Mr. Gordon Phillips

Croham Place

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 inspected Croham Place on 23 June 2016. The inspection was carried out by an inspector, a specialist advisor and an expert by experience. The inspection was unannounced .

Croham Place is a care home that is registered to provide personal care and nursing for up to 23 adults who have a range of complex needs. The service is divided into three separate units. The largest is The Manor which is a home for 14 physically disabled adults with complex care needs requiring nursing intervention. The Beeches is a house for seven men with acquired brain injuries (ABI) and behaviours that may challenge others. The Nightingales is a bungalow shared by two people with autistic spectrum disorders (ASD).

At our inspection in May 2015, we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to how the provider supported staff, met people's needs and managed the service. We asked the provider to tell us how and when they would make the required improvements. These actions have now been completed.

During this inspection we found that the provider was meeting the regulations in relation to how it supported staff, met people's needs and managed the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 (Regulated Activities) Regulations 2014 about how the service is run.

People were cared for by a sufficient number of staff. However, there was a shortage of permanent employed staff so the provider used agency staff to fill the gaps in staffing. The agency staff did not have the required knowledge to help keep people safe.

People told us they were safe. This was also the view of their relatives. People were protected from avoidable harm. Staff were supported by the provider to deliver effective care through relevant training, supervision and appraisal.

People received their medicines safely because there were appropriate procedures in place for ordering, storing, administering and recording medicines which were consistently followed by suitably qualified staff.

People received the help they needed to maintain good health and had access to a variety of healthcare professionals. Employed staff understood the relevant requirements of the Mental Capacity Act 2005 and how it applied to people in their care.

People were protected from the risk and spread of infection because staff understood their responsibilities in relation to infection control and followed the procedures in place. All areas of the home were clean and

well maintained. The premises were of a suitable layout and design for the people living there. Equipment was regularly service and well maintained.

People were satisfied with the quality and quantity of food they received. People were treated with respect, compassion and kindness by staff. They were involved in making decisions about their care and where appropriate, their relatives were also involved.

People were encouraged and supported to be as independent as they wanted to be. People had the opportunity to participate in activities within the home and were supported to access the community.

People knew how to make a complaint and felt able to do so if the need arose. People were willing to express their views on the care they received and had their comments listened to and acted on.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to there being a lack of staff knowledge on how to protect people from the risk of abuse.

You can see the action we have asked the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe.

The service had policies and procedures in place to minimise the risk of abuse. These were effectively implemented by staff employed by the provider but some agency staff who worked at the service had limited knowledge on how to protect people from abuse.

Risks to individuals were assessed and managed.

Staff were recruited using appropriate recruitment procedures. There was a sufficient number of staff to help keep people safe. Staff followed procedures which helped to protect people from the risk and spread of infection.

Is the service effective?

Good

The service was effective.

The provider supported staff to deliver effective care through relevant training and regular supervision and appraisal.

Staff understood the main principles of the Mental Capacity Act 2005 and how it applied to people in their care.

People received a choice of nutritious meals and had sufficient to eat and drink. Staff worked with a variety of healthcare professionals to maintain people's health.

Is the service caring?

Good

The service was caring.

Staff were caring and treated people with kindness and respect. People received care in a way that maintained their privacy and dignity.

People felt able to express their views and were involved in making decisions about their care.

Is the service responsive?

Good

The service was responsive.

People were satisfied with the care they received. People received care which met their needs.

People were given the opportunity to make suggestions and comments about the care they received which staff took into account in the way care was provided.

Is the service well-led?

Good

The service was well-led.

There were systems in place to regularly monitor and assess the quality of care people received.

We saw evidence of learning from concerns raised.

Croham Place

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.

The inspection was carried out on 23 June and was unannounced. The inspection was carried out by an inspector, a specialist nursing advisor with a specialism in the care of the physically disabled and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience's area of experience was care of the physically disabled.

As part of the inspection we reviewed all the information we held about the service. This included routine notifications received from the provider, safeguarding referrals and the previous inspection report.

During the inspection we spoke with six people living in the home, three of their relatives and five staff members, as well as the deputy and registered managers. We also spoke with a representative from a local authority which commissions the service.

We looked at six people's care files and five staff files which included their recruitment records. We reviewed records relating to agency staff, maintenance and management of the home, as well as a variety of policies and procedures.

Requires Improvement

Is the service safe?

Our findings

People were not adequately protected from abuse because the agency staff working at the service had limited knowledge of how to identify abuse or how to report any concerns internally or externally. The provider frequently used agency staff to fill the gaps in staffing and as far as possible used the same agency staff to provide continuity of care. On the day of our inspection half of the care staff working at the home were agency staff. The agency staff had received safeguarding training but the provider had not taken steps to ensure they knew how to apply their learning in their role as care staff or understood their obligations to protect people from abuse. One agency staff member was not able to name any types of abuse or tell us the signs that would indicate that a person was being abused. They told us they did not know what to do if they suspected someone was being abused. Another agency staff member told us, "I have done the training but I'm sorry I can't remember." This meant there was a risk of people receiving care and treatment which was inappropriate or unsafe.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13 –Safeguarding service users from abuse and improper treatment.

