Klearwater Adults Services Limited

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Inspection report

43 Leander Road
Thornton Heath
Surrey
CR7 6JY

Tel: 02086832960

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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

We visited Klearwater Adult Services Limited on 29 September 2016. The inspection was announced.

The service provides residential care for up to three adults with learning disabilities. At the time of our inspection there were two people using the service.

The service had a registered manager. 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.

Relatives of people using the service and staff told us people were safe. Staff had completed safeguarding training and knew how to recognise abuse and report safeguarding incidents. They were aware of how they could escalate concerns. Handovers took place between shifts to ensure staff had the most up to date information about people using the service. The service was a safe place for people, visitors and staff as the building and equipment used was well maintained. People's needs were assessed and supported with relevant risk assessments. There were sufficient numbers of staff to meet people's needs and safe recruitment procedures were followed. People received their medicines as prescribed and at the right time. Medicines were stored and managed appropriately.

Staff had the skills, knowledge and experience to deliver safe and appropriate care and treatment. Staff received regular training and support through supervision meetings with the manager. Mental capacity assessments were completed when necessary to establish each person's capacity to make specific decisions. People had a healthy diet and were supported with their healthcare needs.

Relatives commented positively about relationships between people using the service and staff. Relatives lived locally and there were no restrictions on visits. People and their relatives were involved in their care and support. People using the service were supported by a keyworker. People's choices and preferences were taken into account. Staff treated people with dignity and respected their privacy.

People received personalised care that was responsive to their needs. Care plans used person centred terminology and focused on meeting each person's needs. People using the service benefited from a range of activities that enhanced their quality of life and reduced the risks social isolation. There were systems in place to listen to and obtain feedback from people and their relatives. Relatives were confident that they could raise concerns with staff or the manager.

Staff spoke positively about the manager and were confident they could raise any concerns or issues. Staff meetings were held on a regular basis. The service had a system of checks, reviews and audits to assess, monitor and improve the quality of service they provided.

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. Staff understood how to safeguard adults in their care. The building and equipment were well maintained. There were risk assessments in place to manage risks to individuals and to the service. There were sufficient numbers of suitable staff to meet people's needs. Medicines were managed safely.

Is the service effective?

Good

The service was effective. Staff were supported and developed with regular training and supervision meetings. People had a healthy diet and were supported with their healthcare needs.

Is the service caring?

Good

The service was caring. People's relatives commented positively about staff and the care and support provided. People and relatives were involved in their care and support. Staff respected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive. People received person centred care and benefitted from a range of activities. People and relatives were able to provide feedback about the service. Relatives were confident they could raise concerns with staff.

Is the service well-led?

Good

The service was well-led. There were regular staff meetings. There were systems in place to assess, monitor and improve service provision.

Klearwater Adult Services Limited

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 September 2016 and was announced. The provider was given 48 hours' notice because the service was a small care home for people with learning disabilities and we needed to ensure people were present when we arrived.

The inspection was carried out by an adult social care inspector.

Before the inspection we reviewed records we held about the service including details of registrations, notifications and safeguarding records.

During the inspection we spoke with the manager and a member of staff. We looked at all of the care plans and associated documents. We looked at various documents in relation to the carrying out of the regulated activity.

After the inspection we spoke with relatives of the two people using the service. We spoke with two more members of staff and obtained general feedback from two professionals with experience of the service.

Good

Is the service safe?

Our findings

Staff had completed training to safeguard adults. They were able to recognise different types of abuse and knew the procedures for reporting any concerns or escalating concerns to an external body. We saw records of handover sheets. Handovers took place between shifts to pass on information about how people were feeling and behaving and any incidents that may have occurred. The handover sheets also recorded staff roles for the shift and details of any activities or appointments.

The service provided a safe and comfortable environment for people, staff and visitors. We checked the interior and exterior of the building, the rear garden and equipment used in the provision of the regulated activity. The building was well maintained. There was a record of safety and maintenance certificates that covered facilities such as gas, electrics, fire safety. The service had general risk assessments in place for the building, fittings, equipment and outside spaces. Appropriate fire safety systems were in place and periodically tested at appropriate intervals. We saw records of fire alarm tests and evacuation drills.

