Care Quality Commission

Clearwater Care Group Limited

Harold Lodge

Inspection report

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Ratings

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

Overall summary

This inspection took place on 18 February 2015 and was announced. At the last inspection of this service in October 2013 we found they were meeting all the standards we looked at. The service provides support with personal care and accommodation for up to four adults with a learning disability some of whom are on the autistic spectrum. Four people were using the service at the time of our inspection.

The service had a registered manager in place. 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 did not receive all training they required to meet the needs of people in a safe manner. You can see what action we told the provider to take at the back of the full version of the report.

The service had taken steps to promote people's safety. Staff were aware of how to respond to allegations of

Summary of findings

abuse. Risk assessments were in place and these covered how to support people who exhibited behaviours that challenged others. There were enough staff to meet people's needs and medicines were managed safely.

Staff received regular one to one supervision. People had access to health care professionals and the service sought to promote people's health. People were supported to make their own decisions where they had capacity. Where people lacked capacity proper procedures were followed in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People were supported to eat sufficient amounts although they were not always provided with a varied diet.

Staff interacted with people in a caring and friendly manner. People's dignity was promoted through choice, privacy and independence.

Care plans were in place which set out the needs of individuals and we saw these been followed. People had access to leisure and education opportunities. The service had appropriate complaints procedures in place.

The service had clear lines of accountability and staff told us the registered manager was accessible and approachable. Various quality assurance and monitoring systems were in place. Some of these included seeking the views of people that used the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff had a good understanding of issues relating to safeguarding adults and systems were in place to protect people from the risk of financial abuse.

Risk assessments were in place and staff knew how to support people who exhibited behaviours that challenged others.

There were enough staff to meet people's needs. Checks were carried out on staff to help ensure they were suitable.

Medicines were managed in a safe manner.

Is the service effective?

Requires Improvement

The service was not always effective. Staff did not receive all required training in a timely manner.

Staff did have regular one to one supervision meetings.

People were supported to make choices and the service operated in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to eat sufficient amounts but did not always have a varied diet.

People were supported to access health care professionals.

Is the service caring?

Good

The service was caring. Staff supported people to be independent and respected their privacy. Staff interacted with people in a caring and friendly manner and people were at ease in the company of staff.

Is the service responsive?

Good

The service was responsive. Care plans were in place which set out how to meet people's needs and staff had a good understanding of how to support people.

People had access to various leisure and educational opportunities.

The service had appropriate complaints procedures in place.

Is the service well-led?

Good

The service had a registered manager in place and staff told us they found the manager to be approachable and accessible.

Various quality assurance and monitoring systems were in place. Some of these included seeking the views of people that used the service.

Harold Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 February 2015 and was announced. The provider was given 24 hours notice because the location was a small care home for younger adults who are often out during the day and we needed to be sure that someone would be in.

The inspection was carried out by a Care Quality Commission inspector. Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports, notifications sent to us by the provider and any safeguarding issues.

People that used the service were unable to express their views to us because they had limited verbal communication. We were able to observe people and how staff worked with them. We spoke with four members of staff. This included the registered manager, the senior support worker and two support workers. We reviewed various records. These included two sets of care plans and risk assessments, four sets of staff recruitment and supervision records, the staff training matrix, medicine charts, minutes of meetings including residents meeting and staff meetings and various policies and procedures including the safeguarding adults and complaints procedures.

Good

Is the service safe?

Our findings

There was a safeguarding adults procedure in place which made clear the providers responsibility for reporting any allegations of abuse to the relevant local authority. However, it did not make clear their responsibility for notifying the Care Quality Commission of allegations of abuse. We discussed this issue with the registered manager and they amended the procedure accordingly during the course of our inspection. The registered manager and staff had a good understanding of issues relating to safeguarding adults and they all knew who they were supposed to report allegations of abuse to. The provider had a whistleblowing procedure in place and staff were aware of their rights and responsibilities with regard to whistleblowing.

People's monies were managed by an appointee who was appointed by the court of protection. When people required money the service requested this from the appointed person. Monies were stored securely and checked at each handover. Records and receipts were kept of financial transactions and these were sent to the appointee to check to make sure money was been spent appropriately. We checked monies held on behalf of people and found the amounts held by the service tallied with the amounts recorded as being held.

