

London Borough of Croydon

Brookhurst Court

Inspection report

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London
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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?	Good ●

Summary of findings

Overall summary

About the service

Brookhurst Court was previously known as London Care (Brookhurst Court). London Borough of Croydon took back the management and operation of the service from the previous care provider in January 2020.

Brookhurst Court provides personal care and support to people living in self-contained flats located in a single building. This is known as extra care housing and is operated by a different team within the London Borough of Croydon. 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. At the time of this inspection there were four older people being provided with personal care and support by the service.

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

There were enough staff to support people and staff recruitment procedures were in place to check staff were safe to work with people. Staff understood how to safeguard people from abuse and neglect and processes were in place to do this. Staff followed best practice in reducing the risk of infections such as COVID-19. The registered manager liaised closely with the local authority responsible for the premises to ensure health and safety and cleanliness standards were maintained. People's medicines were managed safely by staff through effective processes.

The provider trained staff to understand and meet people's needs and staff received supervision from their line manager. Staff felt well supported in their roles. People were supported to maintain their mental and physical health and to maintain contact with professionals involved in their care. People received food and drink of their choice with support from staff where necessary. 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.

People and relatives were positive about the staff who supported them and were comfortable with them. People were involved in their care and their care plans were based on their individual needs and preferences. People were supported to improve their independent living skills as far as possible and staff treated people with dignity and respect. People's care plans reflected their needs and preferences and staff understood people's needs well. Activities were available for people to take part in, such as a gardening project alongside local college students. Relatives could visit family members without unnecessary restrictions. People were encouraged to raise any concerns or complaints and the provider had a complaints team to investigate if necessary.

The registered manager notified CQC of significant events, such as allegations of abuse, as required by law. The registered manager and staff understood their role and responsibilities. The provider communicated openly with people and staff through regular meetings and surveys. Staff felt well supported by the registered manager. The provider undertook checks to monitor, review and improve the quality and safety

of the service and addressed any issues found promptly.

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

Rating at last inspection

This service was registered with us on 3 January 2020 and this was the first inspection.

The last rating for the service under the previous provider was Good, published on 12 June 2019.

Why we inspected

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service 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?

Good ●

The service was well-led.

Details are in our well-led findings below.

Brookhurst Court

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 team consisted of one inspector.

Service and service type:

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection:

This inspection was announced. We gave the provider 48 hours' notice because people are often out, and we wanted to be sure there would be people at home to speak with us. Inspection activity started and ended on 17 June 2022 when we visited the location's office.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We reviewed statutory notifications submitted by the provider. Statutory notifications contain information providers are required

to send to us about significant events that take place within services. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection:

We spoke with two people using the service and two relatives, three care support workers, the registered manager and team leader and two visiting social care professionals. We telephoned two relatives. We observed interactions between people and staff. We reviewed a range of records including two people's care records, medicines administration records and other records relating to the management of the service including staff records and quality assurance audits.

Is the service safe?

Our findings

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

This is the first inspection for this service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines safely. Staff recorded medicines administration following best practice and our checks of medicines stocks and records showed people received their medicines as prescribed.
- The provider assessed risks relating to medicines for each person and staff had clear guidance to follow to keep people safe.
- People received medicines from staff who were trained and assessed as competent to do so each year. Additional training was available for staff who required more support.
- The provider regularly checked medicines management was safe.

Preventing and controlling infection

- Staff followed safe infection control practices as staff received training in this, including how to use PPE to reduce the risk of COVID-19 infections.
- The registered manager checked infection control practices to ensure staff followed current guidance and had access to a regular supply of PPE.
- The provider assessed risks related to COVID-19. People using the service and staff and took any action necessary to reduce risks.
- Staff received training in food hygiene and people did not raise any concerns about the way staff handled their food.

Staffing and recruitment

- People received care on time and there were enough staff to support people safely. Staff did not have to rush when caring for people.
- People could call staff for help in an emergency, outside of their agreed care package as staff were always on-site.
- No staff had been recruited since the service registered because the provider put this on hold pending a restructure. This meant we were unable to check recruitment. However, the provider had a suitable recruitment policy with a specialist team to ensure only suitable staff were recruited.

Assessing risk, safety monitoring and management

- The registered manager ensured risks to people were assessed and put guidance in place for staff to follow to reduce the risks. Risks included those relating to moving and handling, mental and physical health and the environment. Risks relating to emergencies and how people would each be evacuated were also assessed and mitigated where these were identified.
- Staff checked on people's welfare when they required additional support, sometimes outside their agreed

care package.

- The provider regularly checked the premises were safe and reported concerns to the provider for resolution.

Learning lessons when things go wrong

- Systems were in place for staff to record any accidents or incidents, such as falls, and for the registered manager, senior managers and the health and safety team to review them. These checks meant the risk of reoccurrence was reduced and any patterns would be identified.
- Learning from investigations was shared amongst the provider's extra care scheme registered managers and staff during meetings. The registered manager attended a regular extra care managers forum where further learning was shared.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff who supported them and we observed people were comfortable with staff.
- Staff received training in how to safeguard people from abuse. Our discussions with staff showed they understood the signs of abuse and how to report their concerns.
- The registered manager understood their responsibility to raise concerns with the local authority safeguarding team and to take action to keep people safe where necessary.

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.

This is the first inspection for this service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. 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.