We found that care and support plans for people using the service were linked with relevant risk assessments. These assessments reflected the needs and goals of each individual and covered a wide range of risks. For example, one we examined addressed the potential hazards around one person preparing food by clearly identifying the risks involved and providing guidance for staff to minimise them. Other risk assessments followed the same framework.

Risk assessments took into account people's preferences and their daily lives. For example, there were numerous risk assessments around the various activities people were involved in. Risk assessments were reviewed at the same time as care plans or in response to any changes or incidents. Relatives were invited to periodic reviews of care plans and associated risk assessments to contribute to the process and to support people to express their views.

We found there were sufficient members of suitably qualified staff to meet people's needs. The staff we spoke with were happy with the staffing numbers. The service did not use agency staff. Short notice absences were covered by permanent staff including the manager. The manager told us sickness levels were very low amongst staff. Planned absences such as leave or training were accommodated within the staff rota. Members of staff were experienced and appropriately qualified in adult social care.

We looked at staff records and found there were recruitment procedures that ensured only suitable staff were employed. We saw there were identification documents and references. Each member of staff had been checked to an enhanced level with the Disclosure and Barring Service. These checks identify people who are barred from working with children and vulnerable adults. They also informed the provider about any criminal convictions.

Medicines were managed safely. We looked at how medicines were stored and records of medicines. We found medicines, including controlled drugs, were stored securely and appropriately. Medicines records

were correctly recorded. We examined the medicine administration records (MARs) for people using the service The MARs were up to date and had been completed correctly. Medicines were administered by staff who had completed appropriate training and were assessed as competent to do so. Medicines were audited once a month.

Good

Is the service effective?

Our findings

People were supported by staff with the knowledge and skills they required to carry out their role. The manager told us new employees completed an induction course. The induction was based on the Care Certificate which explicitly sets out the learning outcomes, competences and standards of care expected to ensure staff are caring, compassionate and provide quality care. Although existing staff were qualified to a higher level they had all completed the Care Certificate. One member of staff we spoke with told us they had completed a two week induction when they joined the service.

We checked the training matrix and staff records and saw staff regularly completed training and refresher training relevant to their roles. We found staff had a range of qualifications including National Vocational Qualifications (NVQ) Levels 2 and 3 in Health and Social Care. The provider provided staff with support to take further qualifications that would improve service provision.

Staff confirmed they were supported by the provider to obtain further skills and qualifications relevant to their roles. One person was in the process of completing a Level 3 qualification in health and social care under the Qualifications and Credit Framework (QCF). QCF is the national credit transfer system for education qualifications and replaced NVQ qualifications.

Staff were supported with supervision sessions every four to six weeks. In addition to discussions about performance and development the supervision sessions were used as an opportunity to raise points of learning and discuss service issues. Staff found the supervisions were useful. One member of staff told us the manager gave them pointers on areas where they could improve and found supervisions to be a positive experience. We looked at records of supervisions in staff records which confirmed what we had been told.

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 when this is in their best interests and legally authorised under the MCA. The application 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 the service had completed decision specific mental capacity assessments and held best interests meetings. Appropriate representatives were involved in decisions about people's care and treatment and supported people to express their views. At a meeting in May 2016 for people using the service and their relatives the manager talked about mental capacity assessments, DoLS and Independent Mental Capacity Assessors (IMCAs) to

raise awareness. The service had made two applications for DoLS authorisations.

We found people had sufficient food to eat and liquids to drink. People's nutritional needs were addressed in care plans and risk assessments. For example, we found one person was prone to put on weight when prescribed certain medicines. People were able to choose what they wanted to eat. We checked food supplies in the kitchen and noticed there was a plentiful supply of various fresh vegetables. Records of what people ate and drank were recorded daily in a food diary and on a fluid chart. We spoke with family members. One told us they had noticed their relative had 'bulked up' and seemed to be enjoying their food.