Risk assessments were in place where people exhibited behaviours that challenged others. The registered manager told us staff did not use any physical restraint on people. They told us other strategies were used to support people who exhibited behaviours that challenged others. For example, they said that people at the service who had autism were likely to become upset and agitated if there was any loud noise or if anything was different in the service and staff were able to address this. We saw on the day of our visit that a new sofa was delivered and one person was getting agitated that the old sofa was in a place where there was not usually any furniture. Staff saw this and responded quickly, moving the sofa out of the building and the person became calm.

We saw other risk assessments were in place including about the environment, using stairs and epilepsy seizures. Risk assessments included information about how to manage and reduce risks.

Staff told us there were enough staff on duty to meet people's assessed needs. We observed staff were able to respond to people in a prompt manner as appropriate and staff were unhurried in their duties. Staff said they had enough time to carry out all tasks that were expected of them. For example, one care plan stated that staff needed to be near them at all times due to the risk of seizures and we observed that this level of staff support was maintained for the person throughout the course of our inspection.

We checked staff files and found that appropriate checks were carried out before they commenced their employment at the service. Checks included providing proof of identification, employment visas, references and criminal records checks. This showed the service had robust recruitment procedures in place to help ensure staff were suitable to work with people at the service.

Medicines were stored securely in a locked and designated medicines cupboard located in the office. Daily checks were carried out on medicine stocks. We checked several medicines and found the amount held in stock tallied with the amounts recorded as being in stock. We examined medicine administration record charts for a six week period leading up to the date of our inspection and found these to be accurately completed and up to date. Guidelines were in place which provided information to staff about when it was appropriate to administer medicines that were prescribed on an 'as required' (PRN) basis.

Requires Improvement

Is the service effective?

Our findings

The registered manager told us the service was not up to date with staff training. The staff training matrix showed that 12 staff were overdue training about breakaway techniques (this is about supporting people in a safe manner who may exhibit aggressive behaviours towards others), ten staff were overdue training about the safe administration of medicines and 12 staff were overdue training about moving and handling. Lack of training in areas that help staff to meet people's needs in a safe manner potentially puts people and staff at risk. This was in breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. It was noted that the registered manager wrote to us after the inspection to inform us they had subsequently arranged for staff to attend the required training.

The training matrix showed that staff were up to date with other training. Staff told us they had undertaken various training courses that were relevant to the needs of people that used the service. This included training about first aid and equality and diversity and records confirmed this.

Staff told us their induction included shadowing experienced members of staff to learn from them how to support people. The registered manager said staff undertook an induction in line with Skills for Care Common Induction Standards and we saw completed records of this for staff.

Staff told us they had supervision every two months and records confirmed this. One staff member told us they found supervision to be "very useful" and that the manager dealt with any issues they raised. Staff said they were able to discuss what they wanted in supervision and told us discussions included training needs, health and safety and issues relating to people that used the service.

Where people had the capacity they were able to make decisions about their daily lives. To help support people to make choices about their care the service used picture cards and objects of reference. We saw one person got his coat and showed it to staff. Staff said this meant he was asking to go out and we observed that staff supported the person to go out within a short space of time. The registered manager told us that they consulted with people's family to help them understand people's preferences to help support them to make choices. Care plans provided information about how to support people to make choices that had limited capacity to do so. For example, one care plan said not to overload the person with choices but to offer them two clear choices such as two sets of shoes to choose between. People understood basic information that was presented to them verbally which enabled them to make choices. For example, the registered manager said they asked people if they wanted to have a bath or a shower and the person then went to which one they preferred. This meant people were supported to make decisions where possible.

The registered manager told us that people lacked the capacity to manage their own finances. We found that for each person the court of protection had appointed someone to manage their finances on their behalf. This meant that where people lacked capacity to make decisions these were made on their behalf in their best interests.

The provider had notified the Care Quality Commission that Deprivation of Liberty Safeguards (DoLS) authorisations were in place for all of the people living at the service. DoLS is law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests. We saw that mental capacity assessments had been carried out and best interest meetings were held to determine if it was necessary to make DoLS authorisations and that the service had followed the correct procedures in these applications.

