and strengths, for example, three people were observed to eat independently using adapted cutlery and crockery and one person was provided with finger foods, which they ate using their fingers.

## Is the service responsive?

### Our findings

At our last inspection in March 2016, the key question of responsive was rated as 'good'. At this inspection on 19 October 2018, the service continued to be responsive in meeting people's needs. The rating continues to be 'good.'

Care plans covered all aspects of a person's individual care and support needs, focussing on the care and support to be delivered by staff, the person's strengths, what was important to them and their personal preferences. Information available showed that people's care plans were reviewed and updated to accurately reflect where their needs had changed.

People were able to maintain relationships that matter to them, such as with family members and other people who were important to them. On the day of inspection staff supported a person using the service to go home and to spend the weekend with their family. Staff confirmed this was a regular occurrence and records confirmed what we were told.

Suitable arrangements were in place to ensure that people using the service had the opportunity to take part in leisure and social activities of their choice and interest, both 'in-house' and within the local community. People using the service had access to transport to enable ease of community access. Each person had a weekly activity planner detailing activities to be undertaken in line with their personal preferences and preferred routines, such as to attend adult education classes at college, to access the community for personal shopping, have meals out, trampolining, reflexology, attend external social clubs and to participate in 'in-house' activities, such as, to watch a film, listen to music and to participate in sensory activities. Additionally, people had the opportunity to just sit, relax and to spend their time as they wished, either in their bedroom or within the communal lounge.

No complaints had been raised about the service since our last inspection in 2016. Most people would be unable to make a verbal complaint; however, people were supported by either their relatives or independent advocates. Staff told us they would know if a person using the service was unhappy and the actions they would take.

The registered manager told us there was no-one currently requiring end of life or palliative care. They were aware that should this change they would need to work in partnership with healthcare professionals, including the local palliative care team and other agencies and organisations. The registered manager confirmed that following a person's death, staff would be offered emotional support, including counselling.

## Is the service well-led?

### Our findings

At our last inspection in March 2016, the key question of well-led was rated as 'good'. At this inspection on 19 October 2018, the service's governance arrangements required improvement as these arrangements were not as robust as they should be. The rating has changed to 'requires improvement.'

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. No changes had been made to the management of the service since our last inspection to the service in 2016.

The registered manager confirmed information was collated and recorded in a variety of ways to assess and monitor the quality of the service provided. This included weekly medication audits, six monthly 'home audits,' 'ad-hoc' home visit reports and a weekly manager's report. Additionally, an internal review by a representative of the organisation was completed at regular intervals to check the service was being managed appropriately in line with the registered provider's expectations and to undertake a review of the service in line with the Care Quality Commission's fundamental standards.

The registered manager verified as detailed above, arrangements were in place to provide the registered provider with regular updates and information relating to the service; and how compliance with regulatory requirements was being achieved, including subsequent identified shortfalls. However, robust arrangements were not in place to accurately document and evaluate information about the quality and safety of the care and support the service provided, and improvements were required at both provider and service level.

We reviewed reports completed by the service's area manager for July and August 2018. The reports provided evidence of topics covered as part of the registered provider's quality assurance arrangements and highlighted where the service was compliant and the areas for improvement. However, although an action plan was completed, information recorded did not provide sufficient evidence detailing the specific actions to be taken and how this was to be monitored to achieve compliance and make the required improvements. For example, the reports for 2 July 2018 and 28 August 2018 referred to staff not receiving regular supervision or an annual appraisal of their overall performance. At this inspection we found these issues remained outstanding and had not been addressed. Following the inspection, the registered manager wrote to us and confirmed the regional manager completed a visit to the service on 11 October 2018. Plans were put in place for staff supervisions and appraisals to be completed.

Additionally, the report for August 2018, recorded following an audit of people's monetary arrangements, only one out of seven people's balance was correct and there was a discrepancy with the service's petty cash balance. No information was recorded as to the actions to be taken and how this was to be monitored. Following the inspection, the registered manager wrote to us and confirmed the regional manager completed a visit to the service on 11 October 2018 and monetary discrepancies were discussed with the registered manager and rectified the day after.

Reports completed by the registered manager highlighted several members of staff were still in the process of completing distance learning workbooks relating to medication. We found no set timeframe for the completion of these workbooks had been agreed by the registered manager with staff. None of the reports both at service and provider level had identified not all staff had attained up-to-date manual handling training or medication training. Furthermore, none of the reports had picked up not all newly employed staff had completed a robust induction. Neither report provided an overall rating of the service. Had these arrangements been more effective and robust, it was anticipated that appropriate action would have been taken to address these sooner and the shortfalls addressed prior to this inspection.

We recommend the service review current arrangements relating to its quality assurance processes, to ensure they meet best practice guidance and relevant legislation.

Staff told us the service was well run and they received good support from the registered manager. Staff confirmed there were meetings whereby they could express their views and opinions. Records of these were available but showed formal meetings held were infrequent. Although there was an agenda and the meeting minutes recorded the topics discussed, an action plan was not in place detailing how those requiring follow-up and action, were to be addressed and by when.

The views of people using the service, those acting on their behalf and healthcare professionals had been sought in February 2018, and all responses received were positive.

Information available showed the service worked collaboratively and in partnership with other agencies and organisations to support care provision and to ensure joined-up care for people using the service.