

Clearwater Care (Hackney) Limited

# Clearwater Care Group

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service:

Clearwater Care Group is a domiciliary care agency that provides personal care and support to people with learning disabilities and one older person. At the time of our inspection the service provided personal care to 11 people living in their own homes, some of which were houses of multiple-occupancy in Peterborough, Worcestershire and Staffordshire. The size of the properties meets current best practice guidance. This promotes people living in a small domestic style property to enable them to have the opportunity of living a full life. The service's office was in Peterborough.

Not everyone using Clearwater Care Group receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The principles and values of Registering the Right Support and other best practice guidance ensure people with a learning disability and or autism who use a service can live as full a life as possible and achieve the best outcomes that include control, choice and independence. At this inspection the provider had ensured they were applied.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

### People's experience of using this service:

Staff did not always follow the provider's policy to make sure they only employed staff once they were satisfied of their suitability to work with people who used the service. There were enough staff to meet people's needs safely. Managers reviewed staffing levels and people needs regularly. Staff worked well together to ensure people were safe and well cared for. They knew the people they cared for well and understood, and met, their needs.

People were protected from avoidable harm by a staff team trained and confident to recognise and report any concerns. Staff assessed and minimised any potential risks to people. Staff followed the provider's procedures to prevent the spread of infection and reduce the risk of cross contamination. The provider had systems in place to enable staff to safely manage people's medicines.

People received care from staff who were trained and supported to meet people's assessed needs. Staff supported people to have enough to eat and drink and maintain a healthy weight. They worked well with external professionals to support people to keep well.

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 supported this practice. People were

involved in making decisions about their care and support. Where people needed additional support to make decisions, staff had referred people to external advocates.

Staff supported people in a sensitive and friendly way. One person told us, "You can have a good banter with the staff here. They're the best staff you could wish for. They are down to earth." Staff were respectful when they spoke with, and about, people. They supported people to develop their independence.

Support was person centred and met each person's specific needs. People and their relatives were involved in their, or their family member's, care reviews. People's care plans were in the process of being completely revised to ensure they were up-to-date, and more individualised. People's needs were constantly reviewed, and support adapted as required. Staff encouraged and enabled people to be as active as possible and pursue their interests. People and their families felt able to raise concerns which the provider addressed. The provider had systems in place, including a complaints procedure, to deal with any concerns or complaints.

Four companies had merged in the last 12 months, leading to positive changes in the way people's care and support was managed. The provider promoted a culture that focused on people as individuals. The provider had put robust systems in place to effectively monitor the service and bring about further improvement.

Rating at last inspection:

At the last inspection we gave the service a rating of good (published 12 October 2016).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence 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.

More 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?

The service was not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

**Good** ●

# Clearwater Care Group

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Clearwater Care group provides care and support to people living in eight 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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. The registered manager was on long term leave at the time of our inspection.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 9 April 2019 and ended on 29 April 2019. We visited the office location on 9 April 2019.

#### 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 had received about the service from the provider since the last inspection. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections.

During the inspection

We spoke with four people who used the service, two relatives, and one person's representative, about their experience of the care provided. A further relative sent us their feedback on the service in an email. We spoke with nine members of staff including the group supported living manager, three team leaders, one senior support worker, three support workers and the registered manager of another service who was supporting this service. We received feedback from four external health and / or social care professionals who shared their views about the service provided with us.

We reviewed a range of records. This included sampling six people's care records, three staff files in relation to recruitment and staff training records. We also reviewed a variety of records relating to the management of the service. These included accident and incident reports, complaints, meeting minutes and audits.

# Is the service safe?

## Our findings

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

Requires improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- The provider had a system in place to make sure they only employed staff once they were satisfied of their suitability to work with people who used the service. However, staff did not always follow this policy and we found that two of the three staff recruitment records did not contain all the required information.
- There were sufficient staff to meet people's needs. People said they liked the staff. A relative told us, "[My family member] loves the staff team. He's very happy with them."
- Staff teams were allocated to each person and/or house. This enabled people and staff to get to know each other well. Staff told us that staffing levels varied depending on people's needs and planned activities.
- The provider regularly reviewed staffing levels to ensure these met people's needs. The group supported living manager told us they had identified one person needed additional staffing at night in order to effectively manage their healthcare. They had raised this with commissioner of the person's care and put in place interim arrangements to ensure the person's healthcare was effectively managed.

### Assessing risk, safety monitoring and management

- People had detailed assessments and guidance to support people and staff to reduce risk. However, staff could not find two people's moving and handling risk assessments during our visit to these people's home. However, staff told us they had read them and were able to tell us about the content.
- Staff used the information from risk assessments to keep people safe. For example, to help keep people's skin healthy, for the management of finances, and in relation to accessing the community.
- Staff carried out checks and ensured equipment was safe to use and well maintained.
- Staff reported all incidents and accidents and assessed trends to check if any improvements could be made.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff. People's body language and reactions showed us they felt comfortable with staff.
- Staff had attended safeguarding training and were aware of the provider's and local authority safeguarding procedures and had access to safeguarding and whistleblowing procedures. They were confident senior managers listened to any concerns they raised.
- Where concerns had been raised, the provider had carried out investigations in line with the provider's safeguarding procedure. Where necessary, the provider took appropriate action to reduce the risk of recurrence. This included reviewing policies, retraining staff, and following disciplinary procedures.

