

# Clearwater Care (Hackney) Limited

## Harold Lodge

### Inspection report

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Date of inspection visit:  
28 November 2022  
06 December 2022

Date of publication:  
23 January 2023

### Ratings

Overall rating for this service	Good ●
Is the service effective?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Harold Lodge is a care home providing care for 4 people. At the time of our inspection there were 4 people using the service. The home is on 2 floors, bedrooms are on the ground floor and the 1st floor. Other facilities such as the kitchen and lounge area are on the ground floor.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and 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 supporting people with a learning disability and autistic people and providers must have regard to it.

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

#### Right Support:

The service supported people to have the maximum possible choice, control and independence be independent and they had control over their own lives. Staff supported them in the least restrictive way possible and in their best interest; the policies and systems in the service supported this. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. Staff enabled people to access specialist health and social care support in the community.

#### Right Care:

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.

#### Right Culture:

People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes.

The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.

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

### Rating at last inspection and update

The last rating for this service was requires improvement (published 10 February 2020) and there were

breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we made 2 recommendations, for the provider to seek guidance on reviewing care plans and good governance, the provider had made improvements in these areas.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We carried out an unannounced comprehensive inspection of this service on the 28 November 2019 and the 02 December 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve practices around the area of consent.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions, Effective, Responsive and Well-led which contain those requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Harold Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service effective?

Good ●

The service was Effective.

### Is the service responsive?

Good ●

The service was Responsive.

### Is the service well-led?

Good ●

The service was Well-led.

# Harold Lodge

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of 1 inspector.

#### Service and service type

Harold Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Harold Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person living at the home and 2 relatives. We spoke with the deputy manager, 1 support worker and the registered manager. We observed people and staff interactions throughout the day. We reviewed 2 people's care records including risk assessments and 2 staff files in relation to training and induction. We also reviewed a range of management records including staff training and supervision, medicines, and complaints

# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental capacity assessments (MCA).

In care homes, and some hospitals, 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection the provider failed to follow the Mental Capacity Act principles. This was a breach of regulation 11, consent, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- The provider was working within the principles of the Mental Capacity Act 2005. The provider had up to date DoLS authorisations in place for 3 out of 4 people whose liberty was restricted. A fourth application for 1 person who had recently moved to the home, had been made to the local authority. The outcome was not known on the day of the inspection We saw best interest meetings had taken place for 4 people.
- A relative told us they were involved in their family member's care and had calls about consent on a regular basis. In 1 example the home arranged for the medical team to call and include the family member as part of the consultation process. The family said although they now live far away this was like sitting in the same room as the person and hearing everything first hand.
- We observed staff interact with people, staff asked the person's permission before providing support. Staff had a good understanding of the person's body language and communication needs. One staff said, "Some

[people] have some understanding about consent and communicate well. You need to give [person] options and communicate well with people, they will give you the okay or not."

- Records reviewed showed staff had received training in the Mental Capacity Act and DoLS. This enabled them to have a good understanding about consent and supporting people in their best interests.

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

- People's needs were assessed before using the service.
- The provider had carried out a care needs assessment prior to people moving into the service, families and social workers were involved in these assessments. The assessments covered areas such as domestic skills, personal care needs, support for people who may become anxious, psychology and emotional needs, sensory and communication needs. A detailed care plan was developed, and hospital passports were in place to help professionals support the person if they went into hospital.
- Care records reviewed reflected people's needs, likes and preferences were recorded.
- Care staff knew people well and were able to describe people's support needs as they are outlined in their care plan.

Staff support: induction, training, skills and experience

- Staff had suitable training to carry out their role and training considered mandatory by the provider. Training included some areas such as first aid, fire safety, epilepsy, food hygiene, learning disability awareness, safeguarding, medicine management and the Mental Capacity Act 2005.
- Staff told us they felt supported by their manager and they had regular one to one meeting. Topics covered were health and wellbeing, changes to the service, key working, medicine and training. Staff had an appraisal annually. Regular team meetings took place. Records reviewed confirmed this.
- Staff completed an induction into the service, which was comprehensive covering all aspects of care delivery. Staff shadowed experienced staff to get to know people and how best to support them.

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

- People's nutritional and hydration needs were met. People's eating and drinking needs were assessed and health care professionals were involved where special dietary needs were identified. Staff were supporting people to maintain a balanced diet. Care records and daily notes showed that where people may struggle with their eating habits, staff would redirect the person to a different activity such as music or sensory play. We observed these techniques being used on the day we visited the service. People responded very well. People had access to drinks and snacks whenever they wanted them.
- During our inspection a new kitchen was being installed. This meant people were having a mixture of home cooked meals using the facilities next door, (same provider) or having takeaway. The planned works would take up to 1 week to finish. People dealt with the change very well, as staff patiently explained the reason for the disruption.
- People had choices of food and menus that were on a board had pictures for people to use if needed.
- People went out for lunch on the day of our visit due to the kitchen being out of action. People told us either through their body language or by saying "yes" they were happy with this option.
- The team had a wellness and nutrition meeting for people who wanted to manage their weight. This was done on a regular basis; the focus for the discussion was around encouraging health eating and balancing the person's independence.

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

- The provider worked with other agencies including the multi-disciplinary team, this also included a specialist team supporting people with a learning disability. This helped to ensure people's healthcare



needs were met.

- Care records showed that people had access to a range of health care professionals such as the GP, nurse, psychologist and dietician. Health care actions and outcomes were recorded in people's care records. This meant that people received medical interventions in a timely manner.
- People had hospital passports in their files. This is a document that outlines vital information about a person's medical history and any known allergies, as well as details about their preferred method of communication and any medicine they are taking. This enables medical teams to have a better understanding of a person's needs if they were to go into a hospital setting.