People were supported with their healthcare needs. People were weighed once a month to identify any marked changes in weight that might reflect a poor diet or indicate an unknown condition or illness. People were registered with a local GP. We saw evidence of visits to other healthcare professionals such as the dentist. Most of the information about healthcare needs were recorded in people's Health Action Plans which were reviewed every six months or in response to changes in people's needs.

Good

Is the service caring?

Our findings

We spoke with relatives of people using the service who commented positively about care staff and the manager. One person told us, "I'm really happy with the staff there, they take good care of [my relative] from what I see and they should get credit for it." Another person told us, "The staff are good with [my relative]." We spoke with staff who were clearly passionate and enthusiastic about providing care and support in the service. We found staff had a detailed knowledge about the needs of people using the service, their risk assessments and their day to day preferences.

The comments of relatives and our observations of and conversations with staff showed staff were caring. There was a pleasant and calm atmosphere during the inspection. People were referred to by their preferred first name. Staff joined people for the evening meal where they could encourage communication. Staff used appropriate and enabling positive language when speaking with people and talking with us.

People and their relatives were involved in making choices about their care and support. Care records clearly recorded people's preferences and provided guidance to staff to ensure these preferences were met wherever possible. Some people were unable to express their preferences verbally. A member of staff explained how one person was able to communicate their preferences other than verbally. For example, pointing to what they wanted to wear, responding to short questions through body language and sounds, using picture books to ask and answer questions. People were listened to and given the time by staff to communicate in their preferred way.

We saw records where people had been supported or represented by family members in reviews of care and support and in response to specific incidents. Relatives were welcomed by the service and encouraged to visit regularly. There were no restrictions on visiting times. They were encouraged, where appropriate, to be involved in people's care and support. One member of staff told us people using the service and their relatives were local and 'popped in anytime.' People and relatives were informed about advocacy services and how to access them. The service was able to support people and relatives to take initial steps around advocacy if so required.

People were assigned a key worker from the staff team. The key worker was an experienced member of staff who provided people and relatives with a known point of contact they could approach with any concerns or problems. Keyworkers attempted to build a relationship with a person in order to really get to know them as an individual. They also provided support with more practical aspects of daily living. One member of staff told us, "It makes you get closer to a person, get to know their needs, what makes them happy and help them develop their independence." The keyworker produced a detailed monthly progress report that was shared with the appropriate commissioning bodies and health and social care professionals. These reports provided information about people's care and support and what people had been doing to achieve their goals. We saw there was information about community access, activities of daily living, communication, medicines, incidents and the plans for the following month. These reports painted a picture of what each person had been doing and reflected the positive work of staff.

People could choose where they wanted to spend their time. One person enjoyed private time in their bedroom. People were encouraged to take trips to local amenities to make personal purchases for daily living tasks such as toiletries. People occasionally helped staff with minor tasks that were within their capabilities. One person periodically undertook some of their own food preparation under the supervision of staff.

Staff respected people's privacy and dignity. People using the service often chose to spend time in their rooms where they had privacy. Staff told us they always knocked on people's doors and asked to go in. Any personal care was carried out in private and staff ensured doors were closed at these times. One member of staff told us how they talked to one person 'word by word' and kept talking to ensure they did not become embarrassed when supporting them with personal care. Relatives confirmed that staff respected people's privacy and dignity.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs. The manager told us, "We want this to be their home. Everything is set up for [people using the service] and not for the convenience of staff. One member of staff told us, "Everything is focussed on the residents and meeting their needs."

People were assessed before they came into the service. These assessments along with the information provided by people, relatives and professionals were used as the basis for developing the care plans to meet people's needs.

We looked at care records and care plans. Care plans were made up of behavioural support plans, person centred support plans, risk assessments, health action plans, daily records and monthly progress reports. These plans and records used person centred terminology. For example, care plans started with a one page profile that included the following topics: 'What people like and admire about me;' 'What's important to me;' and, 'How best to support me.' The plans and records clearly identified people's needs, goals, behaviours and preferences and how these were expected to be delivered.

