

# Clearwater Care (Hackney) Limited

## Haroldstone Home

### Inspection report

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17 January 2018

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### Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

Haroldstone Home is a residential care home for up to five adults with a learning disability and or autistic spectrum disorder. The service is set in a terraced house providing accommodation to people over two floors. The ground floor communal areas comprise of an open plan kitchen and dining room and a sitting room. All rooms are of single occupancy. Haroldstone Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of inspection, four people were using the service.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

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.

People told us they felt safe living at the service and relatives told us staff were reliable. The provider identified, assessed and mitigated risks associated to people's health, care and mobility needs. Risk assessments were easy to follow and regularly reviewed. Staff understood risks people faced and how to provide safe care. People were happy with medicines support and medicines administration records were appropriately maintained.

The service was clean and well maintained. Staff followed appropriate infection control practices. There were sufficient and suitable staff employed to meet people's individual needs.

Staff received regular training and supervision, and worked well as a team to provide effective care. People were happy with the food and their nutrition and hydration needs were met by staff who understood their needs. Staff supported people to access healthcare services to maintain their health. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Staff sought people's consent before providing care and people told us they were given choices.

People told us staff treated them with dignity and respect. Staff were trained in equality and diversity measures and understood the importance of respecting people's privacy.

Staff knew people's likes and dislikes and people told us they received personalised care. People's care plans were person-centred and provided sufficient information to staff on how to support people. People and relatives told us they had never made a complaint but would speak to the registered manager if they

were not happy about anything.

The service was well-led by the registered manager who understood people's needs and worked well with people and staff to improve the care delivery. There were effective audits and monitoring systems in place to ensure people's safety and quality of care.

## 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.

# Haroldstone Home

## **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 was a comprehensive inspection that took place on 16 and 17 January 2018 and it was unannounced. The visit was undertaken by one inspector.

Prior to our inspection, we reviewed information we held about the service, including previous reports and notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. We also 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. We contacted the local authority and healthcare professionals involved in people's care about their views of the quality of care delivered by the service.

During the inspection we spoke with two people who used the service, the registered manager, one senior care staff and two care staff. We looked at a range of records including four people's care and medicines records and three staff personnel files including recruitment, training and supervision records. We also looked at other records relating to the quality assurance and management of the service including policies and procedures, survey results and internal audits. Following the inspection, we spoke with two relatives and an advocate.

# Is the service safe?

## Our findings

People and their relatives told us they found staff trustworthy and felt safe at the service. One person commented, "I trust staff here and it is safe here." Another person said, "Yes, I am safe here. No I am not threatened by other people here." Relatives' comments included, "Absolutely, he is safe there" and "Yes, I do trust staff there and he is safe."

Staff demonstrated a good understanding of how to safeguard people against harm and abuse and knew their responsibilities in identifying and reporting any concerns or abuse. One staff member said, "I am here to look after people, ensure they are safeguarded against abuse and harm." Staff were able to explain types and signs of abuse, and told us they would report any concerns to the registered manager. The provider trained staff in safeguarding and whistleblowing policies and procedures, and these were also covered in staff team meetings. Staff training records and team meeting minutes seen confirmed this. Staff knew roles of external authorities including the local authority safeguarding team and told us they would blow the whistle if they felt people's health and safety were at risk. There had been no safeguarding cases since the last inspection.

The provider maintained a traffic light system of risk assessment where risks to people were assessed against red, yellow and green colours making it easier for staff to follow the assessment. We found people's risk assessments comprehensive and individualised that ensured their safety within the service and when accessing the community. The risk assessments were for areas such as medicines, eczema, epilepsy, mobility, personal care, accessing the community and behaviour which may challenge the service. The assessments and the corresponding support plans gave detailed information to staff on how to provide safe care. For example, one person's risk assessment identified them at risk of developing dry skin and eczema if prescribed ointments were not applied. The assessment and the corresponding support plan stated if staff did not apply the prescribed ointments on time the person 'may continually scratch himself and develop eczema flare up and skin break down'. In order to avoid this 'staff to ensure that I receive my prescription oral solution medication and creams...if my skin is showing flare, staff to book an appointment with my GP, and staff to support me to attend the surgery appointment.' The provider had systems and processes in place to identify, assess and mitigate risks associated to people's care.

