Care Quality Commission

Heritage Care Limited

78 Croydon Road

Inspection report

78 Croydon Road
London
SE20 7AB

Tel: 02086769965

Date of inspection visit:
03 August 2017

Date of publication:
30 October 2017

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

We carried out an unannounced inspection on 03 August 2017. This was the first inspection of the service. 78 Croydon Road provides support for up to seven people living in the community recovering from mental health, drug or alcohol problems. On the day of our inspection there were seven people using the service.

The service had a registered manager in post at the time of the inspection. 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.

People were safe. Medicines were stored securely and managed safely. There were appropriate safeguarding procedures in place and staff were able to demonstrate a clear understanding of these procedures. There were enough staff deployed to meet people's needs. The provider undertook appropriate recruitment checks before staff started work.

Staff training was up to date and staff were supported through formal supervisions and appraisals. The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and acted according to this legislation. People were supported to have enough to eat and drink and had access to health care professionals when needed.

People told us that staff were kind, caring and treated them with respect. People's privacy and dignity was respected and people were encouraged to be as independent as possible.

Care plans were person-centred and reviewed on a regular basis. People had access to a variety of activities. People had knew how to make a complaint and should they need to it. Resident meetings were held on a regular basis to gather people's views about the service.

There were systems in place to monitor and improve the quality of the service. Regular staff meetings were held to drive improvements. Staff were complimentary about the manager who they said was open and approachable.

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.

Medicines were stored securely and managed safely.

Appropriate safeguarding adults procedures were in place staff understood how to safeguard the people they supported from abuse.

There were enough staff deployed to meet people's needs.

Appropriate recruitment checks were carried out before staff started work.

Is the service effective?

Good

The service was effective.

Staff training was up to date and staff were supported through formal supervisions and appraisals.

The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards and acted according to this legislation.

People were supported to have enough to eat and drink and had access to health care professionals when needed.

Is the service caring?

Good

The service was caring.

Staff were kind, caring and treated people with respect.

People's privacy and dignity was respected.

People were encouraged to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

Care plans were person-centred and reviewed on a regular basis.

People had access to a variety of activities.

People had access to the complaints policy should they need it.

Resident meetings were held on a regular basis to gather people's views about the service

Is the service well-led?

Good

The service was well-led.

There were systems in place to monitor and improve the quality of the service.

Regular staff meetings were held to drive improvements.

Staff were complimentary about the manager who they said was open and approachable.

Care Quality Commission

78 Croydon Road

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 03 August 2017. The inspection team consisted of one inspector and one specialist mental health nurse advisor.

Before the inspection we looked at the information we held about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. Usually we would ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to provide some key information about the service, what the service does well and improvements they plan to make. However, in this instance we did not request a PIR as we brought this inspection forward due to some concerns we had. We also asked the local authority commissioning the service for their views of the service.

During the inspection we spoke with three people, three staff, the head of occupational therapy and the registered manager. We reviewed six people's care records, risk assessments and medicines administration records. We reviewed four staff files and training records. We also looked at records related to the management of the service such as surveys, accident and incident records and policies and procedures.

Good

Is the service safe?

Our findings

People said they felt safe living at the service. One person said, "I feel safe with everything. I know whose coming in and out. Staff always check on people".

Records showed there were appropriate safeguarding policies and procedures in place and staff knew what action to take to protect people should they have any concerns. Training records we saw confirmed that staff had up to date safeguarding training. Staff told us they were aware of the organisation's whistleblowing policy and they would not hesitate to use it if they needed to. A staff member told us, "If I suspected any abuse, I would go to my manager. If I needed to go outside of the service I would go to the CQC or to the local authority." Another staff member said, "I am confident that any concerns I had would be resolved by my manager. I would also not hesitate to use the whistleblowing policy if the need arose."

Medicines were securely stored, safely administered and recorded appropriately. We observed medicines being administered and saw that medicines were signed for straight after they had been administered. We checked Medicine Administration Records (MAR) charts and found they were legible and did not contain any gaps. We checked the balances of medicines stored in the cupboard against the MAR charts for people using the service and found these records were up to date and accurate. One person told us, "I get my medicines on time every day, staff remind me."

Risk assessments were completed for each person in relation to medicines, mobility, nutrition, fire safety and risks to themselves and others. Risk assessments included detailed information about action to be taken to minimise the chance of risks occurring. Where potential risks were identified there were relevant action plans in place to guide staff on how to minimise these risks. For example, where there was a risk of self-neglect for a person using the service, staff were provided with guidance to monitor the person's mental health by engaging with them daily through verbal conversations, which we observed.

The service had a system in place to log and monitor accidents and incidents. They included details of what had occurred and any action that had been taken to keep people safe and reduce the risk of similar future occurrences. For example, one person had a fall they were assessed by staff and taken to hospital. The person's risk assessment and care plan had been updated with guidance for staff to minimise the risk of this happening again.

There were arrangements in place to deal with foreseeable emergencies. Staff told us they knew what to do in response to a medical emergency or fire and they had received first aid and fire training. Training records we looked at confirmed this. The fire risk assessment for the service was up to date.