We raised this with the registered manager who was surprised that the agency staff had limited knowledge on how to protect people from abuse because he had checked they received safeguarding training before they were allowed to work with people and there was safeguarding information clearly displayed around the home for staff and people using the service.

Staff employed by the service understood their responsibility to protect people from abuse. The home had policies and procedures in place to guide staff on how to protect people from abuse which staff were familiar with and applied day-to-day. Staff had been trained in safeguarding adults and their understanding of their learning was checked. They demonstrated good knowledge on how to recognise abuse and report any concerns.

There was information on display in each unit for the people living there, their relatives and staff about what constituted abuse and who to contact if they had any concerns. The information was also displayed in an easy read format. People using the service and their relatives knew how to report any concerns. People told us they felt safe and commented, "I feel safe here", "I'm safe [the staff member] makes sure of that" and "I am safe. I would tell [my relative]." Relatives commented, "I'm not concerned about her safety" and "I'm satisfied [the person] is safe."

Arrangements were in place to protect people from avoidable harm. Risk assessments were carried out and care plans gave staff information on how to manage identified risks. For example, people with mobility difficulties had personal evacuation plans for staff to follow in the event of an emergency. Staff knew the action to take if a person had a medical emergency.

People's needs were assessed before they began to use the service. The number of staff required to deliver care to people safely when they were being supported was also assessed. Care plans stated how many staff

were required for supporting people with specific tasks such as mobilising. Although there was a shortage of employed permanent staff, through the use of agency staff there were a sufficient number of staff to support people. The number of staff a person required to support them was reviewed when there was a change in their needs. For example, we saw that when there was a decline in a person's physical mobility and a deterioration in their health, their needs were reassessed and one-to-one support provided.

The service operated an effective recruitment process which was consistently applied by the management. Appropriate checks were undertaken before staff began to work with people. These included criminal record checks, obtaining proof of their identity and their right to work in the United Kingdom. Professional references were obtained from applicant's previous employers which commented on their character and suitability for the role. Applicant's physical and mental fitness to work was checked before they were employed. This minimised the risk of the provider employing staff who were unsuitable for their role.

People received their medicines safely because staff followed the service's policies and procedures for ordering, storing, administering and recording medicines. Staff were required to complete medicine administration record charts. Records confirmed that staff fully completed these and that people received their medicines as prescribed. Staff handling medicines were registered nurses and there was at least one registered nurse working on every shift. There was a protocol in place for the use of medicines which were prescribed to be administered as required. Each person had a medicine profile which gave staff information about their medicines, when and how it should be taken and in what dosage. As well as their personal details, each person's photograph was on the front of the medicine profile. This helped to minimise the risk of people being given the wrong medicine. There was a system in place to help ensure people's medicines were regularly reviewed by their GP.

The buildings and surrounding gardens were well maintained and this helped to keep people safe. The water supply and utilities were regularly inspected and tested. The home was fully accessible and of a suitable design and layout to meet the needs of people living there. The home had procedures in place which aimed to keep people safe and provide a continuity of care in the event of an unexpected emergency such as, a fire or boiler breakdown. The vehicles used to transport people were regularly inspected and serviced.

We saw confirmation there were arrangements in place to test and service essential equipment such as lifts and call bells. Staff had been trained in how to use the equipment people needed and we observed that they were confident in doing so. The equipment was clean and well maintained. There was sufficient equipment in the home to assist staff to support people safely.

People were protected from the risk and spread of infection because staff followed the home's infection control policy. The provider employed a cleaner. On the day of our visit all areas of the home including people's rooms were clean and tidy. Staff had received training in infection control and spoke knowledgably about how to minimise the risk of infection. Staff had an ample supply of personal protective equipment (PPE). We observed that staff wore PPE when appropriate and practised good hand hygiene.

Good

Is the service effective?

Our findings

At our previous inspection in May 2015, we found the provider did not adequately support staff through relevant training, supervision or appraisal.

During this inspection, we found that people received care and support from staff who were adequately supported by the provider through an induction, relevant training, supervision and appraisal. When first employed, staff received an induction during which they were introduced to the provider's policies, they received training in areas relevant to their role such as moving and handling people and they were made aware of emergency procedures.