People were safely assisted by staff with their finances. The registered manager securely kept people's money and maintained financial log sheets describing dates when money was received, expenses made and the total balance left. We reviewed people's money against the financial log sheets and found them to be accurate. The registered manager sent every Friday, the financial log sheets and receipts to the head office for audit purposes.

During the inspection we observed people being supported with their needs by staff in a timely manner. The registered manager assessed people's needs to identify the staffing requirement and prepared staff rotas on a three-week basis. We looked at staff rotas and found them to be consistent with people's support plans. People and staff told us there were enough staff at the service.

We looked at staff personnel files, they all had application forms, interview notes, verified reference checks and in date criminal record checks. The provider implemented safe staff recruitment procedures to ensure people were supported by staff that were suitably checked to ensure they were safe to work with vulnerable adults.

The provider followed safe medicines procedures and practices to ensure people received appropriate medicine at the right time from staff that were suitably trained and competent. People told us they received medicines on time. One person commented, "Yes, medicines are given on time." The person further said staff makes sure to pack "my medicines when I visit my parents every two weeks." We saw staff maintained records of medicines that were sent with the person when visiting their parents. A relative commented, "Staff manages his medicines very well." We looked at medicines administration records (MAR) and found they were accurately completed. Medicines were safely stored in a lockable medicines room, only accessed by staff administering medicines. We looked at the medicines room temperature logs that showed they were maintained at the recommended level. Staff counted medicines at the end of each shift and this information was included in staff handovers. Staff were provided with guidelines to support people who required "pro re nata" (PRN) medicines. PRN medicines are those used as and when required for specific situations. Records seen confirmed PRN medicines had been administered and signed for as prescribed.

We looked at people's rooms, communal areas and garden space, and found they were all well-kept, clean and there was no malodour. On both inspection days, we saw staff followed appropriate infection control practices including wearing protective gloves whilst providing personal care and medication support.

The provider carried out regular health and safety, fire, water and maintenance checks and records seen confirmed this. We looked at people's personal emergency evacuation plans and found they were individualised and in date. Fire drills were conducted on a monthly basis and the records seen confirmed that.

We reviewed accident and incident records and found there had been two incidents since the last inspection. The accident and incident records stated the details of the incidents, actions taken and lessons learnt. The registered manager told us following incidents they met with the staff who were involved in the incidents to identify what could have been done differently and how to minimise future occurrences. Any lessons learnt were then discussed in the staff meeting. For example, there had been an incident where medicines were incorrectly administered; a person was given an extra pill than prescribed. A staff member immediately called the GP for advice, and was instructed to closely monitor the person. The person did not demonstrate any side effects. Following this incident, the provider introduced a new medicines administration procedure where two staff member signed MAR after the medicines were administered to avoid any errors. No similar incidents were experienced following introduction of the new medicines administration procedure.

## Is the service effective?

### Our findings

People and relatives told us staff understood how to meet their needs. One person said, "Oh yes, they know me and understand my needs." A relative commented, "The service and staff understand his needs." People and relatives told us staff were well trained and provided effective support. One relative said, "Staff are well trained and do their best." Another relative commented, "Staff are very good at monitoring his health."

The provider assessed people's needs, abilities and choices to determine the care and support they required. We looked at people's needs assessment and support plan that detailed people's medical, personal care and hygiene, mobility and social care needs, and the support they required. The support plans included guidelines for staff on how to provide individualised care. For example they stated "I like to look smart at all times" and "It is important that I always have a drink so that I can keep myself hydrated with plenty of fluids during the day to help me with my skin condition."