### Using medicines safely

- The provider had systems in place to enable staff to safely manage medicines.
- Trained staff, who's competency had been assessed, supported people to receive their medicines at the right times.
- Where people received medicines 'as and when required', there were guidelines in place for staff to follow about the reason the medicine was required, when it could be given, and the potential side effects in most cases. However, where medicines were prescribed with variable doses, the amount administered was not always recorded.
- Senior staff audited medicines records regularly to ensure medicines were given to people in line with the prescriber's instructions.
- Where a medicines error had occurred, staff took action quickly to make sure the person was safe. This included contacting a medical practitioner and re-training the staff member where appropriate.
- In those houses where medicines were stored in the locked cupboards in the office, staff told us they were exploring how these could be stored safely in people's rooms. This would enable medicines were managed more individually and encourage people to be more involved in the management of their own medicines.

#### Preventing and controlling infection

- There were effective processes in place to prevent the spread of infection.
- Staff had access to disposable protective equipment, such as gloves and aprons, and appropriate cleaning materials.
- Where appropriate, staff supported people to keep their homes clean.

#### Learning lessons when things go wrong

- Staff were aware that they had to report and record all accidents and incidents. The provider investigated and analysed these and shared any learning with the staff team. This included discussions with the team about what actions could be taken to prevent any future occurrences, such as medicines errors.

# 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

Good: People's outcomes were consistently good, and feedback confirmed this.

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

- Senior staff had assessed each person to ensure they understood people's needs, consulting with specialist professionals where necessary.
- People's care needs had been reviewed and care plans and guidance updated to support staff to deliver care in line with good practice and current legislation.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled to carry out their roles effectively.
- Support workers completed an induction process which enabled them to understand and meet people's needs.
- A staff member praised the training they received. They said, "I love the training and hands-on experience." Staff had also received training in topics relating to people's specific needs, such as epilepsy.
- Staff told us they felt supported by senior staff. They met regularly with senior staff both informally and for regular formal supervision sessions where they could discuss any issues and training needs. One staff member told us, "We get supervision and regular staff meetings. We get to raise things and ask questions. They give us information and we get updates."
- In some teams there had been significant staff changes and additional senior staff to support and supervise the teams. Staff told us this was a positive change. One staff member said, "The staff we have now are fantastic. There's new staff and new management and [the service has] improved."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff work with other agencies to provide consistent, effective care

- Staff supported people to choose what they would like to eat and drink. They encouraged and supported people to make healthy meal choices. One person told us proudly "I've lost a lot of weight" and showed us their certificates from their weekly slimming club which staff supported them to attend.
- An external care professional told us that since the management structure had changed 'things had significantly improved.' They explained that one person had gained a considerable amount of weight, but that staff had now supported them to lose weight by eating healthily and exercising.
- People's care plans directed staff on how to support people eat and drink as independently as possible and included the use of any equipment to help with this, such as straws.
- Staff worked effectively with other care professionals. This included external care professionals, for example, safeguarding teams and the learning disabilities partnership and external healthcare professionals. This helped to ensure people received effective care that met their needs.

- Staff supported people to access health care appointments and check-ups such as dentists, opticians and GPs.

#### 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 with appropriate legal authority. Where people are deprived of their liberty in their own homes applications must be made directly to the Court of Protection (CoP).

We checked whether the service was working within the principles of the MCA.

- The provider had requested people's commissioners applied for authorisation from the CoP when restricting people of their freedom. People's care plans about these restrictions were personalised, appropriate and reviewed when and as needed.
- Staff had received training and were knowledgeable about the MCA. Staff told us they offered people choices. One staff member said, "We have to think about their best interests and making sure they understand." They told us how they used limited choices and pictures to help a person to make informed choices and decisions.
- Some people were not able to make complex decisions. However, we saw staff enabled people to make decisions about their day to day care, such as what they ate and drank.

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People told us they liked staff. People told us they had a good relationship with staff. One person said, "It's really good here. You can have a good banter with the staff here. They're the best staff you could wish for. They are down to earth."
- We saw staff supported people in a sensitive and friendly way. Staff spoke calmly with people, using expression to display empathy and engage with people.
- Relatives told us staff treated people well. One relative said, "I'm very happy with the service. They are nice to [my family member]. They treat her very well [and give] total care and attention."
- We saw staff offering people choice during our inspection. For example, asking a person if they wanted a snack and what they wanted; about the clothing a person was going to wear; and whether they were ready to go out and how they wanted to spend their time. One people told us that staff involved them in writing and reviewing their care plans.
- Staff were creative in looking for ways for people to express themselves and in houses of multiple occupancy, live together harmoniously. For example, in one house they had created a 'tree' with 'leaves' that explained the house rules people living there had created and agreed to.
- Staff understood and respected when people had a need for routines, for example around personal care tasks.
- An external care professional told us that staff promoted and defended people's personal values.
- Where people needed additional support to make decisions, staff had referred people to external advocates. Advocates are people who are independent of the service and who support people to decide what they want and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful when they spoke about people and mindful of people's privacy when providing personal care.
- Care plans reminded staff of ways to promote people's dignity and privacy. For example, when preparing for a shower, 'I should be covered'.
- Staff wrote care plans in a positive way. They focused on the things a person could do independently rather than on the things they needed help with.

