

Klearwater Adults Services Limited

Wickham Road

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Wickham Road is a residential care home providing accommodation and personal care to up to four people over the age of 18. At the time of the inspection, two people were using the service. The service specialises in supporting people with a learning disability, autism or with needs relating to their mental health.

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

People did not always experience a service that was safe, because the provider was not taking all reasonable measures, including following all aspects of the relevant national guidance, to protect them from the risk of being infected with COVID-19.

The service is required to have a registered manager in place to ensure that people who use services have their needs met and that the regulated activity is managed by an appropriate person. At the time of the inspection the service manager was not yet registered with CQC and the service had not had a registered manager for six months. We did not have full assurance that there was sufficient leadership and oversight of the service. This increased the risk that people may not receive high quality, safe care in line with best practice guidance.

There were care plans, positive behaviour support plans and risk assessments in place for people however, these were not routinely updated following incidents of challenging behaviours or with any changes since the Covid-19 pandemic. Staff had access to these documents and were able to respond to a person's general needs and understand the person's likes and dislikes.

There was no evidence that the provider's quality checks were robust enough to identify areas that may require improvement

Other aspects of the service were safe.

Medicines were managed safely at the service. There are audits in place to monitor the temperature and the stock of medicine. Staff knew when to administer PRN ('as required') medicines to people in the event this was required.

People were placed at risk from contracting infection. This was due to insufficient systems to ensure the service was compliant with national guidance specifically relating to the risk management of Covid-19. Following the inspection, the provider submitted proposals to develop systems and processes to minimise these risks.

Internal quality assurance checks were ineffective and were not an accurate record of findings in the service. Following these audits, there was no evidence of plans to make improvements where it was needed.

The service had an open, person-centred culture which meant people felt supported and listened to. We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. This was a focused inspection which meant we only looked at two domains, Safe and Well-led rather than all five domains.

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 (Inspection on the 17th of June 2019, published on the 17th of July 2019)

Why we inspected

The inspection was prompted in part due to concerns received about medicines, staffing and general practice within the service. As a result, we undertook a focused inspection to review the key questions Safe and Well-Led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

Enforcement

We have identified breaches in relation to safe care and treatment, in particular infection control, staffing, and good governance at this inspection.

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?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in the well led section below.

Requires Improvement ●

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Wickham Road 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, together with the provider, is legally responsible for how the service is run and for the quality and safety of the care provided. However, there was a manager in place who assumed responsibility. After the inspection, the provider informed us that a manager would be registered with the Care Quality Commission to meet regulation.

Notice of inspection

We announced the inspection the day before due to risks associated with Covid-19. The process of inspection was explained to the manager of the home to minimise inspector presence on site and minimise risks.

What we did before the inspection

Before the inspection we looked at previous inspection reports and notifications the provider is required to send to us about significant events at the service. We reviewed information and concerns we had received. We discussed the service with the local safeguarding team. We used all of this information to plan our 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.

During the inspection-

We spoke with the two people who used the service and observed some interactions between those people and staff. We spoke with two members of care staff and the manager. We looked at medicines records and toured the premises to check the safety of the environment.

After the inspection –

We reviewed a range of records we had asked the manager to send to us. This included individual and service-wide risk assessments, staff recruitment records, audits and quality assurance data. We also spoke with a family member of one person who used the service, the social worker of another person and the senior management team for the provider.

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 has deteriorated to requires improvement. This means that people were not always safe or protected from avoidable harm.