Staff told us they received sufficient training and supervision to do their jobs effectively. New staff were provided with induction training before they started working with people. Staff also had to complete the Care Certificate course within 12 weeks of starting work. The Care Certificate is training in an identified set of standards of care that staff are recommended to receive before they begin working with people unsupervised. The induction training included mandatory courses such as safeguarding adults from abuse, fire safety, health and safety and food hygiene. One newly recruited staff member told us, "When I started [working] I did have to complete an in-house induction and online training. I have also completed the Care Certificate course. It is a good system." All staff had to undertake annual refresher training in mandatory courses and any failures to attend led to disciplinary action. We looked at one staff member's disciplinary records where they had failed to attend three courses. Following disciplinary action this staff member had completed all refresher training. Staff were also trained in specific areas such as epilepsy, autism awareness, behaviour that challenged the service and conflict management. Staff training records seen confirmed this. We looked at staff supervision and appraisal records that showed staff received regular support and supervision.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked at people's DoLS assessments and found up-to-date DoLS authorisations and renewal applications were in place. We saw people's care plans had mental capacity assessments and signed consent forms for care and treatment. Staff were trained yearly in the MCA and DoLS, and records seen



confirmed this.

During our inspection, we saw staff asking people's consent before supporting them. We saw staff giving people choices and encouraging them to make decisions. Staff had a good understanding of the importance of giving people choices and seeking their consent before supporting them. People told us staff gave them choices and asked their permission before providing care. One person said, "Yes, they do give me options and choices."

Staff designed pictorial four weekly food menus and they were agreed in consultation with people using the service. We looked at the food menus and found they promoted a balanced diet. People told us they liked the food and chose what they wanted to eat. A person said, "...food is nice, I like beans on toast, spaghetti, ravioli; I do get to eat these." People told us if they did not want to eat what was on the menu staff were able to accommodate their preferences. One person commented, "They have a menu here but if I do not like anything, I can have something else."

During our inspection, we saw people choosing their meals including breakfast, snacks, lunch and dinner. For example, one person who did not want a tuna and sweetcorn sandwich for lunch as per the menu, told staff they wanted to have two slices of toast and a fruit instead. Another person told staff they wanted to have potato chips instead of potato wedges for dinner. We saw both these people were assisted in having their food choices. On the inspection day, we saw staff assisted people to make hot drinks and squash drinks and helped themselves to fruit from a basket full of fresh fruits on the dining table.

Staff recorded what people ate and drank, records seen confirmed this. As good practice people were weighed on a monthly basis. We looked at weight monitoring charts that showed people's weights were maintained. The provider had systems and processes to ensure people's nutrition and hydration needs were met.

Staff and the registered manager told us they worked well as a team and supported each other to ensure people received effective care. Staff conducted handover meetings when shifts changed where they discussed what people had consumed, their sleeping pattern, activities they had participated in, behaviour, mood, their care needs and concerns including any healthcare appointments and healthcare professionals' feedback. This enabled staff to work well together and provide people with effective and individualised care. Handover records confirmed this.

People and relatives told us they were supported to access healthcare services in a timely manner. One person said, "I went to see the GP yesterday with a staff member." A relative commented, "They [staff] arrange appointments with the GP and dentist, and go with him to those appointments." We saw records of healthcare professional appointments such as dentist, optician, doctor and consultants. Staff followed up on healthcare professionals' feedback. For example, one person was seen by a dentist and was recommended to visit the surgery for checks and tests. We saw records confirming the person was accompanied to the dental surgery and had undergone suggested tests and checks.

The service was designed and decorated to meet people's needs. People were able to access their bedrooms and communal areas with ease. They told us they liked their bedrooms. One person said, "I like the house, the garden, my bedroom." Another person said, "My bedroom is nice." The provider was renovating the service and had already started the process, we saw some bedrooms were freshly painted and new carpets had been put in. The registered manager told us their requested funding to change the kitchen flooring and new sofas had been approved by the provider and they were in the process of purchasing those items and services.