## Is the service responsive?

### Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- A relative told us that prior to the service supporting one person, "We gave [staff] lots of detail about the support [person] needs." An external care professional told us that staff, "seemed very aware of [person's] needs and respectful. [Person] seemed quite comfortable with them. I had no concerns."
- The provider had recognised that not all people's care plans were sufficiently detailed or up to date. Staff were in the process of reviewing people's care plans to address this shortfall. Care plans that had been reviewed focused on what people could do and informed staff of the support people needed to achieve this. Where possible, people were involved in this process.
- People were supported in a person-centred way. Staff clearly knew people well and people looked relaxed with staff.
- Staff encouraged and enabled people to be as active as possible. They arranged for people to take part in a range of individual and group activities in the community. These were based on what each person liked doing or wanted to achieve. For example, exercises such as swimming to help with weight loss, eating out, craft activities, and attending sports matches.
- Staff supported people to maintain relationships with people who were important to them. For example, one person's care plan reminded staff to wake a person earlier when their relatives were visiting so they were ready.

Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to people's family carers.

- People had access to information about the service in easy-read format.

Improving care quality in response to complaints or concerns

- The provider had systems in place, including a complaints procedure which was available in an easy read version, to deal with any concerns or complaints.
- People told us they were able to speak with staff if they were not happy about the service.
- The provider responded to any complaints they had received in line with their policy. A relative told us that they had noticed improvements after they had complained to the provider.

End of life care and support

- No one using the service needed end of life care at the time of our inspection and this aspect of people's lives had not been addressed.

- During our inspection the group supported living manager showed us information they were sharing with staff and planned to introduce over the next few months to address this shortfall.

## 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.

Good: 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; 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 liked the staff who supported them. Relatives said the staff and managers were approachable and available. One relative told us, "If all care packages were this good there'd been no problems."
- Communication with people, family and professionals was open and transparent.
- The provider had merged four organisations over the last 12 months. In that time managers had worked hard to promote the provider's core values. One manager told us, "We didn't want to disrupt front line services, we wanted them to be seamless. However, we had to make changes so the service met peoples' needs."
- Relatives and external care professionals said they had seen improvements in the service. One professional told us, 'Since Clearwater have changed their management structure things have significantly improved.' They explained that staff were supporting a person to better manage their health.
- Staff were passionate about providing people with a high quality, personalised service that was underpinned by the provider's values. A staff member told us, "The service users are at the centre of what we do."
- The registered manager had put systems in place to ensure legal obligations, such as notifying the CQC of important events, were carried out.

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

- People and their relatives were given opportunities to comment on the service provided regularly. This included formal reviews.
- In houses of multiple occupancy, people had opportunities to attend meetings to discuss and resolve any issues that had arisen.
- Staff attended regular staff meetings where they had opportunities to discuss their views on the service provided. They also attended one to one formal supervision as well as meeting with the registered manager and team leader regularly.
- People were as involved as they wanted to be in the local community. They used local shops, pubs, parks and other facilities as well as being involved in some local groups.

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

- The registered manager was on long-term leave at the time of our inspection. However, they were maintaining contact with the service and carrying out regular quality assurance audits. Team leaders were

reporting to the group supported living manager in the registered manager's absence. some teams were also receiving additional support from the registered manager of another service.

- Staff roles and procedures were clearly defined in the service. The provider had recognised the need to further strengthen the management in each staff team and had created additional senior support worker posts to provide support and accountability in each team.
- We received very positive feedback from staff in the teams where this had been implemented. One staff member said, "We have [senior support worker who] is absolutely fantastic. You go to [them] and say something needs doing and it gets done. I like working at [service]. The staff we have now are fantastic. There's new staff and new management and it's improved."
- There were systems in place to check the quality of the service. However, these had not always been effective. For example, a local authority identified that people's care plans were not of a satisfactory standard. The provider had responded quickly, and this shortfall was being addressed during our inspection.
- The provider had introduced a system of managers carrying out quality checks at each other's services. This had not yet been implemented in this service, but the group supported living manager told us there were plans to do so in the future.

#### Working in partnership with others

- Staff worked in partnership with other professionals to ensure people received joined-up care, such as GPs, community nurses, and others involved in a person's care.
- External care professionals had provided positive feedback to the service. One external professional told us, '[Staff] work really well with us. They really do try their very best for [person]. They ring me if they are concerned. They take all my suggestions on board. They always discuss any issues and we talk them through.'
- Two other care professionals commented on how much the service had improved in recent months. one said, 'General interactions with staff have improved and the new staff structure is having a positive impact. Management have attended meetings and have followed up on advice.'