We saw through observations and staff rotas showed that staffing levels were consistent and there were enough staff to meet people's needs in a timely manner. The registered manager told us that staffing levels were calculated on the dependency of people who used the service and if extra staff were needed due to sickness or leave then the provider authorised extra staff. People using the service told us, that there were enough staff at the service. One person said, "There are enough staff." Another person said, "Yes there are

enough staff."

There were safe recruitment practices in place. The provider carried out appropriate recruitment checks before staff started work at the service. We were unable to check staff recruitment files as these were held at the organisation's head office. However, during the inspection the human resources department sent us information which confirmed that all staff had completed application forms that included their full employment history. They had obtained criminal record checks, employment references, health declarations, proof of identification and checks to ensure staff were entitled to work in the UK before they commenced work.

Good

Is the service effective?

Our findings

People told us, and we saw that staff were competent and knew their jobs well. One person said, "Staff do their jobs properly." Another person said, "Staff have knowledge and skills."

Staff had been appropriately inducted into the service. New staff were required to complete an induction in line with the Care Certificate. The Care Certificate was introduced in April 2015 and is the benchmark that has been set for the induction standard for new care workers. Records confirmed that mandatory staff training was up to date which included medicines, safeguarding, challenging behaviour, understanding suicide, self-harm, manual handing and health and safety. One member of staff told us, "I'm up to date on all my training. I am due to go on an understanding suicide course which is specialist training. This is going to be very good."

We saw staff were supported through regular supervisions and appraisals. During supervision sessions, staff discussed a range of topics, including issues relating to the people using the service, training and progress in their role. The frequency of supervision meant that any shortfalls in knowledge or training could be picked up promptly and addressed so that people continued to receive appropriate standards of care. One staff member told us, "I have supervisions. I find it's a good way to get feedback and discuss issues and ask questions". The frequency of supervisions meant that any shortfalls in knowledge or training could be picked up promptly and addressed so that people continued to receive an appropriate standard of care. Annual appraisals had been conducted for all staff that had completed a full year in service. There was an out of hours on call system in operation that ensured management support and advice was always available when staff needed it.

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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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 were being met. The registered manager told us that all of the people using the service had capacity to make decisions about their own care and treatment. However if they had any concerns regarding a person's ability to make a decision they would work with the person using the service, their relatives, if appropriate, and any relevant health care professionals to ensure appropriate capacity assessments were undertaken. If the person did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions for them in their 'best interests' in line with the Mental Capacity Act 2005.Staff were knowledgeable of the MCA and understood the importance of obtaining consent from people prior to providing care or assistance. We also observed staff obtaining consent prior to offering support. One staff

member told us, "I also ask people if they want me to assist them". We observed staff asking people for consent before assisting them, for example, before administering medicines.

People were supported to eat and drink. Staff supported people to plan their own meals according to their likes, dislikes, choices and preferences. Where required, people were supported to shop for their meals. People were supported by staff to cook their own meals. People's care files included assessments of their dietary needs and preferences. One person said, "I make all my own meals, I like all different food."

People's care files contained information about all their scheduled healthcare and medical appointments. Records showed people were supported to access to a range of healthcare professionals when needed, this included GPs, dentists and mental health care professionals. One person said, "[Staff] came with me to the dentist a few weeks ago". We spoke to the head of occupational therapy who said, "I am impressed how open the staff team are to new ideas and trying different strategies to helping people. Such as de-escalation techniques if people become agitated or anxious. This includes distracting people by leaving them alone, talking to them or taking them out".

People's individual records that people had access to a range of healthcare professionals in order that they maintained good health. This included GPs, dentists, opticians, psychiatrists and the community mental health team when required. When required, staff attended appointments with people to support them. One person told us "I go the doctor on my own, but staff will go with me if I ask them".

Good

Is the service caring?

Our findings

People told us that they felt cared for. One person said, "Yes, staff are caring." Another person said, "Staff have helped me a lot."

People told us they had been involved about their care needs. One person said "I know what's happening, staff tell me and I can ask them". People using the service looked comfortable and relaxed. We saw staff engaging with people in a positive and calm manner. They responded to people politely, and offered encouragement and took their time when they supported people. For example, not rushing people when they were getting ready to go out. One person said, "Staff allow me to do things at my own pace."

Staff knew people's life histories and demonstrated that they knew people well. They were able to describe people's individual needs in detail. For example, what they liked to eat, the times they liked to relax and the time they like to get up and go to bed. One staff member said, "One person absolutely loves pasta, pizza and meatballs".

People had their own individual bedrooms which were personalised with their own belongings. People's privacy and dignity was respected. We saw that people's privacy was respected when they wanted to spend time in their rooms. We saw staff knocking on people's doors and waiting for a response before entering. One person said, "Staff do always knock on my door, they don't just come in." One staff member said, "It's important to maintain people's privacy and dignity. I ensure nobody comes into people's bedrooms when I am assisting them. I always close doors and curtains and always tell them what I'm doing". We saw people's confidential care records were securely locked away and only staff had authorisation to access these records.