## Is the service caring?

### Our findings

People and their relatives told us staff were caring and kind. A relative said, "Staff are lovely, caring. He loves spending time with them [staff]." People and relatives told us staff treated them with respect and listened to them. One person said, "They listen to me and always have time for me." People were supported to maintain contact with their relatives and friends. Relatives told us staff welcomed them and had time for them.

During our inspection, we saw staff speaking to people with kindness and compassion. Staff listened to people's requests with patience and responded to their needs in a sensitive way. Staff displayed a good understanding of people's behavioural needs and provided them with emotional support. The service had a calm, cosy and welcoming atmosphere. One relative told us, "The place [the service] has a homely feel to it and that appeals to me. Staff contributes a lot to that feeling."

People were supported and encouraged by staff to express their views and to make decisions about their care and support. The provider implemented a keyworker system where each person was allocated a named staff member. A keyworker is a staff member who is responsible for overseeing the care a person received including liaising with relatives, representatives and healthcare professionals involved in a person's life. Staff supported and encouraged people on a daily basis to make choices and had monthly keyworking sessions where they supported people to express their views make decisions about their care, support and treatment. We looked at keyworking session records that showed people were consulted about their care outcomes and if they wanted to change any aspects of care and support.

People told us staff treated them with dignity and respected their privacy. One person said, "They respect my space and give me privacy." Another person gave thumbs up when asked if staff treated them with dignity. The person commented, "Staff talk to me politely and treat me with respect." One relative said, "I do believe [person using the service] is treated with respect and dignity maintained. Staff respects his privacy." Staff gave us examples of how they did this. Their comments included, "I encourage and prompt [person using the service] to close the curtains whilst changing his clothes, when he goes for shower in the communal bathroom I give him his bathrobe" and "I do not rush service users, work with their pace and speak to them politely." We looked at staff training records that confirmed staff received training in equality, diversity and dignity in care. The registered manager told us they welcomed people and staff from diverse communities including people from lesbian, gay, bisexual and transgender communities.

During our inspection, we observed that staff encouraged and assisted people to remain as independent as possible. For example, we saw a staff member encouraging a person to get cereal out of the box and pour milk over their cereal, another person was assisted in making fruit tea and a staff member assisted a person in laying the table for lunch. Staff told us they encouraged people to maintain their independence and assisted them in carrying out daily chores such as tidying their bedrooms and taking dirty clothes to the laundry cupboard.

People's sensitive information and personal data was stored securely and safely in lockable cupboards only accessed by approved staff. Staff understood the importance of confidentiality and were trained in

confidentiality.

## Is the service responsive?

### Our findings

People and relatives told us the service was responsive to their needs and staff knew their likes and dislikes. One person commented, "What I like most about living here is that I get freedom to do what I want. Staff know what I like and do not like." A relative said, "They are vigilant and very responsive. If there are any issues they let me know promptly."

The registered manager carried out an initial needs assessment where they asked the person, their relatives and healthcare professionals involved in the person's life about their needs, abilities, likes, dislikes and aspirations. This information was then used to create person-centred care plans that detailed instructions for staff on how to provide personalised care. People and relatives told us they were part of the assessment and care planning process. One relative said, "I have been involved in the care planning process right from the start. I am very happy with the process." Staff had one to one discussions with people and their relatives around end of life care wishes and these were recorded in people's care plans. Where people and their relatives chose not to discuss end of life care wishes this was recorded in people's care plans.

Staff told us they found care plans useful and easy to follow. We looked at people's care plans; they were person-centred, in an easy read layout with lots of images, and reviewed every six months or earlier where necessary. They gave information on people's background and medical history, communication pathway, nutrition and hydration, interests, cultural needs and weekly activities. The care plans detailed information for staff on how people would like to be supported. For example, one person's care plan specified, "I am unable to use a knife and fork, I prefer to eat with a spoon. Staff must cut my foods into tiny pieces to enable me to pick them."

