

Clearwater Care (Hackney) Limited

Fairkytes

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced inspection took place on 29 December 2017. At our last inspection in November 2015 the service was rated Good. Following this visit we found the service remained "Good."

Fairkytes is a care home that accommodates up to four people in one adapted building. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. On the day of our visit there were four people using the service one of which was on respite and another away with their family.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe. Staff had attended safeguarding training and were aware of the systems in place to report any allegations of abuse.

Recruitment processes remained robust and ensured all the appropriate checks were completed before staff were employed. Rotas and our observations noted sufficient numbers of skilled staff were deployed to ensure people's needs were met safely.

Medicines were managed safely and any anomalies or discrepancies were quickly rectified to ensure people received their medicines as prescribed.

Risks to people were assessed and appropriate steps were in place to mitigate any identified risk. Similarly incidents and accidents were monitored to ensure staff learnt from them.

People were protected from the risks of infection because staff had attended the necessary training and followed infection control guidelines.

People were supported by staff who had regular appraisals, supervision, training and meetings in order to ensure they were able to support people effectively. Staff were aware of the Mental Capacity Act 2005 and how they applied it in practice. They told us that any unnecessary restrictions were avoided.

The service continued to be caring and responsive to people's needs. People told us they were treated with dignity and respect. Care plans were pictorial, individual and depicted people's social, physical, emotional needs. Special effort and attention had been made to ensure information was accessible and in format people could understand.

People were enabled to access health care services when required. They were also supported to maintain a balanced diet that met their individual preferences.

People were able to express any concerns. The complaints process in place was comprehensive and available in a format people could understand.

People and staff told us the service was well-led. Their feedback was listened to and considered in the way in which the service was run. There were effective quality assurance systems in place to ensure the quality of care was improved.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Fairkytes

Detailed findings

Background to this 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 was planned to check 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.

This inspection took place on 29 December and was unannounced. The inspection was completed by one inspector.

Prior to the inspection we looked at past reports and notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted the local Healthwatch, commissioners and safeguarding team, to get feedback about the service.

We used information the provider sent us in the Provider Information Return. This is 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.

During the inspection we spoke with one person. A second person could understand us and used non-verbal responses to communicate with us. We observed another two people who were unable to communicate with us verbally. We spoke with the registered, manager and two care staff. We reviewed two care plans, two medicine administration records, three staff files including recruitment, appraisals and supervisions. We also looked at staff meeting minutes, resident meeting minutes, and quality assurance audits and cleaning schedules.

Is the service safe?

Our findings

People told us and we observed that they were supported safely. One person said when asked if they felt safe responded, "Yes very safe." Staff were aware of the safeguarding procedures in place. They had attended safeguarding training and were aware of how to recognise and report abuse. One staff member told us, "We report any safeguarding incident to the manager and ensure incident and accident form and a body map are completed." We reviewed all the safeguarding incidents that had taken place since our last inspection and found appropriate action had been taken to reduce the risk of the events occurring.

People continued to receive their medicines safely from staff who had been trained and assessed as competent, as confirmed by staff we spoke with and records we reviewed. We observed people receiving their medicines at the prescribed time. We found regular medicine audits had been completed to ensure medicines were stored handled and administered safely. We saw room temperatures were monitored to ensure that they did not go above the manufacturer recommended temperatures for the safe storage of medicines. Staff told us and we saw records to confirm that regular stock counts and daily controlled drug checks were completed to ensure that inventories were correct. Where discrepancies were found this was investigated and resolved.

We reviewed medicines administration records and found them to be accurate. We also saw records to confirm when specialist doctors had reviewed people's medicine to ensure there were on the right doses.

There continued to be comprehensive risk assessments that were known by staff. These were updated regularly to reflect the actions staff would take should the risk occur. The identified risks were also colour coded to help staff easily recognise at a glance the more severe risks. One staff member told us "The risk assessments are very useful as they explain exactly how to help people calm down." Risks assessments were for when people went outdoors, choking, moving and handling and for behaviours that challenged the service,. We saw that risk assessment were implemented in practice. For example, we saw a person on one to one supervision as there had been risk assessed for this due to behaviours that put them at risk. Staff told us this was done to protect the person's safety and also the safety of other people using the service.

People were protected from the risks of infection because appropriate guidance was followed. Staff had received infection control training and were observed to be wearing protective clothing and washing hands before and after delivering support to people. The registered manager completed infection control audits to ensure best practice guidelines were followed. If any actions were identified these were feedback to staff and corrected. Substances hazardous to health were kept securely within a locked cupboard in order to minimise the risk of people using them inappropriately.