Preventing and controlling infection

- The service did not have appropriate systems in place to prevent and control infection
- Staff did not always follow national guidance to protect people from the risk of the Covid-19 virus spreading and the provider had not done all they could reasonably do to ensure people were protected from this risk. For example, we observed staff did not wear masks within the service this meant that people were at risk of exposure to the virus. The manager told us people did not respond well to masks however, we could not see any evidence of people's involvement in this decision. Risk assessments did not cover people's choices or the increase of individual risk concerning the control and spread of the virus.
- The provider had detailed Covid-19 related policies in place to support the staff in the use of personal protective equipment (PPE) assessing people's risks and safe visitor access to the service. However, we were not assured that staff were following these policies.
- Staff did not have an adequate risk assessment in place to help protect them from the risks of Covid-19. The provider had not assessed the risk of those staff who were at an increased risk such as those with a pre-existing medical condition or those from black, Asian and minority ethnic staff. This meant that the provider was uncertain whether any additional measures needed to be in place to keep the people and the staff as safe as possible.
- Two staff told us that they had not received training for Covid-19 or the safe use of PPE. The manager told us that he intended to train staff in the near future and sent us evidence this had taken place after the inspection.
- Staff were tested for Covid-19 in line with national guidance. However, we were concerned people were not offered or given the choice of receiving a test. When people lacked the capacity to make a decision about being tested, the provider had not followed best practice to make sure decisions were made in people's best interests. After the inspection, the provider sent evidence that showed people and their families were consulted about their views of testing.
- The washing machine was situated in the kitchen near to where food was prepared, which could present a risk of infection. The manager told us they would carry out a risk assessment to explain how the risk of infection and cross contamination would be minimised for the people and the staff when carrying out laundry.

After the inspection, the provider updated us that staff were now wearing adequate PPE, had received training in infection and prevention control in relation to Covid-19 and had made sure Covid specific risk assessments were in place for people.

Although the provider had given us assurance that actions had been taken to make improvements, we were

concerned there had been a lack of robust systems and processes to manage some risks, particularly in relation to infection control. This placed people at risk of harm and was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider made sure the premises were clean and hygienic. The windows were opened as often as possible to ensure good ventilation and the living room layout had been changed to allow for social distancing. There was a cleaning schedule in place and products including disinfectants, sanitisers and antiviral surface cleaners were available. Usual touch surfaces were regularly cleaned.

Staffing and recruitment

- There were not enough staff to ensure adequate cover of shifts.
- In order to meet people's needs and maintain their safety, the service required two staff to be on duty during the day and one waking staff to be on duty at night. We found that due to vacancies at the service, one staff member had been scheduled to work excessive hours consecutively without an adequate break to cover available shifts. The manager told us that this was in place to avoid using agency staff or booking staff that do not know the people well. We expressed our concerns that staff may be too tired after working these long shifts to provide safe care to people. The shifts were subsequently reduced however, we were not assured that this was enough to ensure adequate breaks could be taken.
- Staff working across services has been identified as a major risk factor in the spread of Covid-19. A member of staff at Wickham Road told us they regularly worked there and in another service run by the provider. The risks had not been considered and measures were not put in place to mitigate this risk to ensure people were protected.
- Opportunities to attend meetings were missed due to the needs of the service. The manager told us that they sometimes missed important information and updated guidance as they are required to cover shifts.
- There was a clear recruitment process in place so that new staff had an appropriate DBS check and sufficient references had been sought. This was to ensure staff with the right knowledge, skills and character were employed.
- The manager told us they had recruited two staff due to start work. However, this has taken some time to process and has meant there were staff shortages with some staff working much longer hours to compensate.

The provider was in breach of regulation 18 of the HSCA 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People were not always supported by staff who demonstrated enough knowledge and experience of safeguarding processes and procedures
- We spoke with the manager about a whistleblowing concern which had prompted this inspection. They told us that an internal investigation had taken place and that they had spoken to the families of those involved. However, staff were not sure of the procedure or when this was reported to the local authority safeguarding team. After the inspection, the manager told us they would seek advice from the local safeguarding team if they needed additional advice and support.
- Staff at the service have completed online safeguarding training and could identify the types of abuse. Staff said they were confident in reporting any concerns to the manager and they feel they would be listened to.
- People's risk assessments took into account the risks of abuse and neglect. Staff had knowledge of how to safeguard individual people from foreseeable abuse and neglect, including from other people who used the service.

Learning lessons when things go wrong

- Systems and processes were not robust enough to identify patterns in behavioural incidents. In addition, reviews and investigations did not always include the relevant people.
- Staff reported incidents when they occurred however, it wasn't always clear what the consequence was and what lessons were learned. This meant that some incidents could have potentially been minimised or avoided.
- We spoke with a person's relative; they were concerned that they had not received an outcome from an incident which had occurred some time ago. They told us that they are not satisfied with how the investigation was carried out and there had been very little communication from the provider.

