

# Aldanat Care Limited

# Clearhaven

## Inspection report

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Date of inspection visit:

17 January 2019

21 January 2019

25 January 2019

01 February 2019

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04 March 2019

## Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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:

Clearhaven provides care and support for up to six younger adults (18 - 64 years) with mental health needs, living in a 'supported living' house and adjoining flat, so they can live as independently as possible.

People's care and housing are provided under separate contractual agreements. CCQ does not regulate premises used for supported living; this inspection looked at people's care and support.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

People's experience of using this service:

- One person described the support they received as, "A1 excellent."
- Staff supported people to keep safe, and acted when necessary to prevent any harm or discrimination.
- People were supported by staff who were skilled, highly motivated, kind, patient and compassionate.
- Staff knew people well. They had developed good relationships with people.
- People and staff praised the family atmosphere of the service.
- People were consulted over their care and support needs and actively encouraged to make decisions for themselves.
- Care plans were person centred. Staff were responsive in identifying and reviewing changes to support good physical and mental health.
- Staff supported people to improve their physical and emotional health through eating healthy, taking part in activities they enjoyed.
- The service was well run and had developed a good reputation with external care professionals in providing people with quality, flexible, care and support.

Rating at last inspection: This was the first inspection for this service.

Why we inspected: This was a planned inspection following their registration in January 2018.

## 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 caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was 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.

# Clearhaven

## **Detailed findings**

### Background to this inspection

#### The 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 checked 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

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

Clearhaven is providing personal care and support to younger adults with mental health needs, living in supported accommodation. At the time of our inspection they were supporting five people.

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:

We gave the service one day's notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be someone in.

Inspection site visit activity started on 17 January 2019 and ended on 1 February 2019. It included visiting the office location, visiting the supported living setting, and contacting six health and social care professionals (referred to as professionals in this report) to gain their views of the service.

#### What we did:

Prior to the inspection we reviewed any notifications we had received from the service. A notification is information about important events which the service is required to tell us about by law.

We asked the service to complete a Provider Information Return. This 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. We also reviewed any information about the service that we had received from external agencies.

During the inspection we spent two days at the location's office. We looked at records relating to three people's care, incident reports, policies and procedures, recruitment procedures, training records and complaints. We also looked at audits and systems in place to check on the quality of service provided. We spoke with the registered manager and five staff; services manager, senior support worker and support workers.

The manager arranged for us to visit the supported living service. This enabled us to meet everyone using the service, hear their views, and observe staff interaction.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People using the service knew who to contact if they felt unsafe. This included talking to a member of staff, or contacting external agencies direct.
- Staff knew how to recognise and protect people from the risk of abuse. One support worker said if a person raised concerns, it was, "Important to listen and ensure they had the facts right," and report it, "Always someone to go to."
- Staff had received training in safeguarding. One staff member said, "We did the training last week, good the way it brought out all the different types," of abuse that could occur.
- Safeguarding issues raised about the service, had not been substantiated. The registered manager used feedback following safeguarding investigations to review and improve their systems.

Assessing risk, safety monitoring and management

- One person said staff were good at, "Pre-empting risk," and taking action. Such as checking their shoe laces hadn't come undone, or offering assistance when going down steep stairways.
- Staff supported people to keep safe. Where people made unsafe decisions, staff spent time explaining why, and supported the person to minimise any associated risk.
- Personalised risks assessments demonstrated a good awareness of the risks associated with people's lifestyle, diversity, physical and mental health needs. This included risk associated with crossing roads, and using social media.
- Staff were aware of the approaches to use to reduce any anxieties or behaviours that impact on a person's wellbeing; based on what the person had told them worked best.

Staffing and recruitment

- Staff had been recruited safely to ensure they were suitable to work with people.
- People told us they were supported by the same group of staff, who they knew well.
- Staffing levels were flexible and able to support people's fluctuating emotional, physical and mental health needs.
- Sufficient staff were employed to cover the commissioned care hours. Arrangements were in place to cover absences by their own staff, to ensure it did not impact on people's continuity of care.