This detailed information about each person provided guidance that supported staff to deliver safe and appropriate care and support. Throughout these records and in our conversations with staff there was constant emphasis on communication to support people using the service. Staff told us care plans were regularly updated to ensure staff had the most up to date information available to them. We saw care plans were reviewed and updated periodically or in response to changes in people's needs.

We found people were involved in a range of activities. Activities helped people to enhance their quality of life and minimised the risks of social isolation. Some were regular day-to-day activities such as listening to music or watching a TV programme or communicating with staff. There were a number of planned activities either tailored to the individual or involving both people using the service. For example, one person played football twice a week. Another person attended a disc jockey workshop.

Other activities included cycling, swimming, bowling, going to the gym and visiting the cinema. In term time people attended college for subjects such as arts and crafts. People regularly had lunch out and had recently spent an enjoyable evening at a pub where live music was being played. In the summer, staff had supported people with a holiday at Butlins. A sensory room was also available in an outbuilding at the bottom of the garden. The room had blackout blinds and heating to make the room comfortable. Lighting, music and a drum kit provided stimulation whilst comfortable chairs, a mattress and a bean bag enabled people to relax.

Activities were displayed on a whiteboard planner in the kitchen to show what was planned for the week. All activities were recorded in activity support plans and a participation summary. These demonstrated people's participation in activities which were included in the contents of the monthly reports.

We found the service had systems to listen and learn from people's experiences of the service and the care provided. Due to the small size of the service feedback effectively took place on a daily basis between people using the service, staff and the manager. Meetings were held so that people using the service and their relatives could raise matters about the day to day running of the service such as menus, activities and the like. They also enabled the service to provide information. At the most recent meeting the manager had spoken about advocacy, mental capacity and DoLS. We were told by the manager the intention was to hold these meetings every three months as they had been somewhat irregular previously.

Relatives told us the manager and staff were approachable and they would not hesitate to raise any concerns with them. Staff told us they would take any complaints to the manager. There was a complaints procedure operated by the home and people using the service and relatives were reminded about it at the most recent meeting. The complaints policy had been explained to staff at a recent staff meeting. We saw there were complaints forms in the hallway. There had been no complaints recorded since our previous inspection. Any complaints made would be brought to the attention of the provider to ensure they were dealt with appropriately and to identify any lessons that could improve the service.

Good

Is the service well-led?

Our findings

The manager was a qualified social worker and registered as a manager with CQC. People's relatives and members of staff spoke positively about the manager. We found the manager was readily visible around the service. Staff were confident they approach could the manager with concerns or ideas and would also be listened to and treated appropriately. One member of staff told us, "[The manager] does her job, she makes sure people are looked after properly, she makes sure staff do their work and she makes sure we do our training." Another member of staff said, "The manager is good, she lets us know about any changes and supports you if you need it." The manager told us the provider was very supportive.

There were staff meetings every second month to discuss service issues and changes in policies, procedures and, where relevant, legislation. It also provided staff with an opportunity to feedback their experiences and ideas about the service and people using the service. We saw minutes of meetings were recorded and looked at the contents. Accidents and incidents were appropriately recorded. Entries explained what happened, what was done in response at the time and any subsequent actions. A recent entry resulted in advice being given to staff.

There were a number of checks, reviews and audits used by the service to assess and monitor the quality of service provision. These included daily checks of all rooms, periodic checks of records, reviews of care documents and monthly audits such as the medicine's audit. The manager had weekly supervision meetings with the provider where all aspects of the service including areas for improvement were discussed. We saw the provider completed a full service audit once a year. The manager supplemented these with spot checks, late stays and weekend visits. The manager told us she ensured what she observed tallied with what was written in records.

The feedback opportunities for people, relatives and staff, along with the checks, reviews and audits provided the service with the framework to assess, monitor and improve the service.

Records relating to the care and support of each person using the service were fit for purpose. We saw care records were accurate, legible and up to date. Although they were stored securely they were readily available to authorised persons when we inspected. They included accurate records of discussions and decisions taken in relation to the care and treatment of people. Other records relating to people employed and the management of the service were also appropriately stored and available.