- Most people had capacity to make decisions relating to their care and systems were in place for the provider to follow the MCA to assess a person's capacity and make decisions in their best interests where it was found they did not have capacity, involving their families and professionals. People were free to leave and return to the service with no undue restrictions.
- Staff received training in the MCA and understood their responsibilities, as did the registered manager.

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

- The registered manager met people and their relatives before they received care from the service to check they could meet their needs. Any professional reports were reviewed and the person had choice about whether they received care from the service.
- Assessments considered people's background and health issues, their care needs, preferences and the outcomes they wanted from their care. Assessments were used to develop care plans.

Supporting people to eat and drink enough to maintain a balanced diet; supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- People's dietary needs and preferences were understood and met by staff. Staff supported people to choose their meals and an external company provided them. Staff supported people to eat when this was part of their care.
- People received support to maintain their physical and mental wellbeing. Staff understood people's needs

and supported people to attend appointments when this was part of their agreed care. Staff referred people to healthcare professionals when necessary and followed their guidance. A professional told us staff push them if things were slow to make sure people's needs were met.

Staff support: induction, training, skills and experience

- People received care from staff who received the right training to understand and meet people's needs. Specialist training was available when necessary.
- Staff were supported to complete diplomas in health and social care or leadership and management in care to enhance their skills and knowledge.
- Staff received regular supervision and spot checks to check they understood and met their responsibilities and to check for any further support needs such as training.

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.

This is the first inspection for this service. This key question has been rated good. 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; Supporting people to express their views and be involved in making decisions about their care

- Staff understood and met people's individual needs in relation to their cultural and spiritual needs, relationships and their sexual orientation and these were recorded in people's care plans. For example, staff supported people to prepare cultural food from their home countries. Religious and cultural events were celebrated, such as Christmas, Easter, Eid and the Platinum Jubilee. Staff received training in equality and diversity.
- People liked the staff who supported them and developed good relationships with them. We observed staff were compassionate, caring and kind. A person told us, "The staff are very nice people. They come and check on me to see how I am." A professional told us staff care very much.
- Staff knew people well and understood how people liked to receive their care, meeting their needs and preferences. A professional said staff know people individually, they can tell you most things about everyone.
- People were supported to express their views and be involved in decisions in their care. Each person had a keyworker who checked their needs were being met and the registered manager held formal meetings and had frequent informal discussions too.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their independence. How people wanted to maintain their independence was detailed in their care plans and staff understood. This included encouraging people to remain mobile where possible and to do some personal care themselves.
- The registered manager monitored how staff interacted with people through regular observations and getting feedback through discussion and surveys.
- Staff respected people's privacy and dignity, ensuring doors and curtains were closed when providing personal care, knocking before entering their flats and gaining consent.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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.

- Staff understood people's communication needs and this was recorded in their care plans. Staff helped some people to read and understand letters they received on request.
- The registered manager told us they could provide key information in alternative formats if required as the provider has specific teams at the head office to do this.

Support to follow interests and to take part in activities that are socially and culturally relevant to people; supporting them to develop and maintain relationships to avoid social isolation; Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- An activity programme was in place based on people's preferences. These included a fish and chips night, coffee and cake get-togethers and bingo. Students from a local college gardened alongside people regularly and people visited the college to share stories and experiences. The local church visited often to carry out services and meet with people individually.
- Staff supported people to stay in touch with those who were important to them where this was an agreed part of their care, such as making video calls. People managed visitors to their private flats themselves, in line with covid-19 guidelines.
- People's care records reflected how they wanted to receive care from staff and people were given choice by staff who understood their needs.

Improving care quality in response to complaints or concerns

- The provider had a suitable complaints policy to follow to investigate and respond to any formal complaints with a central team in the local authority to investigate if necessary.
- People had been provided information about what to do if they wished to make a complaint and how this would be dealt with by the provider. People were encouraged to raise concerns and these were investigated and responded to appropriately. A person told us, "If I had any problems I'd go to [the registered manager] and she'd sort it out."

End of life care and support

- The provider recently begun a project to ask people how they would like to receive care at the end of their lives and record this in their care plans. This meant staff would be aware of people's preferences and be more able to meet their needs.

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.

This is the first inspection for this service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People, relatives, staff and professionals spoke highly of the registered manager. They had managed the service for many years under different providers and brought stability, knowledge and experience to the role. Staff also understood their role and felt supported by the registered manager. A person told us, "[The registered manager] is good. She always listens to me and would sort anything out, she's very good about that."
- The registered manager promoted good quality care through a range of monitoring audits. These included observations of staff interactions and checks of all records relating to the care people received. Action was taken to promptly resolve any concerns found.
- The registered manager notified CQC of significant incidents as required by law to enable us to effectively monitor the service.
- The registered manager was open and honest if things went wrong. They investigated accidents, incidents and complaints, apologising if people did not receive the right standard of care and making changes to improve. A professional told us if a mistake is made the registered manager lets them know, they do not try to cover it up.

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

- The provider communicated well and asked people and staff for feedback through individual and group meetings and surveys. Recent surveys showed people were pleased with the standard of care they received and our findings were in line with this.

Working in partnership with others

- The registered manager maintained good relationships with healthcare professionals involved in people's care. Professional guidance was incorporated into people's care to meet people's needs. Two visiting professionals told us communication from the registered manager and staff was very good.
- The registered manager worked closely with the local authority maintenance teams to resolve any issues relating to the environment such as health and safety and cleanliness of communal areas.

