

Klearwater Adults Services Limited

Wickham Road

Inspection report

330 Wickham Road
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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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Wickham Road is a residential care home that accommodates up to four people. The service specialises in supporting people with learning disabilities and those with autistic spectrum disorders. At the time of our inspection there was one person receiving care and support and the service also provided respite care.

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 had active lifestyles, but they did not always have opportunities to meet people and develop friendships. People's choice of activity was not always met as staff did not have the skills to support people to go swimming.

The provider was not meeting the Accessible Information Standard and the provider has told us they will take steps to make information more accessible for people using the service.

People told us they felt safe using the service. The provider had appropriate risk assessments in place with guidance for staff about how to mitigate risks. The provider supported people to take their medicines safely. People were supported to maintain a clean and tidy home.

The provider met people's nutritional needs and supported them to make healthy food choices. People were supported with their physical and mental health needs and care records contained good information on these. People were supported to attend all necessary healthcare appointments to ensure their healthcare needs were met.

People told us the registered manager and the staff were kind and caring and knew people using the service well. People's choices were respected in relation to their daily care and support and staff supported people to be active and involved in all parts of their care. People's privacy and dignity was maintained.

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

There were quality assurance systems in place to ensure care and support were kept to a good standard.

The service worked with a range of healthcare and multidisciplinary professionals to achieve good outcomes for people.

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

Why we inspected

This was a planned inspection in order to provide the service with a rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was not always 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?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Wickham Road

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 was carried out by one inspector.

Service and service type

Wickham Road 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.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we held about the service, such as notifications of significant events that the provider is required to tell us about. We used all of this information to plan our inspection.

During the inspection

Due to the conditions and disabilities of people using the service people were not able to give an account of

their experiences of care. We carried out observations of people's support and interactions with support workers. We spoke with six members of staff including the registered manager, administration assistant and four care workers.

We reviewed a range of records. This included one person's care records and medicines records. We looked at three staff files in relation to recruitment and supervision. We also looked at policies and procedures and records related to the management of the service.

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 someone using the service and received feedback from one health and social care professional who worked with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and avoidable harm. A relative we spoke with said they were confident that the service was keeping their family member safe from harm.
- Policies in relation to safeguarding and whistleblowing were in place and staff received regular training in this area. Staff showed a good understanding of safeguarding procedures when we spoke with them, they knew who to inform if they had any concerns about abuse or safety and how to escalate their concerns if they were not satisfied they were being taken seriously.
- The registered manager completed regular audits of people's money to mitigate the risk of financial abuse.

Assessing risk, safety monitoring and management

- The service identified, assessed, and regularly reviewed risks to people and had developed strategies to mitigate these. For example, the service had put in measures to reduce risks around kitchen safety where they had identified people were at risk of causing harm to themselves and others.
- The service had developed an emergency plan to give staff guidance on how to deal with a range of emergency situations. Personal evacuation plans were in place which described what support people needed to evacuate safely if there was a fire in their home.
- There were regular health and safety checks of the service and actions taken when issues were identified. Staff understood their role was to maintain people's safety at all times. One staff member told us, "Keeping people safe is very important... we need to keep the environment safe too."

Staffing and recruitment

- The provider followed safe recruitment processes so that staff employed were suitable to support people with a learning disability. There was a system in place to ensure that all pre-employment checks were completed before staff started work. Checks included people's right to work in the UK, employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions.
- Staffing levels were appropriate to ensure people's needs were safely met.

Using medicines safely

- People's medicines were managed well.
- Staff who supported people to take their medicines had completed appropriate training and had been assessed as being competent in this area. Staff we spoke with demonstrated a good understanding of safe

medicines administration and knew what to do if there were any errors or concerns with people's medicines.

- People's medicines were checked regularly by the registered manager and any issues were investigated.
- We checked the medicines and found the records were accurate and matched the stock check and audit record. The service also had pharmacy advice visits from the dispensing pharmacy to support the safe management and administration of medicines within the service.

Preventing and controlling infection

- The provider ensured people were protected against the risk of infection.
- The service had an infection control policy and staff we spoke with understood how to put this into practice. Staff told us they had access to personal protective equipment to prevent the spread of infection such as gloves and aprons we saw these being used appropriately during the inspection.
- We saw evidence that infection control was a regular agenda item during staff meetings, and the registered manager reminded staff of the importance of maintaining high standards of cleanliness.

