

Clearwater Care (Hackney) Limited

Clearwater Care

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

Clearwater care provides care and support to people in their own home. The service supports some people on a 24-hour basis and others who may require support with personal care needs at specific times during the day and/or night. The service was supporting five people with personal care at the time of our inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

The way the service was managed needed to improve. Governance systems needed to ensure people received a consistently good service. Communication between the service and people's relatives needed to improve.

Staff knew how to prevent the spread of infection, but some relatives raised concerns about infection control and the cleanliness of some of the locations.

Staff told us the registered manager was approachable, and staff told us they knew them well. Spot checks and audits were completed to ensure the quality of the service was maintained. Staff were caring and compassionate. People spoke positively about the service and the support being provided.

People told us they were safe with the staff that supported them. Risk assessments covered all areas of risk and staff knew how to keep people safe from harm. Systems and processes were in place to safeguard people from the risk of abuse. There had been no recorded incidents of seclusion or restraint. Staff had received training in infection control and had access to personal protective equipment. People were supported to take their medicine in a safe way.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People told us they received effective care, from trained staff. Staff were trained in a range of topics,

including positive behaviour support, autism and epilepsy. People told us they were supported to have maximum choice and control of their lives and that staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff supported people to maintain a healthy diet, in line with their assessed needs and were supported to access health care if this was needed.

Staff were kind and caring and had developed positive relationships with people. Staff understood the importance of respecting people's privacy dignity and independence.

Assessments and support plans were in place identifying what was important to people and how people needed to be supported. The support people received was centred around them and they were involved in any decisions made. The provider had a complaint's process which people were aware of to share any concerns. At the time of the inspection, no one was being supported at the end of their life.

Rating at last inspection: This service was rated Good (2 June 2017)

Why we inspected: This was a planned comprehensive inspection

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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 not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Clearwater Care

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.

Inspection team

The inspection was carried out by three inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. The service also provided care and support to people living in a 'supported living' setting, so that they can live as independently as possible.

People using the service lived in supported living houses. The facilities were shared, in mixed housing for groups of up to four people. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. Other people received personal care and support in their own homes.

Notice of inspection

We gave a period notice of the inspection because some of the people using it could not consent to a home visit from an inspector and we needed to be sure that the provider or registered manager would be in the office to support the inspection. The inspection activity started on 9 March 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also sought feedback from professionals. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with four relatives and three people who used the service about their experience of the care provided. We also spoke with four members of staff, including the registered manager, and care staff.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection, this key question was rated as good. At this inspection, this key question has remained the same. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- Clearwater care was responsible for supporting some people to maintain the cleanliness at their homes. On the day of the inspection, the premises we visited was found to be clean and hygienic. However, some people raised concerns about the cleanliness of some of the premises. The registered manager had recently carried out audits which indicated the premise maintenance and cleanliness needed to improve, in three locations.
- Staff told us they had access to protective equipment and used this appropriately to ensure people were protected from infection.

Systems and processes to safeguard people from the risk of abuse

- The service had systems in place to manage safeguarding concerns. In the months running up to the inspection, a number of safeguarding concerns had been raised and had been investigated by the local authority.
- With the exception of one relative, people told us they felt safe with the staff that supported them. One person said, "I like all the staff, I like everybody."
- Staff told us they were comfortable raising concerns with the registered manager. A staff member said, "I would raise a safeguarding with the local council. I have done it before. I would speak to my managers."

Assessing risk, safety monitoring and management

- Information indicated some people were known to exhibit challenging behaviour. The registered manager told us there had been no incidents of restraint.
- There were a range of risk assessments that were updated and reviewed. Behaviour support plans contained detailed information and information was available to staff regarding the measures to mitigate risk.
- The service supported people with complex behaviours and assessed and monitored risks to people. Staff were aware of people's individual risks and how to help people in a safe way. One staff member said, "We do not restrain, we would only use Maybo techniques as a last resort." Maybo is a physical intervention technique which is a non-aggressive approach to help to calm a situation.
- A range of risk assessments provided information for staff, which included environmental risks and risks that related to the health and support needs of the person.
- Staff told us that risk assessments were updated, and reviewed. One staff member said, "They always keep us up to date about all the risks related to people."
- Behaviour support plans were in place if these were required, which contained detailed information about how to support people in the most effective way.