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

- The layout and environment of the home was suitable for people's needs; each person had their own bedroom, and a private bathroom. Bedrooms were spacious and personalised. The home was nicely decorated and there was a sensory room for people to access if they wanted to. The home was well maintained.
- People were happy to show us their bedroom. People expressed that they were happy with their bedroom through their body language, for example, giving the thumbs up sign when asked if the room was nicely decorated..
- There was an outside space for people to sit when the weather is good.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection we recommended the provider seek guidance about reviewing care plans. The provider had made improvements.

- People's care plans were personalised. The provider used person centred approaches to capture information about people's choices and preferences. Care records reviewed confirmed this.
- Staff told us they knew people well and understood the way in which people liked to be supported.
- We observed people being offered choices such as activities. For example, 1 person was offered a music session as this reflected their interests.
- People learnt everyday living skills and understood the importance of personal care. One person showed an interest in making things, so the staff team were actively looking for a course or volunteer work for the person.
- The registered manager had implemented a goals board for people living at the home which was regularly updated and reviewed. These goals were reflected in people's care plans and included things people wanted to achieve, such as 1 person who wanted to visit their family before Christmas.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and different communication systems were used to support people, for example, verbal communication or the use of Makaton. Makaton is a communication system using sign language to express communication needs, pictures, objects of references and body language. This helped people know what was likely to happen during the day and who would be supporting them.
- We observed positive interactions between staff and people. Staff used different methods of communication, for example, during our visit staff used the Makaton sign for "thank you" when speaking to 1 person. Staff also used some key words or phrases when speaking with people keeping sentences short and clear in line with their care plans.
- Communication assessments in care files had comprehensive details for staff and provided guidelines for staff to follow, including ways to approach people.

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

- People had individual activity plans in place which included social activities. These activities were based on people's interests.
- A relative told us that the home is in regular contact and keeps the family up to date. The person living at the home was able to make the trip to visit their family, as it was a long drive, this was arranged by the home. The relative praised the staff for arranging this trip.
- Staff told us that families could visit whenever they liked. Care plans and daily notes reviewed showed people-maintained contact with their families.
- People took part in community activities. Some people went out for lunch and a walk on the day of our visit.

Improving care quality in response to complaints or concerns

- The provider had an effective complaints process in place.
- A relative told us, "I have no problem with this home, and yes I would make a complaint if I needed to, I would speak to any of the team as they are all lovely."
- Staff told us they would raise any concerns with the registered manager, and these would be addressed.
- The registered manager had a complaints log in place, complaints were logged, and actions/outcomes were recorded.

End of life care and support

- The provider had an end of life policy in place; however, no one was in receipt of end of life care at the time of our inspection. The registered manager told us this is an area they needed to consider and make some plans for people in the near future.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we recommended the provider seek guidance about good governance. The provider had made improvements.

- The registered manager was clear about their role. They understood the need to lead by example and offer the team support. The provider had a quality assurance system in place, to ensure that the quality of care was monitored on a regular basis. For example we saw evidence of medicine checks done weekly and monthly, care plans were checked and reviews had taken place. There was a cycle of audits that took place on a regular basis.
- The registered manager understood what notifications to send CQC.
- The provider had action plans in place following audits. This was to ensure the service developed and made changes to improve the delivery of care.

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

- The provider promoted an open and honest culture in the home. Staff told us they could raise concerns or make suggestions for improvements and these would be addressed.
- Staff told us they felt supported, listened to and valued by the management team. One staff member said, "I am proud to say we have the best manager (registered manager) on earth, we can talk to them about anything they are always available and supportive. They are here all the time, we are very well supported, I feel valued and if any concerns they would be addressed."
- Staff encouraged people to be active in the community. Outcomes were clear and recorded in care plans. Care plans were person centred and people were supported in a person-centred way.

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 had a good understanding of the duty of candour and the need to be transparent.
- We could see from the complaints made to the registered manager that some issues of concerns had arisen from a neighbour. The registered manager had dealt with this issue in a timely manner and had sent

an apology letter to the neighbour, who was satisfied with the resolution.

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

- The provider involved people and staff in the service through feedback and surveys which had been sent out to get people's views. The last one had been sent out prior to our inspection and the date for closure was the 9 December 2022.
- A relative told us they were very happy with the home and staff. They had no concerns about their relative and felt fully involved in their care. They felt the best test was when they saw their relative interact with the support staff, they knew the [person] was very happy and safe. Another relative said they were not always happy with the level of communication with the home,. We spoke to the registered manager about this and they said they would arrange a meeting as soon as possible.
- People had regular key worker sessions. These were recorded and decisions were made in some people's best interest. For example, 1 person's food menu choices were reviewed to ensure they had the right balance of meals, to support them to manage their weight. Other people wanted to see family more often which was acted on by the provider.
- The provider considered peoples protected characteristics when providing care. For example, care plans had records about people's background including the person's culture and religious needs. One person attended a place of worship and took part in regular religious festivals; this was important to them.
- We saw a sample of a survey that had been sent out to people in 2021. Overall there was a positive response to questions such as, "Do you like living here?" or "Are you involved in your care plan?". There was also a picture version available for people if they preferred this option. One relative did say they did not feel the home did enough to involve them in care planning. We spoke to the registered manager about this and they intended to address this with the relative.

Working in partnership with others

- The provider worked in partnership with health care professionals including the GP, the multi-disciplinary team, a dietician, a physiologist and a nurse. This was to ensure people had the right level of support.
- The provider also worked alongside social workers and the local authority.