People were encouraged to be as independent as possible. This included going shopping, cleaning bedrooms and doing their own laundry. One person said, "I'm independent, but staff help with laundry and washing my hair when I need it." One staff member said, "It is important to allow people to do what they can for themselves. I always encourage them to clean, wash and tidy their rooms".

Care files detailed and staff were sensitive to people's ethnicity, preferred faith, cultural needs and sexual orientation. For example, we saw one person attended their preferred place of worship on a daily basis. Staff told us should anyone else want to attend a particular place of worship, they would be supported to do so. Staff training records showed that staff had completed equality and diversity training. One staff member said, "I treat everyone equally and I respect and support people's individual needs and choices".

People were provided with information about the home when they moved in. This was in the form of a service user guide which included the complaints procedure. This meant people knew the standard of care to expect and the services and facilities provided at the service.

Good

Is the service responsive?

Our findings

Care files showed that people using the service, relevant healthcare professionals and key workers were involved in the care planning process. One person said, "I know what's going on and staff tell me and talk to me."

People's care needs were assessed before they moved into the service to ensure their needs could be met. People received care, support and treatment that met their needs. Care files and recovery plans were reviewed regularly. Care plans were well easy to follow and were reviewed regularly. They included information about nutrition, medicines, personal care and mental health. This also included clear information for staff on how people's care needs should be met. Daily progress notes were maintained to record the care and support delivered to people.

We saw people's mental health needs were supported. People had access to mental health care professionals when needed and staff had guidance in care files to help them identify if people's mental health needs were changing. Guidance included behaviours that staff should be aware of, this included for example, people refusing to take medicines or refusing to attend to their personal hygiene. Care files included guidance on what to do if people became anxious. For example, the different types of de-escalation techniques to use if people became anxious whilst out in the community or meeting new people.

People were also assigned individual key workers to give them individual and focused support. We saw that keyworker meetings were documented to highlight any changes in the support people needed. One person said "I have a key worker and meet with them. I can talk to them about what is worrying me." We saw Care Program Approach (CPA) review meetings took place regularly and minutes of these meetings were available in people's care files. CPA is a way that services are assessed, planned and reviewed for someone with mental health problems. This meant that staff were aware of any issues arising from these meetings and whether or not any changes to people's care needed to be made and keep people safe. For example, if people's mental health needs were changing including medicine needs.

People were protected from the risk of social isolation. People had individual, person-centred weekly activity planners. Activities outside of the service included attending music clubs, going swimming, to the gym and to places of worship. Activities within the service included arts and crafts, baking, puzzles and movie nights. People also enjoyed day trips to the seaside. One person told us, "I went to London with my key worker, it was good." A staff member said, "One person, loves museums and we accompany them whenever they want to go".

The service had an accessible complaints policy in place and the procedure was on display in the foyer so was people using the service had easy access to it should they need it. Although the service maintained a complaints folder they had not received any complaints. However, the registered manager stated that if they did then they would follow the complaints process to investigate the matter.

We saw that the provider held regular residents meetings to obtain people's feedback about the service.

Meetings were minuted and included items such as activities, health and safety and reminding people that they could have access to their keyworker outside of monthly meetings. People were also reminded about the complaints procedure and that they could directly report any complaints to staff. We saw that as a result of people's feedback the lounge area had been redecorated in taking into account people's preferences.

Good

Is the service well-led?

Our findings

There were effective systems in place to monitor the quality and safety of the service. Regular audits were carried out at the service to identify any shortfalls. These included medicines, the environment, health and safety and care files. Records showed that it had been identified in an environment audit in June 2017 that one person's room needed redecoration and some new furniture. We saw this had been done. There were no other issues identified.

The service had a registered manager who had been in place for some time and was supported by a deputy manager in running the service. People spoke positively about the service and the registered manager. One person said, "I like living here. I like the registered manager." The registered manager understood the legal responsibilities of their registration with CQC and the requirement to keep us informed of important events through notifications when required.

Staff told us that the ethos of the service was to support people and improve their independent living skills so that they may be able to move onto independent living. Staff told us that the happy working at the service and that the registered manager was approachable and receptive to feedback. One staff member said, "The registered manager is good. They are very easy to talk to and approachable." Another staff member said "I can go and talk to the registered manager at any time." A third person said, "The team work well together, everyone cares."

Staff communicated effectively with each other. They attended handover meetings at the end of every shift so that they were kept up to date with any changes to people's care and welfare needs. We saw that regular staff meetings took place. Meetings were minuted and areas discussed included safeguarding, training, medicines and health and safety. These meetings were used to disseminate learning and best practice so staff understood what was expected of them at all levels. One staff member said, "I attend team meetings. We are a good team and share best practice." Another staff member said, "Team meetings help me bond with my colleagues and understand the organisation."

The service carried out regular annual resident, relatives and health care professionals' surveys to obtain feedback about the service. The last survey carried out in August 2016 received positive feedback. Comments from relatives included, "Turnover of staff is not high. This enables staff to get to know people and their relatives." Comments from health care professionals included, "I can't think of anything they could improve." and "Staff are very caring and professional."