- Information was available for staff regarding the measures needed to reduce risk.
- Personal emergency evacuation plans (PEEPs) were in place for people who used the service.

Staffing and recruitment

- People told us they were supported by consistent staff. One relative said, "They do a lovely job I am very happy with the service."
- Recruitment checks had been carried out as part of the recruitment process.

Learning lessons when things go wrong

- When an accidents and incidents had occurred, the event was recorded and retained in each person's care record.

Using medicines safely

- The provider had a safe system in place for managing people's medicines.
- People we spoke with told us they received their medicines in line with their assessed needs and as prescribed. The registered provider had worked with some people to reduce the amount of medicines they had been prescribed.
- Staff had been trained in medicines, and had their competency assessed on an annual basis.

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 the last inspection, this key question was rated as good. At this inspection, this key question has remained the same. This meant people's outcomes were good, and people's feedback confirmed this.

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

- Some people lived in their own flats and houses. Other people lived in a shared house. These arrangements were under a separate contractual agreement. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. Some relatives raised concerns about the standard of the premises, the registered manager was liaising with the landlords to ensure that remedial work would be carried out.

Staff support: induction, training, skills and experience

- Staff received a programme of training that enabled them to understand and meet the needs of the people who used the service. One staff member said, "The training does work for me."
- Staff told us they had regular supervision throughout the year, which gave them an opportunity to discuss how they felt they were getting on and any training needs they may have.

Staff working with other agencies to provide consistent, effective, timely care

- The service supported a range of people with complex needs. Staff worked together well to ensure that any transitions were effectively managed. One staff member explained how they had worked with a person to develop their trust and confidence, which enabled them to go to college, access the community and get on an airplane, to visit relatives.

Supporting people to live healthier lives, access healthcare services and support

- People told us staff supported them to access health care services they required. One relative said, "They are good at communicating with me and are all very friendly and welcoming."
- If people needed to go to hospital quickly, hospital passports were in place.

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 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 had the appropriate legal authority and were being met.

- Staff had a clear understanding of people's care needs and the skills and knowledge to meet them. They had been trained in the MCA and DoLs.
- The registered manager and staff understood the requirements of the Mental Capacity Act 2005 (MCA) and understood how to apply the principles of this legislation to their everyday practice.
- Staff obtained people's consent before providing any support and respected their rights to make their own decisions.

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

- Assessments were in place, which considered people's, physical, mental, and social needs, in line with people's needs.
- Staff used communication methods suitable to people's individual needs, including pictorial boards, to enable people to be involved in decision making.
- Support plans contained information about people's diverse needs and included their preferences in relation to culture, religion and diet. Staff supported people to meet their specific needs. For example, during Ramadan additional support was put in place so service users could follow their faith and fast.
- Staff received training in equality and diversity.

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

- People and their relatives told us staff supported them to eat and drink in line with their assessed needs. Staff enabled people to choose what they would prepare and eat.
- Information on whether people needed any specific support with their nutrition was included within their plan of care, such as dietary requirements to support people's health or cultural needs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. At the last inspection, this was rated good.