We saw that people were offered drinks and snacks throughout the course of the inspection. People were able to request these using objects of reference and staff responded to people when requests were made.

The care plan for one person said they liked food from their ethnic culture and gave details of the types of food this included. However, we checked the records of food provided to this person over the month leading up to the date of our visit and this showed they were only given food of their ethnic background on one occasion. Furthermore, we saw they had either sausages or sausage rolls on 18 separate occasions. One staff member told us that the person liked sausages. However, another member of staff said that some staff just gave them this because it was easier for the staff. This was not care based around the

Requires Improvement

Is the service effective?

individual and assessed needs of the person. We discussed this with the registered manager who told us they would ensure the person received a more varied diet that reflected their preferences and cultural background.

We saw that the service had involved the speech and language therapy team for a person that had swallowing difficulties. They had produced guidance about how to support the person to eat and we observed that staff were knowledgeable about the guidance followed it.

Health Action Plans were in place which set out how to support people to live a healthy lifestyle. These included information about diet and exercise. Hospital passports were in place for people. These provided important information about the person that was helpful to hospital staff in the event that a person was admitted to hospital. Records showed people had access to health care professionals including GP's, chiropodists and opticians. We saw that a dentist visited a person at their home on the day of our inspection for a routine check-up. This showed the service was seeking to meet people's health care needs.

Good

Is the service caring?

Our findings

Care plans included information about people's likes and dislikes, for example in relation to clothes and social activities. Care plans included information about how to support people with communication. For example, for one person there was a communication passport which set out what the person was seeking to communicate by various actions. This included requesting something to eat by standing in front of the fridge or jumping on the spot which showed they were unhappy about something. Staff were aware of how people communicated. One staff member told us, "You have to look at his body language." This helped staff to communicate and support people that were unable to use spoken language.

Care plans made clear that people were to be supported to manage as much of their personal care themselves as possible. This was to promote their independence. Staff told us they supported people to be independent and make choices, one staff member said, "You don't just give personal care, you have to ask". They told us they were polite to people and respected their privacy. One staff member told us, "You knock on their door and say good morning." The same staff member told us they covered people with towels when providing support with personal care and made sure people were covered when going between their bedrooms and the bathroom. Another staff member said, "Promoting independence is one of the main things. I prompt them to do things like brushing their teeth and bringing their clothes to the laundry." Another member of staff told us, "You have to let them know what you are doing" when providing support with personal care. We saw people carrying out tasks during the course of our inspection such a setting the table and putting out rubbish which showed people were supported to be independent.

We looked at three bedrooms with the permission of people. These included personal possessions and were decorated to their personal taste, for example with family photographs. The service was decorated with photographs of people who lived there taking part in various activities which helped to promote a homely environment. We saw people were free to go to their bedrooms when they wanted and observed staff always knocked and waited before entering bedrooms. If people wished to be left alone we saw that staff respected this.

We observed staff supporting people in a way that promoted their dignity and treated people as individuals. Staff were seen to be polite and friendly in their interaction with people and people were at ease in the company of staff. We saw support was provided that was personalised. For example, we saw people were offered mid-afternoon snacks that were different so two people had biscuits and one person had crisps which was in line with their likes and preferences detailed in their care plans.

Good

Is the service responsive?

Our findings

The registered manager explained the care planning process. They said after receiving a referral for a prospective new person they carried out an initial assessment of the person's needs. This included meeting with the person and where appropriate their relatives and health and social care professionals who had been involved in the person's care. This was to help gain a full picture of the person and their needs to determine if the service was able to meet those needs. After the person moved into the service a care plan was drawn up with the involvement of the person, their keyworker and the registered manager. We saw that care plans were regularly reviewed which meant the service was able to respond to people's needs as they changed over time. We saw that daily logs were maintained which enabled the service to monitor progress with care plans on an on-going daily basis. Each person had a monthly meeting with their keyworker. Records showed these were used to review goals set over the past month and to plan activities for the month ahead.

We found care plans were in place for all people using the service. These set out how to meet people's needs in a personalised manner. Care plans included information about supporting people with dressing, using the toilet, oral hygiene, medicines, health care needs and communication.