The premises were clean and there was a plan in place to replace some flooring in some of the bedrooms. Regular health and safety checks and fire drills took place in order to ensure people were protected from harm. Staff and records confirmed that daily health and safety checks took place and fire drills took place regularly. There were personal evacuation plans in place to ensure staff knew how to support people to evacuate in the event of a fire.

There were enough skilled staff to support people. People when asked if there were enough staff to supported them responded positively by pointing or smiling. We observed staff respond promptly to people's requests to go out or to participate in activities. We reviewed rotas and saw that staffing levels were consistent with what staff and the management told us. They showed a mixed skill set with the registered manager and a team leader available every week day. Staffing was the same at weekends with the exception of the manager who was available in an emergency. Staff told us and rotas confirmed the manager always came in at week ends and bank holidays if they were short. Absences were covered by other regular staff to promote continuity of care and make it easier for people who used the service as they preferred familiar faces.

There continued to be robust recruitment checks to ensure staff employed were suitable to work in a health and social care environment. Staff folders evidenced that two references, qualifications, identity checks and Disclosure and Barring Service checks (checks made by the employer to see if staff had previous convictions) were completed before staff started to work at the service. This meant people were supported by staff that had undergone the necessary checks to ensure they were able to support them safely.

Is the service effective?

Our findings

People told us they were happy with the staff that supported them. They knew them by name or by sight. When asked if they liked the staff one person nodded in agreement and another smiled. Before people started to use the service a comprehensive assessment took place to ensure the service was able to meet the person's needs. The assessment included medical history including all health care professionals involved in supporting the individuals. This included physical, social, emotional needs and personal outcomes. Where possible several visits were arranged for the person to come and visit the service a few times to enable them to transition safely.

People were supported by staff who had received the necessary training and support to enable them to provide support effectively. We observed staff interacted with people throughout the inspection and were aware of what people's non-verbal expressions meant. We reviewed records and found annual appraisals, regular supervisions and team meetings took place to ensure staff were up to date with practice. Supervision included reflections on what went well and areas for development. One staff member told us, "Supervisions are very helpful. It's a two way process so that in my opinion is very good." Appraisal records showed people's objectives and any training they wanted to pursue were discussed.

There was a comprehensive induction program which staff found helpful. One staff member commented, "The induction was very good. It involved shadowing which was quite good as it gave me a chance to get to know people." We saw a training matrix that was used to ensure that staff were kept up to date with best practice guidelines. Training included, safeguarding, infection control, epilepsy, first aid, food hygiene and health and safety. Training was a mixture of online and classroom based and tested staff understanding of concepts learnt.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found staff had attended appropriate training and were able to explain how they applied the MCA in practice. Where people had DoLS authorisations in place CQC had been notified and staff were aware of the specific conditions in place. The registered manager had a system in place to ensure where applicable DoLS applications were completed in a timely manner. Records showed that people had comprehensive capacity assessments for specific decisions.

People's rights to make their own decisions were protected. Staff were aware of the need to gain consent from people before they delivered support. Throughout the inspection we observed staff listening and waiting for people to give their consent before supporting them to join in activities or with personal care.

People were involved in choosing their meals and staff supported them to ensure they had a balanced diet. Staff told us and we saw that meetings were held weekly where people decided what they wanted to eat for the week. On the day of our visit we saw people chose what they wanted to eat for lunch, supported by staff. Throughout the inspection people had access to hot and cold drinks and snacks as and when they wanted. We observed people ate all their food. Staff were aware of peoples dietary requirements and were also aware of the strategies in place to encourage people to eat.

People were supported to access healthcare services and maintain their health. We saw several records to evidence that people were supported to see the dentists, chiropodists and GP. A healthcare professional told us they had no problems with the service as they always ensured people kept their appointments. We saw staff followed the dietitians instructions about special diets.

Is the service caring?

Our findings

People were supported by caring and kind staff who knew them well. People could not always give us feedback about how staff treated them beyond the interactions we saw during the inspection. We observed positive body language for example one person ran towards a staff member that had just come on afternoon duty. People were comfortable and relaxed amongst staff. We observed staff speaking at appropriate tones, using body language, pointing and speaking slowly in order to engage with different people.

Care plans ensured support needs outlined the diverse needs of people including, gender, disability, religious beliefs and culture. Sexuality was discussed and strategies were in place to enable people to express themselves as desired. Staff were aware of people's likes and dislikes and could show us how they respected these on a daily basis.

People were treated with dignity and respect. A person when asked if they were treated well responded by smiling. We observed staff giving people space especially when they were on one to one observation in order to minimise agitation. Similarly, where required people were supported discreetly when they needed continence support. We saw staff being attentive and responding to people's calls for assistance promptly.