At this inspection, the rating has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were supported to live independently as possible. One relative said, "They are very good, I can't express how good they are. They are patient and kind."
- People and their relatives were positive about the service. One person said, "I like all the staff, I like everybody."
- Staff were aware of people's protected characteristics and supported people in a way that met their needs.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to maintain relationships with friends and relatives. One person said, "I do have enough to do I go bowling, cinema, I like going on trains with [name of staff] People do come to visit me my friend comes."
- The registered provider supported occasions so that people could meet up with others to support them to develop social opportunities.
- People's told us their care was reviewed regularly, but some relatives said that communication could be improved. One relative said, "[Name] is happy and well cared for. The only real quibble is we would like to be kept better informed."
- Some people had advocates in place to enable people to access services. An advocate is an independent person who promotes and acts on a person's best interests.
- We observed staff being intuitively caring and kind toward people. It was clear, staff had developed good relationships with the people they supported.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, and staff could clearly explain how they supported people in a dignified and respectful way.
- Staff could describe the needs of the people they supported. People's confidentiality was protected.
- Staff understood people's social needs and supported them to maintain and develop their relationships with those close to them and maintain their social networks and access the community in line with people's needs and preferences.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection, this key question was rated Good. At this inspection, the rating has remained the same. This meant people's needs were met through organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; promotion of choice and control, independence, and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.
- Staff considered how they could support people in a way that promoted their independence.
- People had been involved in planning and reviewing the care and support that was being delivered. One person said, "There is a care plan here and we know it needs updating so we are working on it."
- People's relatives told us that communication between them, and Clearwater Care could be improved.
- Staff could explain how they would support people in an effective and responsive way.
- Care plans were person centred and looked at how people could be supported to live the best life they possibly can.
- Care plans considered a wide range of daily living activities. Such as, enabling people to maintain and develop personal relationships, improving people's health, and being connected to their community.
- People's social needs were understood, and were supported to maintain and develop their relationships with those close to them, their social networks and community. People had free access to their family, friends, and community.

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.

- The registered manager told us they were planning to train key people in the organisation and review the way the accessible information standard was used. We found the service identified people's information and communication needs, when additional needs had been identified, this had been recorded and highlighted in people's care plans.
- Assessment, care plans and information relating to the service, was available in different formats, to make sure that people could understand the information being shared with them.

Improving care quality in response to complaints or concerns

- People and their relatives said they felt able to raise any concerns they had with the registered manager or staff. One relative said, "I have never had to make a complaint though I know how to I would phone [Name of manager]."

- The complaints policy was available in a variety of different formats to ensure people could understand how to raise a complaint if they wanted to.

End of life care and support

- At the time of the inspection, the registered provider was not delivering a service to anyone who was at the end of their life.
- Policies relating to end of life were available for staff.

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

- Staff used individual ways of involving people to enable them to achieve their goals. For example, one person said, "Not keen on my gardening job I am not going any more. Staff are looking for a new job."
- Where the service was responsible, people were encouraged and supported to develop and maintain relationships with people that matter to them. One person said, "I like the staff I went to Clacton, I also went to Butlins."

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 the last inspection, this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant that whilst there was stable management team, people's families told us that communication needed to improve, to support the delivery of high-quality, person-centred care.

Continuous learning and improving care: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Surveys were carried out to obtain people's, relatives and staff views.
- Formal systems were in place, but they did not always show that information was used to drive improvements within the service. For example, during the last survey, people had shared that communication needed to improve. This was similar to the feedback we received, meaning that this area still needed to improve.
- Prior to the inspection, the local authority had been investigating a number of concerns. Whilst these had been concluded, the quality of the service people received since the last inspection, had not been consistently sustained.
- Audits and checks were carried out to monitor the service. Recently, this had taken place and identified that some aspects of the environment in three locations needed to improve. The registered manager was liaising with the landlord to ensure this work was carried out. A relative also raised concerns about the decoration of one person's bedroom. Following the inspection, the registered manager assured us they would follow this up and make sure this area of the service was decorated.

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

- Staff understood their role and responsibilities, and had confidence in the registered manager and senior staff.
- The registered manager understood the registered activities and the improvements the service needed to make moving forward. They were receptive to feedback.

Working in partnership with others

- The service worked in partnership with other organisations to make sure they were following current practice. These included GP's and community health professionals.
- The registered manager told us they were planning to move the head office from Essex to another location, and told us they would look at how they could develop community links in the future.
- The culture of the service was caring and focused on providing person-centred care that met people's needs in a timely way
- A governance and management structure was in place and provided lines of responsibility. The registered

manager was supported by a number of key staff who lead on various different areas of the business.