

# Mr & Mrs J P Rampersad

# Brighton Road

## Inspection report

477 Brighton Road  
Croydon  
Surrey  
CR2 6EW

Tel: 02086688631

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26 September 2018

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## Ratings

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

## Overall summary

Brighton Road is a residential care home for up to four people who have a learning disability. At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The registered manager remained in post. 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. The provider is also the registered manager and this is their home. The person using the service lives in the home as a part of the family.

People told us they felt safe. Staff were trained in adult safeguarding procedures and knew what to do if they considered people were at risk of harm or if they needed to report any suspected abuse. Staff were aware of the whistleblowing procedures and knew how to use them.

The risks to people's safety and wellbeing were assessed and regularly reviewed.

The provider had processes in place for the recording and investigation of incidents and accidents. There were sufficient numbers of staff available to help meet people's needs.

People were not prescribed medicines and so did not need support with the management of any medicines.

Staff completed training for good practice with food hygiene and infection control.

The provider met the requirements of the Mental Capacity Act 2005 (MCA) to help ensure people's rights were protected. Staff had received appropriate training and had a good understanding of the MCA. People and their relatives said staff sought their consent before providing care.

People were supported to access health care services as required in order to help them to stay healthy.

Relatives told us staff were consistently kind and caring and established positive relationships with people and with them. They told us staff valued people, treated them with respect and promoted their rights, choice and independence.

People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and also when there was a change in care needs. People were given information about how to make a complaint and the people we spoke with knew how to go about making a complaint and

were confident that they would be responded to appropriately by the provider. We saw evidence the registered manager responded to complaints received in a timely manner.

We received positive feedback about the management of the service. The registered manager and the staff were approachable and fully engaged with providing good quality care for people who used the service. The provider had systems in place to continually monitor the quality of the service and there were arrangements for people to be asked for their opinions via surveys.

## 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 remained rated 'good'.

### Is the service effective?

Good ●

The service remained rated 'good'.

### Is the service caring?

Good ●

The service remained rated 'good'.

### Is the service responsive?

Good ●

The service remained rated 'good'.

### Is the service well-led?

Good ●

The service remained rated 'good'.

# Brighton 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 comprehensive inspection was carried out by two inspectors on 26 September 2018 and was announced. Prior to the inspection we reviewed the information we held about the service and the provider. This included notifications received from the provider about deaths, accidents and safeguarding concerns. A notification is information about important events that the provider is required to send us by law. We also contacted the local authority responsible for monitoring the quality of the service and other health and social care professionals to obtain their views. We used this information to help inform our inspection.

There was one person using the service at the time of our inspection. During our inspection we spoke with them and observed as they engaged with staff and completed their day-to-day tasks and activities. We looked at the care plans and records for this person and after the inspection we spoke with one of their relatives and a health and social care professional. As part of the inspection we looked at records and reviewed information given to us by the registered manager and members of staff. We looked at records for people using the service, staff records and records related to the management of the service.

# Is the service safe?

## Our findings

At this inspection the provider offered the same level of protection to people who used the service from abuse, harm and risks as at the previous inspection. The rating continues to be good.

The person living at this home said staff treated them with kindness. They said, "Staff are really very good to me. I know I am safe here, they make sure I am well and safe." We observed they looked safe, well and relaxed in the home and when interacting with staff. Relatives told us they thought the person was well looked after.

Staff understood how to keep people safe and knew what actions to take in the event of an emergency or when managing identified risks. Risks to the health and safety of people using the service were identified, assessed and reviewed on a regular basis. Risk assessments assessed levels of risk to people's physical and mental health. They included risk management strategies to minimise the risks and for staff to follow. This was to help promote people's health and safety whilst ensuring known risks were minimised. We saw risk assessments were completed for holidays, managing excursions into the community and risks associated with traffic, medicines, mobility, physical health and work in the kitchen. Risk assessments formed part of the agreed care plan and staff had detailed understanding and knowledge of the risks people faced and the actions they needed to take to ensure people's safety.

