

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 responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

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.

About the service

Fairkytes is a residential care home which was providing personal care to 3 people at the time of our inspection. All people living at the service were autistic or had learning disabilities. The service can support up to 5 people in one adapted building over two floors.

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

Right Support

People were supported in a way that was safe. They received medicines from staff who had been trained and competency assessed to do so. This was an improvement from our last inspection. People were supported by the right amount of staff. We had previously made a recommendation about this. Staff working with people were recruited safely. People were supported appropriately with their finances and there were systems in place to safeguard them from abuse. We had previously made a recommendation about this. Infection prevention and control measures were in place to keep people safe. The provider worked with other agencies to help provide the right support for people.

People were supported to have maximum choice and control of their lives and staff them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care

Risks to people were assessed and monitored. Checks were made on health and safety to ensure the building was safe for people to live in. Care was person-centred and people's communication needs were met. There were quality assurance measures in place to ensure people were getting the right care.

Right culture

Although improvements had been made at the service, there was still work to be done to build an open and positive culture at the service. This was because relatives had mixed views about how the service was managed and how they dealt with complaints and incidents. Relatives also had mixed views on how complaints were responded to. The evidence we saw showed the provider had recorded concerns and attempted to resolve issues. The provider had also not re-registered the service along with its sister service next door, which was something they told us they would do at the last inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement published (07 November 2020) and there were multiple 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 recommended that the provider follow best practice guidance on maintaining safe and suitable staffing levels, we recommended the provider follow best practice guidance on developing a culture of keeping people safe from abuse and we also recommended the provider follow best practice guidance on seeking advice and guidance from CQC about re-registering the service. At this inspection we found improvements made around all three recommendations, but the service had not re-registered the service or sought guidance from CQC in this regard.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture and to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our well-led findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Fairkytes

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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Fairkytes is a 'care home'. 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.

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 on the first and also the third time we visited the service. Inspection activity started on 24 November 2022 and ended on 05 January 2023. We visited the service on 24 and 25 November 2022 and 09 December 2022.

What we did before the inspection

We reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications of significant incidents the provider had sent us. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with one person and two relatives about their experience of the care provided. We spoke with 4 members of staff including 3 care staff and the registered manager.

We reviewed a range of records. This included 3 people's care records and multiple medicines records. We looked at 4 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Managing medicines safely

At our last inspection the provider had failed to ensure the proper and safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Safe Care and Treatment. At this inspection improvements had been made and the provider was no longer in breach.

- Medicines were managed safely. At our previous inspection we found concerns with information about medicines people take not being available for staff, nor them containing sufficient guidance for controlled drugs. Controlled drugs are medicines which are considered dangerous as they have a risk of abuse and dependence and or can cause death if misused.
- At this inspection, we found sufficient information about people's medicines to guide staff how they should be stored and administered. There were procedures in place for controlled drugs and systems to ensure medicines were correctly administered.
- We counted 3 people's medicines, reviewed administration sheets, risk assessments, policies and audits relating to medicines and found everything in order.
- Staff had been trained and their competency assessed in medicine administration. One staff member told us, "They [provider] check our competency. I did mine a few weeks ago, and they ask about the 5 Rs [medicine administration training method], they observed us administer medicines and they shadow us."

Staffing and recruitment

At our last inspection we made a recommendation the provider follow best practice guidance on maintaining safe and suitable staffing levels and deployment at all times. The provider had made improvements in this regard.

- Staff rotas showed there were enough staff on shift at all times. At our previous inspection staff had mixed views on staffing levels at the service. At this inspection staff told us there were enough staff. One staff member said, "We have enough staff, some left recently, and we need more staff. To me, its OK. It's not difficult there are some staff who like to work a lot. Sometimes we call agency [staff]." The service was able to cover most absences in staffing from the existing staff pool but also used agency when required.
- We saw numerous instances of correspondence between the registered manager and social services seeking to increase one to one hours for staff with people. On the first day we visited, the registered manager told us the provider was actively seeking to employ new staff and interviewed an applicant whilst we were on site.

- Relatives had mixed views about staffing. One relative told us "Sometimes things happen. Like with COVID [pandemic] staff were ill, but there is enough staff and they've employed more to work with [family member]." Another relative said, "I noticed if someone is working one to one [ratio between care staff and person using service], but there are no breaks? I've dealt with similar stuff [in personal role] I don't believe there is [correct] one to one staffing." The registered manager told us staff were able to take breaks.
- Recruitment processes were robust. We looked at four staff files and the provider had made appropriate checks on staff to ensure they were safe to work with people. These included criminal record checks, employment history and identification.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we recommended the provider follows best practice guidance on developing a culture of keeping people safe from exploitation and abuse. The provider had made improvements.