Staff told us and records confirmed that they received regular training in the areas relevant to their work such as safeguarding adults and infection control. Staff were able to tell us how they applied their learning in their role day-to-day. Staff were supported to provide effective care to people through the supervision and appraisal process. Staff attended regular supervision meetings where they discussed issues affecting their role and their professional development. Individual staff performance was reviewed during an annual appraisal. The provider supported and encouraged staff to obtain further qualifications relevant to their role.

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. We checked whether the service was working within the principles of the MCA. Staff understood the main principles of the MCA and the specific requirements of Deprivation of Liberty Safeguards (DoLS) and knew how they applied to people in their care. Staff told us of the importance of allowing people to make their own decisions and the action they would take if they felt a person lacked capacity to make a particular decision.

DoLS requires providers to submit applications to a "Supervisory Body" if they consider a person should be deprived of their liberty in order to get the care and treatment they need. There were appropriate procedures in place to make DoLS applications which staff understood and we saw that they were applied in practice. Several applications had been made by the registered manager.

The service was following the MCA code of practice and made sure that people who lacked capacity to make particular decisions were protected. Where people were unable to make a decision about a particular aspect of their care and treatment, best interests meetings were held for example, in relation to the use of bed rails.

People were protected from the risk of poor nutrition and dehydration. People's dietary needs were identified when they first moved into the home and this was recorded in their care plans. A cook was employed who prepared fresh meals daily. The menus we looked at were designed to offer a choice of healthy, nutritious meals. People were given sufficient amounts to eat and drink. People were satisfied with the quality and choice of food available. People commented, "The food is good and we get enough", It's usually quite good" and "The food is nice".

Staff supported people to maintain good health. Care plans contained information about the support people required to manage their health conditions. Staff monitored people's health and well-being. When staff were concerned about people's health, people were promptly referred to the appropriate healthcare professional. Staff supported people to attend appointments with external healthcare professionals and a variety of healthcare professionals regularly visited people at the home. People were registered with a GP surgery and staff had established a good working relationship with the local GP who visited the home regularly. People had health action plans. Health action plans are personalised plans which give people information about how to achieve and maintain good health and the help available to do so.

Good

Is the service caring?

Our findings

At our previous inspection in May 2015 people had mixed views on whether staff treated them with respect. Since our last inspection there had been a number of changes in the staff team.

People told us the staff were caring. One person said, "They [staff] are good." Another person told us, "They are very friendly." Other people commented, "The staff during the day are nice but the night staff no so much" and "The staff are nicer now." One relative told us, "The staff are very good to [the person]." Another relative told us, "The staff are always friendly and very welcoming."

We observed that staff treated people with respect and saw many examples of how staff made people feel they mattered. Staff spoke to people in a kind and caring manner. Staff supported people at a pace that suited people and respected their wishes. People's bedrooms were personalised and reflected their age, gender and interests. People's privacy and dignity was maintained. We saw that staff kept bedroom and bathroom doors closed when they were providing personal care and sought people's permission to enter their bedroom before doing so. A relative told us, "Even though [the person] cannot really speak the carers are always very polite and ask [the person's] permission before they do anything."

People were supported to express their views and were given the information they needed to be involved in making decisions about the care and support they received. Relevant documents such as safeguarding information and the form to make a complaint were in an easy read format. People using the service and their relatives felt able to express their views on the care provided.

Care plans gave staff information about people's diverse needs, life histories, dislikes and preferences. The registered manager and staff knew the people they were caring for well. People's values and diversity were understood and respected by staff. One person told us, "They know that I like Caribbean food and I'm happy I get my Caribbean meals." People's religious and spiritual needs were taken into account. The home had links with a local place of worship. Clergy attended the home to conduct religious services.

There were systems in place to enable staff to support people appropriately when people were nearing the end of their life. Palliative care specialists visited the home and were working with the registered manager and staff to develop plans for people's end of life care.

Good

Is the service responsive?

Our findings

At our previous inspection in May 2015 we found that people were not supported to be autonomous, independent and involved in the community.

During this inspection we found that people were supported to follow their interests and spend their time day-to-day in the way they preferred. The provider had employed a person whose main role was to take people out. One person told us, "I love going shopping and I go into Croydon once a week with the staff. Last week five of us went for afternoon tea at a golf club." Other people commented, "I'm getting out a lot more", "I like the activities where we make things" and "I look forward to the singing." Another person liked to have breakfast at a local café and they were supported to do so. Staff supported people to be as independent as they wanted to be by supporting people only as far as they needed it. One person told us, "I like to do things for myself. I come and go as I please and they help me when I need it."

People were satisfied with the care and support they received. People's comments included, "I'm content. Everything is peachy", "I love living here", "I have no complaints" and "Overall I'm happy". Relatives commented, "We are very pleased and grateful for the way [the person] is being cared for" and "I've seen a big difference in the person since [the person] moved in there. I'm impressed". A representative from a local authority told us, "[The person] seems very content."