Risk assessments were person centred and a positive approach to risk taking was adopted which enabled and promoted greater independence for people. People were protected by staff that understood how to recognise and respond to the signs of abuse. Staff knew how to access information about safeguarding adults including the provider's policy and who to report any concerns to. Staff we spoke with understood their responsibilities to report any concerns about abuse and told us they were confident to do so. One staff member said, "If we had any concerns we would take all appropriate actions to ensure people were kept safe including reporting incidents to the local authority social services team." We saw staff received up to date safeguarding training and records we looked at confirmed this. Staff were also aware of the provider's whistle blowing policy and knew how to report issues of poor practice.

We asked the registered manager about medicines management within the home and we were told that the person currently using the service did not take any medicines as they did not need them and none were prescribed by the GP. We saw that all the necessary and appropriate policies and procedures were in place should medicines be prescribed in the future.

Accidents and incidents were recorded, managed and acted on appropriately. Accident and incident records demonstrated staff identified concerns and took appropriate action when required to minimise the reoccurrence of risks. This included referral to health and social care professionals in the local authority and to the CQC where appropriate. The registered manager told us all accidents and incidents were documented on the provider's computer system to monitor and identify any recurring themes and to share any learning with the staffing team.

People were supported by sufficient numbers of staff to meet their needs. Staff told us they felt staffing levels were appropriate to meet people's needs and ensure their safety. One staff member said, "We are always here to make sure [person's name] is safe and well supported."

There were safe staff recruitment practices in place and appropriate recruitment checks were conducted before staff started work to ensure they were suitable to be employed in a social care environment. Staff records we looked at confirmed pre-employment and criminal records checks were carried out before staff started work. Staff records also included proof of identification, references and history of experience or qualifications including gaps in employment history.

Staff we spoke with knew what to do in the event of a fire and who to contact and had received emergency first aid and basic life support training. People also had detailed photographic 'missing person's' forms in place to ensure and assist in their safe return to the home should they get lost when out. There were systems in place to monitor the safety of the premises and equipment used within the home and we saw equipment was routinely serviced and maintained.

# Is the service effective?

## Our findings

At this inspection people's care continued to achieve effective outcomes. The rating continues to be good.

People and their relatives told us they felt staff were well trained and suitably skilled to meet their needs. One person said, "The staff are like my family, I have lived here for a long time and they know me well."

Staff told us they ensured their training was regularly updated and refreshed in order to support them in their roles and to develop their practice. One member of staff said, "I make sure all my training is up to date and is relevant to the people we support. It helps us to understand people's needs better." The training records demonstrated that staff received up to date training appropriate to the needs of people using the service and which also met the needs of staff. Training provided included topics such as fire safety, food hygiene, health and safety, safeguarding and medicines management.

There was no formal supervision between the owner and the manager given the small nature of the home and the family style culture. However there was daily contact and discussion to do with work related issues and the person using the service.

There were arrangements in place to support people with eating and drinking where this was part of their care package. The person we spoke with received support with their meal preparations and shopping for food. Their care plan gave detailed information about their likes and dislikes with food and drinks. We saw from our inspection of the person's file that staff monitored if the person was eating and drinking well or whether they needed to be concerned about their intake or take action.

Staff supported some people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. This included healthcare professionals such as GPs, occupational therapists and district nurses to provide additional support when required. Care records showed staff shared information effectively with professionals and involved them appropriately.

The Mental Capacity Act 2005 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. 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 granted to deprive a person of their liberty were being met. We saw that, where required, people's care plans contained records from best interests meetings held and decisions made and where required mental capacity assessments were undertaken. This demonstrated that decisions were made in people's best interests where appropriate and the service was working within the principles of the MCA. We saw people did not have their liberty restricted. Some independent travel took place every week and where this presented a risk the staff supported the person rather than restrict their



liberty.

A relative said staff were polite and professional and respected their family member's wishes. The person and relatives told us staff always asked for their consent before care and support was provided for them. The registered manager and staff told us that they would work with the person and where necessary their relatives and any health professionals such as the GP to ensure appropriate best interests assessments were undertaken. Staff understood the requirements of legislation relating to the need for people to give consent and to act in their best interests when consent could not be given. People were involved in day to day decisions about their care.

## Is the service caring?

### Our findings

At this inspection the provider offered the same level of care and kindness in the delivery of care and support to people as at the previous inspection. The rating continues to be good.