- There were systems in place to safeguard people from risk of abuse. At our previous inspection of this service we had concerns with how an incident of potential financial abuse had arisen. At this inspection we saw the registered manager had followed a comprehensive action plan and implemented measures to ensure it would be difficult for a similar incident to reoccur.
- The provider looked after people's money. We counted two people's money and found everything in order.
- Staff were trained in how to safeguard vulnerable adults from abuse. Staff were able to tell us what they would do should they suspect abuse which was in line the provider's safeguarding policy. One staff member told us, "I did training [on safeguarding]. They taught us a lot about it, for example physical abuse, I will report to manager or CQC."
- Safeguarding concerns were recorded appropriately, and the local authority and the Care Quality Commission were informed when these types of incidents occurred.

Assessing risk, safety monitoring and management

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 to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Risks to people were assessed and monitored. Peoples' care plans contained a range of risk assessments. Risk assessments contained information about risks to people, and there were actions to help mitigate risks. Risks assessments had been completed for different aspects of people's lives. We saw specific risk assessments for epilepsy, financial exploitation and self-neglect.
- Following our previous inspection the provider had created a comprehensive action plan which the registered manager worked with. The action plan specifically addressed risk assessments and improvements to them. We could see the registered manager had completed this action and reviewed

people's risk assessments. For example, we saw an action for protocols how to work with a person's epilepsy and that these should be clear and understandable written by the provider's clinical lead. We saw these were in place.

- There were Personal Emergency Evacuation Plans (PEEPS) in place for people. These clarified individual risks to people and how they should be supported in an emergency. This demonstrated how the provider sought to keep people safe in an emergency through good planning.
- Regular health and safety checks were made at the premises to ensure these were safe for use. This included maintenance checks on fire systems, gas and water. This meant the provider had systems in place to keep people safe.

Learning lessons when things go wrong

- Lesson were learnt when things went wrong. Incidents and accidents were recorded so staff at the service, and the provider, could learn lessons and seek improvements when things went wrong. Once recorded, incidents were reviewed by the registered manager, who subsequently shared these with the provider for wider analysis and learning.
- Relatives had mixed views about whether incidents and accidents were dealt with appropriately. One relative told us, "we raised our concerns [about how an incident had occurred], there are usually some signs with [person's health condition]. We have [worked with the provider] and made changes since then." Another relative told us, "It is apparent to me lessons aren't learned, if the manager who was left in charge didn't know of [a previous incident] then other staff didn't."
- Between our different days of inspection site visit we were informed about a medicines incident which had occurred. We were able to speak with staff about how it happened and what learning could come of it as a result. We were satisfied it was unforeseen occurrence, the subsequent actions taken, and that lessons were learned as a result.

Infection Control

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visitors were able to see people at the home. Relatives told us they were now able to visit the service when they wanted to.

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 good. The rating for this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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 were able to participate in activities they liked to do. However, relatives had mixed views on whether people were able to do activities they wanted to take part in. A relative told us, "I've told them. [Person] is good at a particular activity... they could consider it as [person] does not do it." The registered manager told us people were asked to take part in activities and it was their choice whether they wanted to take part in it.
- We observed people taking part in activities within the service, including dancing to music which they chose and asked staff to participate with. We also saw photographs of people enjoying a wide range of activities including trampolining, craft work, bowling and dining out.
- We checked records of people's activities and saw that people completed regular activities, and also declined to take part in activities.
- Care plans recorded people's activity preferences. We checked records of people's activities and saw that people completed regular activities; we noted people also declined to take part in activities which was their choice.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met. Care plans contained personalised information about people's communication needs. This was so staff could understand people's differing needs. For example, one care plan highlighted what it meant if a person was talking to themselves and how the person expressed their choices.
- There were pictorial menus and easy read documents in place to assist people make their feelings and choices known. We observed people making their choices known to staff with regards to activities. A relative told us staff learned how to support their family member's specific communication needs, "Most of them [staff] know [person's] needs, it took time for them to learn about their routines and the PECS [Picture Exchange Communication System]."

Improving care quality in response to complaints or concerns

- Relatives had mixed views about whether the provider worked with complaints appropriately. One relative said, "[Registered manager] takes [our concerns] seriously." Another relative told us, "I found the

meeting around complaints were passive and shutting me down and not wanting to put down why things were happening."

- There was an electronic system in place to record complaints which the registered manager had access to and signed off actions within. The provider was able to see complaints and seek wider learning from these where possible. The registered manager told us it was hoped the system could be shared with relatives so there was further transparency when concerns arose.
- We looked at a number of complaints and saw that the registered manager and provider had attempted to address concerns, though having spoken to relatives, we understand this was not always to their satisfaction.

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

- People's care needs were met through personalised care. People's care needs and preferences were detailed in care plans. Care plans were specific and personalised to individuals.
- Care plans provided information that made it easier for staff to understand and work with people. For example, we read a care plan which highlighted what was important for a person, how to speak to them and recognise how they might be feeling through the behaviour they displayed.
- Care plans covered multiple aspects of people's lives ranging from, but not limited to people's communication needs and preferences, their likes and dislikes, what medicines they needed and what important people were in their life. This meant staff at the service knew how to support people in ways they preferred.