Using medicines safely

- One person told us staff were, "Very good," in assisting them with their medicines.
- Medicines systems were organised and people were receiving their medicines when they should.
- Staff received training in supporting people in a safe manner. Where people wanted to take homely medicines / supplements, staff checked with the person's GP to ensure it didn't impact on prescribed

medicines.

- The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

Preventing and controlling infection

- Staff had received training in infection control and knew how to prevent the risk of healthcare related infections spreading.
- Staff used good hand hygiene when preparing food, and personal protective equipment was available for personal care.

# 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

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

- Assessments of people's individual and diverse needs were in place, prior to the person using the service. This included visits to the service to meet people and staff.
- People benefited from having a mental health nurse and a social worker as part of the staff team assessing their needs. Their skills and knowledge of current best practice, enabled them to effectively communicate and support people during the assessment process.

Staff support: induction, training, skills and experience

- People were supported by skilled, experienced staff. One person singled out a member of staff who they described as, "Brilliant."
- Visiting professionals spoke positively about the skills of the staff, and their ability to provide safe, personalised care. One professional said they were, "Very happy with the quality of care," which was why they recommended the service to their colleagues.
- Staff induction procedures and ongoing training, provided staff with the skills and competencies to carry out their role effectively.
- A staff member new to care said, "I didn't know anything to start with." However, the induction and training they received had given them knowledge and confidence.
- Staff were given opportunities to review their individual work and development needs. A support worker said the provider, "Provides the training and anyone who wants to progress they will support you."
- Training was a mix of E-learning and face to face training delivered by the provider's in-house trainer. The registered manager said there was a strong focus on staff using scenarios from work, "Interacting continuously, that is what training is to me, so staff can relate it to the service."

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

- People complimented staff's cooking skills. One person said, "Everything is cooked from scratch, don't have ready meals here."
- There was a strong emphasis on encouraging / supporting people to eat healthily. One person said it had led to them losing weight which had benefited their health.
- People were involved in putting together the weekly menu choices, which incorporated their individual preferences.
- Staff were aware of people's likes and dislikes, adapting meals accordingly.

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

- Staff liaised with health and social care professionals to support people at risk of being undernourished, and acted on their recommendations.
- People said they were supported to attend health care appointments. Their care records showed the level of supported given, including staff following up on advice given.
- Staff knew people extremely well and ensured any changes in a person's physical and emotional health were noted and acted on in a timely manner.
- People said staff supported them to access healthcare services, and where applicable, would accompany them to appointments.
- People had a hospital passport which provided a good level of information to support health professionals in knowing about the person, especially situations which could make them anxious in a medical setting.
- Care records and feedback from professionals, showed staff liaised / advocated effectively with external professionals and specialists to ensure people received the right support.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible.
- Feedback from professionals and information in care plans, demonstrated staff's working knowledge of the MCA and how they put it into practice.
- The registered manager understood their responsibilities to apply for an Order from the Court of Protection as needed.

# 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

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 were supported by kind and compassionate staff. One person described the staff as, "Nice people," whose company they enjoyed. Another described the service was like living as one big family in a, "Lovely welcoming and warm place, very homely."
- Staff showed a genuine concern for people and advocated to ensure they were not discriminated against and had their rights upheld. This included where necessary, seeking external professional help to support decision-making.
- We observed staff supporting people to be fully involved in making decisions about their care. Their interaction showed that they had a good understanding of how a person's mental health could impact their decision making. This enabled staff to vary their approach to ensure people were fully involved.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. Staff were aware of issues which could impact on a person's privacy and dignity, and acted to reduce it happening.
- Where staff became aware that a person was discussing private issues in front of others, they supported the person to identify why it was inappropriate.
- People told us their care plans were locked away to ensure the information was kept confidential, but they could access them when they wanted. One person pointing to where information was stored, "Keep it in that cupboard, I have read it."

# Is the service responsive?

## Our findings

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

People received personalised care that responded to their needs.