People's right to confidentiality was respected as their records were stored discreetly. We also observed staff answering the phone and ensuring they did not divulge any information. Records also contained details of which people had agreed to share their personal information with.

People were supported to be as independent as possible. Staff told us and records confirmed that people who were incontinent when they started to use the service were now continent. This had been achieved over a long period of time with lots of encouragement from members of staff. People were also encouraged to complete tasks such as hoovering and laundry especially when they were aiming towards moving onto independent living. We also saw a support plan in place to help a person manage their money and daily logs reporting on their progress with budgeting.

Is the service responsive?

Our findings

People told us staff were responsive to their needs. This resulted in good individual outcomes and improved quality of life. We saw an example of a person who was now transitioning and making regular visits to their soon to be new home at a supported living service. This person had made significant progress and was about to achieve their personal outcome of moving on to more independent living. Staff spoke about people's achievement with pride. One staff member told us, "It's so fulfilling to know you have helped make a difference in someone's life. Seeing people become more confident and independent is rewarding."

We found that support plans were discussed with people and their relatives and reviewed every six months or as and when people's condition changed. These included sections entitled "My life History", "How to support me", "Health Action Plan" and communication passports. Communication passports detailed what different body language meant for different people. For example, one said, "May use photos and objects at times to communicate." Care records were person centred, contained clear outcomes and were written in the first person as a way of demonstrating the individual's needs. They were all pictorial and included holistic outlines of people's life.

We observed that people chose what they wanted to do. Activities were led by people and were flexible in order to meet people's needs. We saw a person use the sensory room when they wanted. The same person was seen by the computer as staff said and care records confirmed they enjoyed spending time on the computer. We observed people went outdoors into the garden when they wished. Staff told us they took people out into the community. This was confirmed within the daily records and individual pictorial activities calendars we reviewed.

People were encouraged to keep in touch with their families. One person's relative visited weekly as confirmed by staff and visitors sign in records. The registered manager also drove two people regularly throughout the year in order for them to maintain meaningful contact with people that mattered to them.

People were able to express any concerns freely. When asked if they could complain up two people responded by smiling indicating a positive response as outlined in their communication passports. There was a comprehensive user friendly complaints process which was known by people, relatives and staff. The complaints process was displayed within the service so people could easily access it. Staff told us they would support people to make a complaint or get an independent advocate where required. We reviewed the complaints log since the last inspection and found they were resolved in line with the procedure. Minor concerns such as food were addressed promptly on the day the registered manager had been informed.

We saw comprehensive end of life care plans where people had agreed or were able to discuss this. These were specific and detailed. For example one read, "I would like to be buried in my [Football Team Name] T-Shirt. I would like a church followed by everyone coming back to Fairkytes." Staff told us they were aware of respecting people's wishes when they were towards the end of their life. One staff said, "It will be important to ensure someone is with them all the time during their last days to ensure they are comfortable."

Is the service well-led?

Our findings

People and staff told us the registered manager was very visible and hands on. One person said, "[Manager] is very good." We observed the registered manager interacting with people and being attentive to people's verbal and non-verbal cues. All the registration requirements were met. The registered manager ensured we received all the notifications of events and incidents they were required by law to inform us of.

People, staff and their families continued to report that the service was well-run and that they could call on the registered manager at any time for support. One relative reported. "We are always kept updated and in regular communication with the manager and keyworker." They reported an open and transparent culture where they felt involved in how the service was run. This was evidenced by the amount of time we observed staff and people freely go in and out of the registered manager's office.

The registered manager continued to audit the service and submit weekly reports to senior management. We saw monthly reports of quality audits that included various aspects of care such as incidents and accidents, infection control and medicines managements. We also saw tools specifically to monitor and manage and improve behaviours. All the above had action plans in place where any areas for improvement had been identified with timescales.

Staff remained motivated and told us and we saw evidence of initiatives such as "employee of the month". The employee of the month had a picture displayed at the entrance with a description of what they had achieved. Staff told us they were happy with the recognition they received when they went the extra mile to support people.

People were enabled to express their views during weekly meetings and monthly keyworker review meetings. One person when asked if they had meetings responded "yes". These were all documented in a pictorial format that people could understand. We also saw satisfaction surveys completed by people and their relatives and saw actions had been taken to make any improvements. For example, the flooring in some bedrooms was scheduled to be replaced as people had requested this.

The service continued to ensure that people's records were up to date and reflected their individual support preferences. Other records relating to the running of the service such as insurance policies, health and safety checks staff records were stored securely and kept up to date. Policies were also in the process of being updated to reflect the new provider's values and vision.