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.

At our last inspection we rated this key question as requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure Failure to notify the CQC of approvals made by a court in relation to depriving a person of their liberty is a breach of Regulation 18 (Registration Regulations 2009). At this inspection improvements had been made and the provider was no longer in breach of this regulation.

- The registered manager and provider understood regulatory requirements. At our last inspection we found the provider had not submitted notifications to CQC "without delay" for a serious incident which had occurred, nor at all for notifications when people's liberty being deprived had been authorised by the local authority. These are things the provider is required to do. At this inspection we saw notifications were being completed appropriately.

At our last inspection the provider had failed to ensure there was a lack of overall good governance in the service which had led to some serious incidents and shortfalls with records. This meant the provider was not suitably assessing, monitoring and improving the quality and safety of the home. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. At this inspection improvements had been made and the provider was no longer in breach of this regulation.

- Improvements had been made to quality assurance processes. At our last inspection we found audits were not identifying issues and concerns and recruitment documentation not in place. At this inspection we saw the registered manager, assisted by the provider, had followed a service improvement plan, which they had outlined at the previous inspection. This plan had led to improvements in how the service was being managed.

- Whilst we saw improvements had been made to the management of the service, we recognised relatives had mixed views about how it was being done. One relative told us, "I've lost faith in how they run the service. My [family member] was happy there previously...I think they've given a token response [duty of candour], I was appeased and I had an apology but it was verbal and there was no accountability and [or] lessons being learned." Another relative said, "Some of the staff are so amazing, they have worked their way

up. I am very satisfied."

- We spoke with the registered manager about these mixed views and how some relatives (of both this service and the sister service located next door) felt that communication with them and transparency about how the service worked, was lacking. The registered manager told us they send weekly reports to some relatives as requested, maintain regular communication with others and shared appropriate information. They were able to document this communication. They also informed us about how they hoped to improve transparency with the implementation of a new digital care planning system, which relatives could access remotely.
- Staff understood their roles and responsibilities. Staff had job descriptions, so they knew what their roles entailed.

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

At our last inspection we made a recommendation the provider seeks advice and guidance about Registering the Right Support from the CQC registrations department before re-registering the service. The provider had made some improvements in this but had not re-registered the service.

- At our previous inspection we were concerned how the service worked alongside the sister service next door, in a way that implied both were part of one service. The provider had registered them with us as two separate services. This arrangement did not meet the requirements of registering the right support for people because there was joint working between the services. We found elements of this were still the same, in that there was one registered manager for both services and occasionally staff covered shifts in the other service.
- However, at this inspection we found separation of rotas and menus. Access between the two sites was limited to the registered manager (and their deputy who had recently left the service). This was an improvement on what we had found previously.
- At the previous inspection meetings with people to discuss their thoughts about the home had not been carried out and scheduled. At this inspection we saw meetings were occurring, though some relatives felt they lacked substance, and or proper outcomes.
- Staff were able to be engaged with the service. They attended meetings with the management team and discussed any issues of concern. They also completed surveys to feedback to the provider. One staff member said, "We are offered surveys by the company and I make sure I do my job."
- The management team also obtained feedback from people and relatives about the service and staff. One relative said, "Recently we had a survey from the company, and we gave it back to them."

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

- The provider sought to promote a positive and open culture. One person we spoke with told us, "It is a good place. Nice. I get on with staff."
- Whilst staff were positive about the manager and the provider, relatives had mixed views on the outcomes being achieved for people.
- One staff member told us, "It is a good service to work for, the manager is supportive and the company [provider] is good." A relative told us, "The ones [staff] I've met I think they care I just don't believe there is an oversight of knowledge expected of them." Another relative said, "Yes [the registered manager is good], even with the incident with [family member], lots of meetings, social worker involved, highs and lows, ups and downs, but [registered manager] did what they could and upper management of the company were supportive too."

- Staff at the service were trained in person-centred care and care plans in place sought to achieve the best outcomes for people. Care plans were person-centred, and staff strove to meet people's individual needs, in line with their preferences and the provider's policies.
- People's cultural needs were met. Staff understood people's differing needs and sought to meet them in an appropriate manner. One staff member told us, "[Person] is [a specific faith] and has their own freezer and we make special space for them in the fridge and we cook their meals separately as they will not eat [named food]."

Continuous learning and improving care

- The service sought to continuously learn and improve care. There were quality assurance systems in place to monitor the care people received and ensure people were kept safe. These systems included audits to medicines and care documentation, health and safety checks and mock inspections completed by provider to identify areas for improvement. We also saw the local authorities and local health teams and come and completed checks on the service. These had all been positive.

Working in partnership with others

- The service worked in partnership with others. The people who lived at the service were supported to maintain relationships with health care professionals, social workers and other local community organisations.