People were evidently very happy living in this home and they said staff were kind and caring. A relative told us, "staff there are really kind and caring, you could ask for better care." We could see from observing staff interaction with people it was respectful and kind. People were comfortable around the staff and staff spoke to them in a friendly and respectful way. The small staff team we talked with showed they had a comprehensive knowledge about the people they supported and were able to tell us about people's individual needs, preferences and interests. These details were included in the care plans.

People were supported to maintain relationships with their families and friends. For example, regular weekly visits to the family home were made and this enabled people and their families to enjoy activities together and spend time with each other.

We observed staff always knocked on doors before entering people's rooms. Staff respected people's private space and always made sure they spoke to people in a respectful manner, for example, by referring to them by their preferred name and by taking care to use terms and descriptions that they could easily understand.

Care records were written in the first person showing they were individual to each person and contained information about people's life history, their likes and dislikes, cultural and religious preferences. Staff did not use institutionalised language in their reports and records and information about people was written in a personalised way.

People were involved in decisions about the running of the home as well as their own care. This happened mainly through daily contact with people and was kept as informal as possible due to the size and nature of the home.

## Is the service responsive?

### Our findings

The provider continued to be responsive. People were satisfied with the quality of care they received. They appeared comfortable in their surrounds and in interacting with the registered manager and staff. People told us, "I am happy. I like living here." Relatives told us, "The care my [family member] receives is very good. I am so happy they are cared for so well."

Records confirmed people were supported to contribute to their care planning. Staff used information from assessments of people's care and support needs to develop detailed support plans which set out how their physical, mental, emotional and social needs should be met. There was continuity of care. People were supported by a consistent staff team who knew them well and understood how they preferred their care to be provided. Staff spoke knowledgeably about people's life histories, their likes and dislikes, their interests and habits. This knowledge enabled staff to provide personalised care. People's care plans were reviewed monthly. This helped to ensure the care they received reflected their current needs.

People were supported to pursue activities and interests that were important to them. People's rooms contained items which reflected their interests. One person told us they liked cars and we saw a number of model cars in their room. People attended days centres several times per week where they participated in a variety of activities and interacted with people of a similar age. The provider sought opportunities for people to undertake voluntary work. People had the opportunity to travel abroad. One person told us about their trips to Israel and France and how much they had enjoyed them.

People were able to maintain relationships with those that mattered to them. One person proudly showed us a picture of their friend from the day centre. People told us they regularly spent time with their family. This helped to ensure that people did not become socially isolated.

The registered manager was responsible for ensuring people's complaints were fully investigated and that people received a satisfactory response to the concerns they raised. There had not been any complaints since our last inspection but people knew how to report any concerns. We asked one person who they would speak to if they were unhappy with the help they received and they told us, "I would tell [Registered manager's name] or my mum."

## Is the service well-led?

### Our findings

The home continued to be well organised and well-led. Relatives confirmed they thought the home was well run and they said, "Really well run, since I can't give the care I'd like to be able to, I wouldn't want them living anywhere else, they are a good home." The registered manager who was also the provider lived at the home and was involved in providing care. They were fully aware of their role and responsibilities.

There were appropriate arrangements in place for checking the quality of the care people received. The registered manager and staff checked the standard of cleanliness in the home. People's care plans were reviewed regularly. The maintenance and security of the home was regularly checked by the provider. The provider also conducted audits of a variety of aspects of the service to check that they were meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The views of people and their relatives were obtained formally through a feedback survey. However, the registered manager and staff told us that because the home was small, they were constantly getting people's feedback during daily interaction. This allowed the registered manager to make immediate changes to the way care was provided in response to feedback.

We requested a variety of records relating to people living in the home, staff and management of the service. People's care records, including their medical records were fully completed, well organised and up to date. People's confidentiality was protected because the records were securely stored on a computer system which was only accessible by staff. and records relating to the management of the service were well organised and promptly located.

All areas of the home were clean and tidy. People's rooms were well decorated and furnished with lots of personal items which reflected their age and interests.

We checked the home's maintenance records and we saw all the essential service such as gas, electricity and water utilities were regularly tested and maintained to the expected standard.