The provision of accessible information:

- The service identified people's information and communication needs by assessing and recording the level of support a person required in their care plan. Staff demonstrated they had read and understood this information by providing examples of the range of support they gave, linked to the person's identified needs.
- These needs were shared appropriately with others. Such as the hospital passport, so health professionals are aware of the person's communication needs.
- Where staff had not heard about the Accessible Information Standard, the registered manager took action, during the inspection, by arranging training for staff.

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

- Staff were skilled in empowering people to have choice and control in planning how they wanted to be supported. Professionals said this resulted in the service being able to support people with complex needs, and achieve good results.
- One professional said the very personalised support people received had resulted in achieving, "Very good outcomes." Another described how staff worked in a very person-centred way, "Around the person." By offering choice, and building up the person's confidence.
- People's care records demonstrated their full involvement. The 'All about me' support plans, helped staff gain an understanding of how a person's circumstances and health, had impacted on their life.
- The registered manager spoke of the importance when setting goals and tailoring care plans, the focus was on supporting the person becoming what, "They deserve to be, not dominated by their illness." Goals were Reviewed and adapted, as a person's self-esteem, confidence and trust developed.
- The quality of the daily records kept were varied, with some information more focused on the care tasks, than the person's experiences. The service manager said this was an area they were working on with staff.
- People were supported in accessing the local community, maintaining friendships, participating in different sports, hobbies or interests, around their individual preferences.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and people knew who to raise any concerns to.
- The registered manager used feedback from complaints and concerns to drive improvements.
- Where people raised concerns, the registered manager used an honest and transparent approach. People were supported to raise any issues with staff directly, which enabled both views to be heard, and assisted in building the person's trust and self-esteem.

End of life care and support

- A professional described how staff had worked, "Above and beyond... Very attentive and very, very caring." Staff had advocated on the person's behalf, and worked with the community nursing team, to ensure the person received good end of life care, in their own home.
- There was no one receiving end of life care when we visited. The registered manager said it was not a usual occurrence in the age group they supported. Which was why extra support was given to staff from the hospice team and management to ensure staff were fully supported and did not impact on them providing personalised, quality care.
- Where staff had not provided end of life care before, they spoke compassionately on how the staff worked together, ensuring the person had a peaceful death. One staff member said, "I held their hand to let them know I was there."
- People's care records did not show any conversations had been held with people about their views around end of life care. Especially if they suddenly became unwell and unable to communicate their wishes. The registered manager said they would look into how they could incorporate this into people's care plans.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The manager who was also a director, was registered with the CQC to manage two locations; a nursing home and this service. Aware they couldn't be in two places at once they told us, "One of the best things I did," was to employ a service manager for the supported living service. This ensured both locations had a, "Good role model," providing any required direction to staff in promoting high quality care.
- The registered manager and service manager had a good oversight of what was happening in the service, and demonstrated an in-depth knowledge to support quality mental health care.
- The management team were very passionate about the care people received and had a good physical presence, promoting open communication.
- Staff felt listened to and supported by the provider. Their enjoyment of their job, contributed to good morale and team working. A support worker commented, "Lovely place to work...you're not just a member of staff, the level of degree we go to support [people using the service] shows we like our work." Another said, "Very approachable, if you have any problems will listen to you."

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

- There was a clear organisational structure. Staff were aware of their roles, which was set out in their job descriptions.
- Management and staff were highly motivated, and shared the same values of putting the person first.
- The registered manager said by focusing on people receiving quality responsive care, had impacted on some of the quality assurance audits, including checking their policies and procedures were kept up to date. To address this, they were going to increase their management structure to include a compliance manager.

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

- People and staff were actively engaged in developing the service; through surveys, meetings and feedback during day to day support.
- Planned reassessment visits, enabled a new person to experience the service and meet and assess their compatibility with others. Where we heard staff asking people their views, they were positive. One person said they had, "Trust in [service manager] knows who will fit in here."
- Staff's knowledge of people, their behaviours, verbal and non-verbal body language supported them in effectively adapting their approach when seeking their views, to ensure people's voices were equally heard.

- The service had a good reputation with social care professionals and commissioners of the service.
- Staff were aware of external community and voluntary organisations and supported, where applicable, people to connect to improve their health and wellbeing.