

# Look Ahead Care and Support Limited

# Clarence Road

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Clarence Road is a residential care home that can provide 24-hour support and personal care for up to 15 adults with mental health needs. The care home was split across three floors and each floor was accessible by lift. At the time of our inspection 15 people were using the service.

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

People were not protected from the risks of acquiring an infection as infection control practices were not being followed. We found the home smelt strongly and this related to an area not being cleaned frequently enough to remove the smell of urine.

Health and safety concerns were present within the service. These included the incorrect disposal of personal protective equipment (PPE), the lack use of PPE in kitchen areas by staff and external contractors other than the chef. We also found hot water temperatures within bathrooms not being brought to safe temperatures.

Medicines were not managed safely the administration procedure was not being followed. The premises were in need in of repair and showed signs of wear and tear. Relatives told us the service was not homely and did not feel homely for people when they visited.

Relatives told us the communication about changes at management level were not open and transparent. Quality assurance systems were in place, but these were not effective as they did not identify some of the shortfalls identified during our inspection.

The registered manager and provider acted upon feedback from the inspection and were in the process of addressing the issues identified.

People told us they felt safe at the service and they could find a member of staff to help them. Staff rota's showed shifts were covered. People told us they were kept informed about their medicines and why they needed to take them.

Staff demonstrated they were aware of their safeguarding responsibilities and how to report concerns. Lessons learnt took place at the service after an incident and staff confirmed they took part in meetings to learn from lessons.

Staff were supported in their role and received appropriate training. People were able to enjoy food they liked and were supported to have enough to drink. Relatives did not think the food at the service was of good quality.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Consent to care and treatment was requested and staff did not force people to do something they did not want to. The service worked well with external health professionals to ensure people received support when they became unwell.

Rating at last inspection and update

The last rating for this service was good (published 22 January 2020).

Why we inspected

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

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

The provider took action to reduce the risk of harm people faced in relation to infection control practices and health and safety concerns, however, their quality assurance systems were not effective to ensure shortfalls were identified and prompt action was taken.

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

Enforcement

We have identified breaches in relation to infection control, safe management of medicines, safe premises and governance within the service.

We served 2 warning notices due to there not being effective governance procedures to monitor the quality and safety within the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We have requested an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Clarence Road

## 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.

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 2 inspectors.

#### Service and service type

Clarence Road 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. Clarence Road 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. We used the

information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, team leader, 5 staff, 5 people who used the service and 2 relatives. We viewed 4 records including care plans and risk management plans and 4 staff files including recruitment and training records. We also viewed records relating to the management of the service.

# 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 good. At this inspection the rating has changed to requires improvement. This meant people were not safe and were at risk of avoidable harm.

### Preventing and controlling infection

- People were not protected from the risks of acquiring an infection as infection control practices were not effective. The home had a strong smell of urine as an area within the home was not being cleaned frequently enough.
- Relatives commented on the odour of the home. One relative said, "I go weekly, it always smells of urine. During lockdown there was a big drive for cleaning, it's nowhere near as clean as before."
- Bins labelled PPE (personal protective equipment) were not being used correctly. We observed food packaging and waste was placed inside of these bins.
- There was a lack of paper towels in two bathrooms, clinical waste was being placed in normal bins and not clinical waste bins, such as continence pads.
- A dirty bathtub was found on the first floor, we were told the bathroom was not in use however, clinical waste was being disposed in this bathroom.
- The registered manager told us 2 cleaners were contracted to clean the home and staff also informed us they were responsible for cleaning the home and supporting people to clean their rooms.
- As part of the walk around the service, before we entered the kitchen we asked for PPE. The registered manager was not aware for the need of PPE and could not locate any. Upon speaking to the Chef, they provided PPE for us to wear before entering the kitchen, this included a hat and apron.
- We observed staff and external contractors enter the kitchen without wearing appropriate PPE. This posed a risk of cross contamination for people using the service.