Healthcare professionals we spoke to told us staff understood people's needs, abilities and likes and dislikes. We found staff displayed a good understanding of people's likes, dislikes, behavioural needs and there was detailed information on this in people's care plans. For example, one person's care plan stated, "When I am feeling pain, I am unable to tell you, staff to observe for any changes in my behaviour; if I am afraid I may crouch down in a corner or retreat to my room; if I am angry I may verbalise some sounds, bang my feet or wave my hands around." Staff told us if they noticed this person was restless or angry they would reassure the person and speak to them in a soft tone.

People had a weekly activities programme and told us they were supported in carrying out activities of their interests. A person said, "I am going to Westfield centre today to buy video games, I went to barbers two days ago." Another person told us, "I listen to Pet Shop Boys music, like reading and looking at magazines." We found this person had books and magazines in their bedroom. One relative commented, "They take him out locally as per his wishes." People were supported to go out in line with their preferences. We saw people accessing the community to go to a sensory room, for shopping and walks. One person who loved travelling on the underground trains told us they had been on underground trains to Kew Gardens to look at plants, and Heathrow airport to look at airplanes.

The provider displayed an accessible complaints policy in the communal areas that provided information

on how to make a complaint. People and relatives told us they were encouraged to raise concerns but had never needed to make a complaint but if they were not happy they would speak to the registered manager. We looked at the complaints records and found there had been two verbal concerns raised that the registered manager had responded to in a timely manner.

# Is the service well-led?

## Our findings

People and relatives told us the service was well-led and the registered manager was approachable. One person said, "[Registered manager] is like my friend, he always listens to me and has time for me." A second person told us, "I am comfortable here." A relative commented, "I was very optimistic when [registered manager] joined, he has good ideas and already put some changes in place that has made a positive difference. I am very happy with the service." A second relative said, "I am very happy with the home, the staff. The manager is lovely and very approachable. I am really happy with the service and 100 per cent recommend it." Healthcare professionals and the commissioning team told us the service was well managed and staff worked well as a team.

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.

Staff told us they felt well supported by the registered manager, were involved in make decisions regarding care delivery and worked well as team. One staff member said, "We work very well as one team, we plan our day at the start of the day, so enables us to support people in a person-centred way. [Registered manager] is very supportive, listens to me."

We found the service had an open, inclusive and positive culture where people, staff and management worked together in making improvements. For example, we saw people and staff were consulted on the premises' renovation plans. One person told us, "They do ask me for my views." A staff member commented, "[Registered manager] is a great boss...he asks for our views and opinions, such as asked us for our opinions on carpets and furniture."

There were effective systems and processes to assess, monitor and evaluate the safety and quality of service delivery. The registered manager carried out regular internal audits and checks to ensure people received safe and good quality care. We looked at the records of these checks and they were all in date. The records of audits and checks demonstrated that the registered manager identified gaps and areas for improvement and followed it up with action plan such as building renovation plans and introducing positive behaviour support plans. We found people's care plans, risk assessments, annual care reviews, medicines, daily care logs, keyworking session records, finance records, and staff personnel and training records were regularly audited and reviewed. The registered manager worked closely with people and staff in setting care and support outcomes and regarding lessons learned following incidents to prevent future reoccurrences.

People and relatives told us they were asked for feedback. We looked at residents monthly meeting minutes that showed people were asked for their feedback on a monthly basis. Relatives were asked every quarter for their views. We looked at the survey results which showed relatives and people were happy with the care and service. The provider sought feedback annually from professionals and the results seen showed the feedback was positive.

The registered manager attended the provider's internal managers and quality assurance meetings where they shared information and learning with each other to improve the quality of the service. Records seen confirmed this. The provider worked well with the local authority monitoring team, healthcare professionals and local organisations to improve people's quality of life.