Assessing risk, safety monitoring and management

- Records held at the service were clear and accessible.
- Staff carried out monthly checks to make sure the premises were safe, including checks of fire safety, electrical equipment, water safety and general maintenance.
- The home was in a good state of repair. Maintenance issues were reported clearly and resolved in a timely manner.
- People had risk management plans in place which outlined their needs and preferences. These contained necessary information for staff to understand the person, the reasons for the risks and how to manage them.
- Feedback from people who use the service was positive. People felt safe and their rights, preferences and dignity were respected. Staff have carried out training in health and safety. They felt supported and suitably guided in their roles.

Using medicines safely

- People's medicines were managed safely and appropriately.
- Medicines were stored safely in a lockable cupboard within the office.
- Records such as medication administration records and stock sheets were kept up to date with correct information.
- There were PRN protocols in place for staff to follow so that intervention could be used at the correct time as and when required. PRN medicine is medicine prescribed to be taken 'when needed'.
- The provider worked in partnership with external health professionals to ensure medicines were reviewed periodically for people. This was to ensure the health and wellbeing of people was supported and any changes were implemented. We saw evidence of recent correspondence for one person where several positive changes were planned for a person in the hope to increase their independence and quality of life.

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.

Continuous learning and improving care

- The provider lacked oversight to ensure areas of improvement were identified and acted upon.
- Internal quality assurance audits of the service were carried out by the provider however, the effectiveness of these varied and the records we inspected showed policies were not always carried out as stated. For example, one audit stated, "risk assessments were updated monthly". However, our review of the records showed one risk assessment had not been updated since February 2020 and another risk assessment was last updated in May 2020. This was inconsistent with what we were told. During the inspection, the manager was unable to show us any action plans to improve the service resulting from the audits undertaken. There were a number of other issues that have been referred to within this report which had not been identified by the provider themselves.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- People were at higher risk of infection because there were insufficient governance systems in place to ensure the service was compliant with national guidance. This specifically related to the risk management of Covid-19. Since the inspection, the provider submitted evidence to reflect changes being made such as updated staff training and the increased presence of senior management in the service.
- The service had a manager in place, but they were not registered with the Care Quality Commission. After the inspection, the senior management team informed us that they had identified areas where additional support was required for the current manager. They said this would be implemented through supplementary training and application of the action plan which was developed following the inspection. In addition, the provider had arranged for an interim manager to support the service and to implement the changes which have been identified.
- Managers were not always able to keep up to date with best practice and guidance. Managers and senior staff had regular virtual meetings to discuss any changes to their policies resulting from national guidance. The manager told us they attended the forum that the local authority had in place to support providers during the pandemic. They said it kept them up to date with changing guidance and best practice. However, they told us due to the demands of the service and the need to cover shifts, attendance to these forums were not always possible. This meant that some important information and guidance could potentially be

missed.

- There were arrangements to ensure the service was managed when the service manager was not there. There was a shift leader clearly identified on the rota for each day shift. After the inspection, the provider told us that senior management would be visiting the service more often to offer further support and guidance.

Although the provider had given us assurance that actions had been taken to make improvements, we were concerned there had been a lack of robust systems and processes to identify areas that required improvement and to keep people safe. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The service had an open and inclusive culture
- People knew who the manager was and said he was supportive. People sought the manager's attention as he had worked at the service prior to being promoted as manager.
- Staff attended monthly meetings where they could talk about things that were going well or if there were any issues. This included conversations about altering the timetables for the people during the pandemic and other important updates on health and medication changes.

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

- The people and the staff at Wickham Road felt settled and supported.
- People told us they liked the service and they felt listened to. The manager told us that they would arrange for people to give feedback on the service via a survey or regular meetings.
- The provider used an observation tool to monitor people's progress and create a plan for the following month. This was based on what the person spoke about and what they found most important.

Working in partnership with others

- There were gradual improvements made on communication from the service and involvement of others.
- The provider worked closely with the community mental health team for one person. We saw evidence of how this had impacted this person positively to settle into the service and reduce incidents of challenging behaviour.
- One relative told us that the communication had started to improve over the recent months, and they found the manager approachable and helpful.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure care was provided in a safe way, by assessing the risk of, and preventing, detecting and controlling the spread of infections.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not ensure effective systems or processes were established to assess, monitor and improve the quality and safety of the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure sufficient numbers of staff, who had received appropriate support, training and professional development as is necessary to enable them to carry out the duties they are employed to perform, were deployed at all times.