Learning lessons when things go wrong

- There was a clear process for reporting all accidents and incidents
- Staff understood their responsibility to report all accidents and incidents and the registered manager ensured all necessary steps were taken to maintain safety after incidents including updating support plans and risk assessments.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had an initial assessment which covered all aspects of their care and support needs.
- Care and support plans were devised and reviewed regularly in consultation with people and their relatives.
- The service had devised a positive behaviour support plan for someone who had behaviours that could challenge. The plan contained detailed information on what situations or events might trigger behaviours and guidelines for how staff should respond. The plan was reviewed by the learning disability behaviour team and they concluded that the plan was meeting the person's needs.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to be able to perform their roles effectively.
- New staff had a comprehensive induction and probation period to ensure they were competent to deliver care and support for people with learning disabilities. One staff member told us, "It's been a great journey from when I started, it's been very positive."
- The service offered a range of ongoing training to ensure staff continued to develop skills and knowledge and meet the needs of people using the service. The service had systems in place to ensure that training was refreshed regularly so staff would be kept up to date with best practice and guidelines.
- Staff we spoke with said they felt supported by their manager and had regular supervision and an annual appraisal and records we saw confirmed this. One staff member told us, "The [registered] manager makes sure we have formal supervision and informal discussions when we need them."

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

- People were supported to prepare and cook food they liked and maintain a balanced diet.
- Staff received training on basic food hygiene and nutrition and hydration. There were written guidelines for staff to ensure they would encourage people to make healthy food choices. The service had also devised a recipe book based on people's preferences, so all staff would be able to support the preparation of healthy home cooked meals.
- Staff recorded people's food and fluid intake daily to ensure it was sufficient and well balanced.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with other professionals to help people achieve positive outcomes. This included working with the local learning disability team, psychology and psychiatry when people required additional support with their mental health.

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

- The service ensured that the physical environment met the needs of people.
- The service had recently supported one person to move home and as part of the move the service took care to ensure the new home would be suitable. The person was supported to make several visits to the house and was assessed using the stairs to ensure they could access all areas of the home. The person was able to choose which bedroom they wanted and choose some of the décor and furnishing of their bedroom and the communal areas. The registered manager told us they would continue to work with the person, so they would continue to make the home more personal to them.

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services and were supported to lead an active lifestyle. We saw evidence that people did regular activities such as going to the gym and playing badminton.
- People had been supported to access appropriate healthcare services when needed and have a regular annual health check.
- Hospital passports had been developed for people using the service. Hospital passports contained detailed personal and health information about people which could be shared with hospital staff if they were admitted to hospital.
- Support plans and risk assessments had information about people's mental health including guidelines for supporting people and who to contact if there were concerns about someone's mental health.

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 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.

- The service had carried out mental capacity assessments when there were indications that people lacked the capacity to make some decisions about their care and support.
- The service had made all the necessary DoLS applications when safety measures meant restricting some parts of people's lives. We could see that all conditions were currently being met.
- Staff had received mental capacity training and understood their responsibilities in relation to protecting people's rights. Staff we spoke with could demonstrate examples of how they offered choices around every day care. One staff member told us "We need to give [the person] different options of activities every day and give [the person] the right to say no. Our job is to give choices and options."
- The registered manager and staff also told us how they would support decision making with best interests meetings if people lacked the capacity to decide things for themselves. We saw examples of best interests' meetings that had been convened for people who were unable to make decisions about healthcare treatment.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Relatives told us that staff were kind and caring and understood their relative's likes and dislikes. One relative said, "The staff knows [my relative] well as most of them have been there for some time."
- We observed positive interactions between people using the service and staff and could see that there was a genuine rapport. This was corroborated by a health and social care professional who worked with the service. They told us, "On the occasions I visited and witnessed interaction with the client a lot of patience and repeated assurance was given to the client."
- Support plans contained information about people's religious, spiritual and cultural needs. People were supported to celebrate their spiritual needs and cultural heritage by attending church when they wanted and making food from their cultural background.