### Using medicines safely

- We were not assured people received their medicines safely.
- We viewed a random sample of MAR (Medicine Administration Record) charts and found one person's medicines had been signed for before the time to administer them.
- Records showed a member of staff had signed for the evening medicine and the evening medicine for the next day.
- We immediately informed the team leader who informed the registered manager. We were told the action taken as a result which involved retraining staff before they could administer again. However, we were concerned this matter had not been recorded as a medicine error or recorded as an incident. The registered manager did not think an error had occurred.
- Staff told us to ensure errors were reduced, 2 staff should carry out the medicine round, where 1 staff would administer and the second was there as the witness. As this system had previously failed, we were not assured people were supported to receive their medicines safely.
- Whilst no one had been harmed due to this error, we were not assured the system to administer medicines

was effective.

#### Assessing risk, safety monitoring and management

- People were at risk of avoidable harm due to the premises not being safe.
- We observed loose wall tiles in the bathrooms and loose wiring which posed a risk of harm for people.
- We checked the hot water temperature in the bathroom sinks and bathtubs where they were present. In two of the bathroom sinks we found the water to be scalding, the two separate readings were 56.5 and 56.8 degrees Celsius.
- The temperature check was carried out with the services thermometer, and it was found to be above the recommended temperature of 44 degrees Celsius for a care home as stated by the Health and Safety Executive. This posed a risk of burns for people who used the service.

No one using the service had come to harm however, the above issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection the provider submitted an action plan with photographic evidence demonstrating how they had rectified the issues identified above to ensure people's safety to reduce the risk of potential harm.

#### Visiting in care homes

- Visitors and people's relatives were able to visit the service without restriction. Relatives told us they were able to see their relatives when they wanted to.
- People told us they were informed of the medicines they received, and people told us they knew why they had to take medicine.
- Staff completed medicines training and had their competency assessed by the registered manager.
- Risks people faced were assessed and reviewed every 6 months. Systems were in place to reduce the risk of harm people may face at the service or in the community.
- People had personal evacuation plans to use in the event of an emergency and these were updated.
- Health and safety checks of electrical equipment had been completed.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse.
- Staff were aware of the processes to follow should they witness or suspect alleged abuse and how to take matters further to protect people.
- There was a safeguarding policy and procedure for staff to access for guidance and reference.

#### Staffing and recruitment

- People were cared for by staff who had been recruited to the service safely.
- Records showed the service completed checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Rota's were prepared in advance to ensure there were sufficient numbers of staff available. People told us they could seek help from staff when required.
- Call bells were answered promptly, and we saw people were supported as required.

#### Learning lessons when things go wrong

- There were systems in place to support learning when things went wrong, records confirmed this.
- Staff confirmed they took part in group learning after an incident and best practices were shared to



prevent the same incident occurring in the future.

# 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 good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The home was not suitable to meet people's needs.
- Relatives we spoke to commented that the service was not homely. Comments included, "It's not a warm place" and "It's not homely at all."
- People were able to decorate their rooms as they wished to make them more personalised.
- We observed loose flooring and stair guards were not flush, this posed a trip hazard to people and staff using the service. We also identified missing and loose tap fixtures within sinks which posed a risk of harm for people using the service.

The above was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection we were sent information advising repairs had been raised and which ones had been completed.

- A lift was present to provide people access to the higher floors of the service.

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

- People's needs were assessed before they began to live at the service using appropriate guidance.
- People, their relatives and health professionals were involved in preparing care plans and people told us they were asked how they could be supported with their care.

Staff support: induction, training, skills and experience

- Staff received training and support to do their job.
- All staff had completed The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us they were supported and could seek advice when needed from a more experienced member of staff and management when required.
- Staff supervisions were taking place, a member of staff said, "The registered manager will ask how you are feeling, they ask about your welfare."

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

- People were supported to eat and drink enough to stay healthy.
- Food choice was available, and people told us they ate foods they enjoyed.
- People were encouraged to eat healthily and the health reasons behind this were provided to them. One person said, "All of my food has to be roasted and grilled."
- Drinks were readily available, and people's independence was encouraged as they made themselves cups of tea in their own kitchen.