People and their relatives told us they were involved in the care planning process and we saw evidence of this. People's needs were assessed before they began to use the service and re-assessed regularly thereafter. People's assessments considered their personal goals as well as their dietary, social, personal care and health needs. People's specific needs and preferences were taken into account in how their care was planned. Care plans were person-centred had detailed instructions for staff on how the person wanted their care to be provided, what was important to them and detailed information about how to meet people's individual needs.

Care plans were regularly reviewed to check they met people's current needs. Staff worked sufficiently flexibly so that where there was a change in a person's circumstances, they were able to meet their needs without delay. Where specialist treatment was required, referrals were made promptly.

People received personalised care that met their needs and we saw many instances of this. For example, where people had medical conditions which required a special diet plan, they received the diet set out in their plan. Staff had received training to meet the particular care needs of people living in the home such as, dealing with behaviour that challenged others. This assisted staff to deliver care appropriately. A relative commented, "[The person] can be very rude but they are very good at stopping the situation from escalating."

People had the opportunity to give their feedback on the care and support they received. These included surveys as well as residents meetings. Records indicated there was good participation in these meetings and that a variety of issues were discussed by people such as, whether they were happy with the food, what the

service was doing well and what could be improved, development plans for the service and the activities they wished to attend. Relatives told us they were given the opportunity to make suggestions and comments directly to the registered manager. We saw the results of a relatives survey conducted in February 2016. The feedback was positive but some relatives expressed concerns about the temporary staff.

The service gave people and their relatives information on how to make a complaint. The information for people living in the home was available in an easy read format. People told us they knew how to make a complaint and would do so if the need arose. One person told us, "I go and speak to [the registered manager] if I've got a problem and he'll sort it out." A relative told us, "When I've had to raise an issue, they've taken it seriously."

Good

Is the service well-led?

Our findings

At our previous inspection in May 2015 people and staff had mixed views on whether the service was well-led. We found that the provider did not establish or operate effective systems or processes to enable them to assess, monitor and improve the quality and safety of the services provided.

During this inspection, people living at the home, their relatives and staff were of the view that the service was well organised and well-led. People told us the registered manager was at the home most days and was approachable and open to suggestions for improving the service. One person told us, "[The registered manager] always has the time to talk to me if I need to speak to him. I like [the registered manager]" A relative told us, "I visit quite often and [the registered manager] is often there. He knows all about [the person]." Another relative commented, "I think they are very organised."

There was a clear management structure in place at the home which people living in the home, their relatives and staff understood. Staff knew their roles and responsibilities within the structure and were reminded during supervision meetings. People knew who their keyworkers were, as did their relatives. People, their relatives and staff knew who to approach with their concerns. They also knew how to escalate concerns.

Staff felt supported by the manager. Staff felt able to raise any concerns and get guidance from the deputy or registered manager. Staff told us the home was a pleasant working environment and that they enjoyed working there. They felt able to discuss issues which affected their role, had regular supervision and the opportunity for personal and professional development.

There were appropriate arrangements in place for checking the quality of the care people received. As part of their regular checks, the registered and deputy managers observed staff interaction with people and checked the standard of cleanliness in the home. The registered manager also regularly checked care and medicine records, staff training and supervision. The maintenance and security of the home were regularly checked. Records confirmed that fire alarms, detectors and extinguishers were checked by staff and an external company. The provider also conducted regular 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 manager sought to improve the quality of care people received by obtaining feedback from people living in the home, their relatives and staff, and acting on it. People living in the home gave their feedback through surveys and residents meetings. Staff gave their feedback and were made aware of development plans for the service during staff meetings. They also had the opportunity to give feedback on any aspect of the service during supervision meetings.

The provider used the information gathered from its internal audits and recommendations made by external organisations such as local authorities and the CQC, to make improvements to its policies and staff practices and to improve the quality of care people received. A representative from a local authority told us,

"They act on the recommendations we make." An internal audit of staff training identified gaps in staff training. Records indicated that this was raised with staff during staff and supervision meetings and then monitored. As a consequence of this, the level of staff training had improved.

We found that people's care and medicine records and staff records were well organised and up to date. They were appropriately stored and only accessible by staff, to ensure people's personal information was protected. The records we requested were promptly located. The records of care provided were consistently completed by staff but some were not sufficiently detailed and did not always reflect the care provided. This had been identified by the management and raised with staff.

Registered providers must notify CQC about certain changes, events or incidents. A review of our records confirmed that appropriate notifications were sent to us in a timely manner. The registered manager also routinely updated CQC on the outcome of incidents and local authority safeguarding investigations.

The registered manager had plans to develop the service and improve the care people received. These included recruiting more permanent staff and increasing the staff competency checks. We saw that steps had been taken to implement these plans.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not protect service users from abuse and improper treatment by establishing and operating effective systems to prevent the abuse of service users.