Care plans did not just set out tasks to be performed but included information about how best to support each person individually. For example, the care plan for one person detailed how they liked support with personal care to be provided. This included taking their time with having a bath as this was something they enjoyed and that they liked to wear aftershave. Another care plan gave personalised information about how a person liked their breakfast. For example, it said they preferred cereal that was served luke warm with a lot of milk.

We saw evidence that care plans were followed. For example, the service had a sensory room and care plans we looked at said people enjoyed using this. We noted during our visit that people were supported to use it in line with their plans. Adaptations were in place around the service such as grab rails to help make it more accessible to people and to meet people's individual needs with regard to mobility.

The registered manager told us that staff were expected to read care plans. Staff confirmed this. One staff member said, "I've worked here a long time so I know the residents, but when there is a change to their care plan I always read it." Staff had a good understanding of people's individual needs and how to meet them.

The service supported people to access various educational and leisure activities. Three people attended day services where they were involved in various activities including cooking lessons and arts and crafts sessions. The service supported people to access various community services such as pubs, cafes and going swimming. The service provided various activities on the premises such as foot spa's, the sensory room and painting. On the day of our visit one person attended a day service and we observed staff supported people to go to the local shops, out to a café for lunch and for a walk.

The service had a complaints procedure. This was produced in English and a pictorial easy read version was on display in the communal area of the home. The procedure stated it could be produced in other formats if required such as other languages or large print. The procedure included timescales for responding to complaints received and details of who people could complain to if they were not satisfied with the response from the service. The registered manager told us the service had not received any complaints since the previous inspection.

Good

Is the service well-led?

Our findings

The service had a registered manager in place that was supported by a senior support worker. Staff we spoke with were aware of the lines of accountability within the service and who they reported to. Staff told us they found the registered manager to be accessible and approachable. One staff member said, "She is a good manager, she likes to help. She really does help a lot." Another staff member said, "The manager is somebody you can talk to. You know she will keep things confidential." We saw during our visit that staff were relaxed and at ease discussing issues with the registered manager who made themselves available to staff as required throughout the day.

Staff told us the service had a 24 hour on-call system which meant they were able to call a senior member of staff at any time if needed. We saw the on-call number on display and staff told us they found the system was reliable. One member of staff told us, "They [senior staff] always pick up the phone."

The registered manager told us that various quality assurance and monitoring systems were in place, some of which included seeking the views of people that used the service. A six monthly survey of people that used the service and their relatives was carried out. We saw the results of the most recent survey carried out in August 2014 which contained positive feedback.

The service had weekly residents meetings. Picture cards and objects of reference were used at these to help make them more accessible to people. Records showed these meetings enabled people to have a voice in the running of the service. For example, issues discussed included activities, the menu and plans for Christmas.

Various audits and checks were carried out. Staff told us and records confirmed that they carried out a weekly health and safety check which included testing hot water temperatures and lighting at the service. The registered manager carried out an audit of the service based on the Care Quality Commission essential standards of quality and safety. Accidents and incidents were recorded and analysed to see if anything could be learnt from them. The registered manager told us they had reviewed the way a person was supported with their mobility as a result of an accident and said they now received support that was safer.

Staff told us the service had regular staff meetings. One member of staff said, "We have staff meetings every month. We talk about the clients, things that are not working well, the way staff are working." Staff said that senior managers from the organisation attended staff meetings which provided care staff with the opportunity to discuss relevant issues with them. We saw records that confirmed staff meetings took place. Agenda items at staff meetings included team working and issues relating to people that used the service.

Monitoring visits were carried out at the service by senior managers from within the organisation. The most recent visit was carried out on 5 January 2015 and we saw the record of this visit. The visit highlighted that new furniture was needed for the sitting room and we saw that new furniture was delivered on the day of our inspection. The visit also found that some of the care documentation was not up to date and we found that had been addressed. However, the visit also found that not all training was up to date and this had not been actioned. The registered manager told us they were taking steps to address this and that they had booked medicines training for staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing We found that the registered person had not protected people against the risk associated with inadequately trained staff because staff did not have up to date training about subject relevant to meeting people's needs. This was in breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.