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

- Information on the health professionals involved in people's care was documented. These included, GP, social worker, district nurse, psychiatrist, occupational therapist and mental health advocate.
- People were kept informed of health appointments they were due to have to keep them involved and aware of plans for their care.
- Details of meetings with people and their health professionals was recorded, shared and acted on with the service.

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 to receive care and treatment when this is in their best interests and legally authorised under the 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.

- We observed staff ask for people's consent to care before they delivered it.
- Staff told us they did not force anyone to do something if they refused. Positive encouragement was used, and people would make their choice whether to receive personal care if they wished.
- DoLS were in place for people if required and staff were aware who had a DoLS and any conditions attached to it.

# 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 good. At this inspection the rating has changed to 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

- The registered manager did not demonstrate a good understanding of managing risks and regulatory requirements within the service.
- The systems in place were not effective in identifying issues, improvement areas and resolving them within a timely manner to avoid potential harm to people. Actions to improve were only taken as a result of the inspection
- The provider performed an annual audit of the service. The records showed concerns had been identified with the living environment and that fixtures were damaged. Action to repair these was not prompt and therefore put people at risk of potential harm using the service.
- The registered manager performed the following checks to monitor the quality of the service. A petty cash audit, and audits of people's rooms as well as medicines and people's accounts. We asked the registered manager if they performed a daily walk around of the service to identify any concerns with the environment, they advised they did not do this but would start after our inspection.
- Maintenance records were not being completed effectively, concerns identified during the inspection, such as broken tiles, loose wiring, corroded radiators, damaged flooring and missing bathroom taps had not been highlighted to be repaired earlier. This meant we could not be assured repairs to the premises were being addressed promptly.
- Systems to monitor infection control were not effective as the registered manager was not aware of the need for PPE to be worn by staff and external individuals while entering the kitchen. Audits did not identify the malodour throughout the service. PPE was not being disposed of correctly and the service was malodorous.
- Audits to monitor hot water temperatures were not effective as they had not been brought within safe temperatures before our inspection.
- Relatives told us they did not have confidence in the leadership at the service and felt their family members needs were not understood.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and staff did not feel involved with changes at management level.
- Relatives told us they were not happy there had been no communication when the new registered manager began at the service.

- Relatives told us they had to initiate communication with the registered manager to discuss care reviews. One relative said, "I had to introduce myself to the management, they did not introduce themselves. I had to remind them the review was late by 6 months."
- Another relative said, "We're not being invited to meetings, I've had to call to have a meeting. I've not heard from the new registered manager, they've not introduced themselves to me."

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 told us they understood their responsibilities under duty of candour which was to be open and transparent when things went wrong and what they should legally report to the CQC. However, as the registered manager was not aware to report the medicine error we identified as an incident this did not assure us they were aware of reporting concerns.

The above issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People using the service knew who the registered manager was and told us they could speak to them when they needed to.
- Staff told us they felt supported by the registered manager and attended staff meetings to discuss issues. A member of staff said, "Registered manager is very helpful, they listen and make time for everyone."
- Another member of staff said, "Registered manager is very supportive and nice."
- People were able to express their views during house meetings and the registered manager provided dedicated time to speak with each person if they wished in a format that suited them.
- Handovers took place at each shift to share what had happened within the previous shift and to inform incoming staff how people at the service were feeling and their support needs.
- Feedback surveys were sent to people, their relatives and health professionals to seek their views on the quality of the service.

Continuous learning; Working in partnership with others

- The service worked well with the local authority and external health organisations to help people live a healthier life.
- The registered manager took part in a number of training courses to help them understand people's health needs within the service this included mental health training, oral health and diabetes and nurturing culture course.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The failure to ensure premises were safe, minimising the risk of infection and failing to ensure the safe management of medicines.</p> <p>Regulation 12(2) (d) (g) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The premises used by the provider were not properly maintained.</p> <p>Regulation 15 (1) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes were not operating effectively to monitor and improve the quality of the service for people using the service. The safety and welfare of people using the service was put at risk due to ineffective monitoring of the service.  Regulation 17 (1) (2) (a) (b)

### **The enforcement action we took:**

We served 2 warning notices.