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

- People were actively involved in making decisions about their day to day care.
- People and their representatives were regularly involved in the planning and reviewing of their care and support plans. The registered manager told us how they regularly consulted people and their family members on day-to-day aspects of their care where necessary and relatives we spoke with confirmed this.
- Staff told us how they supported people to make every day decisions about their care and support including how to spend their time, what activities they wanted to do and what meals they wanted to prepare.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us their family member's privacy was promoted and they were treated with dignity and respect.
- Staff we spoke with explained how they promoted people's privacy when carrying out personal care tasks.
- The service focused on supporting people to become as independent as they could and develop new skills in daily living.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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; 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

- Support plans contained detailed information about people's history, likes and dislikes and needs in all aspects of their care and support but people's choices were not always fully met. One person liked to go swimming, but they were not always able to do this as the staff employed did not have the skills to support this activity. We discussed this with the registered manager and they told us they would look to recruit staff with the skills to support the person to go swimming.
- One family member told us that their relative did not have enough opportunity to spend time with their peers or meet people. They confirmed that their relative had a range of regular activities within the community, but all these activities were done with support workers and did not provide opportunities to meet new people or develop other relationships or friendships.
- The service had identified different ways people could occupy themselves when they were at home such as doing arts and crafts.

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 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 not always fully met.
- Support plans contained information about people's communication so that staff could understand and communicate with them better. However, most of the information being held for and about people was not in a format they could easily understand and did not meet the Accessible Information Standard. The registered manager told us they would take advice in order to make improvements in this area and make these records more accessible.

Improving care quality in response to complaints or concerns

- The service responded to complaints and acted to resolve issues when they arose.
- The service did not have an accessible complaints policy and there was not sufficient evidence that everyone was given information about complaints in a way that they could understand.

End of life care and support

- The service was not providing end of life care at the time of our inspection.

- The service had consulted people using the service and their relatives to support them to devise an end of life care plan using best practice guidance provided by St Christopher's Hospice.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service worked to achieve positive outcomes for people. A social worker who had worked with the service to help plan the recent move told us, "Having completed a six week review the client had settled in very well, which was amazing as it is such a big change in their life."
- The staff were positive about the management of the service and demonstrated a passion for supporting people to engage in their local community. We observed positive interactions between the staff and the person who used the service.

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

- The registered manager understood their responsibility to be open and honest and give all relevant people information when things go wrong.

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

- Staff understood their role and were clear about when they would need to seek guidance and support from their manager. There were systems in place to identify and address issues or areas of concern. One staff member told us, "I have raised issues in the past and the manager listened and sorted things out."
- There were regular shift handovers which covered areas such as medicines, finances, recent health updates and any other significant information such as appointments and activities. The registered manager convened regular staff meetings to discuss the quality of the service, plan improvements and to keep all staff informed of relevant information.
- People were allocated keyworkers who took more responsibility in keeping up to date with key areas of people's care and support needs and communicating these to their colleagues and other professionals and family members. At the time of our inspection there was not sufficient evidence that keyworkers were fully engaging with one person using the service as there were no recent keywork meetings. We discussed this with the registered manager who told us that they had recently allocated a different keyworker who would re-institute keywork meetings.

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

- The service communicated well with people's relatives and other professionals. One family member said,

"The [registered] manager does keep me informed of what's going on". A social worker who worked with the service confirmed this and told us, "I had no issues with response or requests for information."

- We saw evidence that the service engaged with members of the public and advocated on behalf of people using the service where there were disputes. The registered manager engaged with a neighbour and ensured that people using the service were not discriminated against on the grounds of their disability when complaints were made about them.
- The service met with relatives on a regular basis to share information but had not devised a formal way to get feedback from people who used the service or their relatives.

Continuous learning and improving care

- The registered manager did regular quality audits of the service and identified errors and areas of improvement and made plans to achieve these. Audits looked at daily records, care plans and risk assessments.
- The service analysed complaints and identified what had gone wrong to ensure they would not happen again.

Working in partnership with others

- The service worked in partnership with other professionals such as social workers, behaviour specialists and learning disability nurses when people needed additional support.
- We received positive feedback from a social care professional about how the service worked in partnership with them to achieve good outcomes for people. One professional told us, "The manager who I dealt with was very good and had a very holistic view for the benefit of the client."