

Supreme Care Services Limited

Croftdown House

Inspection report

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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

We inspected Croftdown House on 13 September 2016. The inspection was unannounced. Croftdown House is a home which is registered to provide nursing or personal care for up to ten adults with mental health conditions. At the time of our inspection there were eight people living in the home.

We previously inspected Croftdown House in November 2014 and found the provider was meeting all the legal requirements and regulations we inspected.

The home had a registered manager. 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 and associated Regulations about how the service is run.

The registered manager had worked in adult social care for many years and had a good understanding of what was required to provide good care. The service was well managed. We requested a variety of records relating to people living in the home, staff and maintenance of the home. The records were promptly located, up to date and well organised.

Appropriate assessments were conducted before people began to use the service. Care was planned and delivered to ensure people were protected against abuse and avoidable harm. People felt safe from abuse and knew who report any concerns to. Staff had been trained in safeguarding adults. They knew how to identify abuse and how to report any concerns.

There was a sufficient number of suitable staff to help keep people safe and meet their needs. Staff had been recruited using a thorough recruitment process which was consistently used by the registered manager. Appropriate checks were carried out before staff were allowed to work alone with people. This helped to ensure that people were supported by staff who were suitable for the role. The provider supported staff to deliver effective care through regular training, supervision and performance review.

People were satisfied with the quality of care they received and felt that it enhanced their quality of life. People were treated with respect, compassion and kindness. Staff knew people well. They knew people's routines and preferences and understood what was important to them. They also knew how to recognise the signs that a person's mental health was deteriorating and the action to take.

Staff understood the relevant requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and how it applied to people in their care. People's individuality was at the centre of how their care was delivered. They were fully involved in making decisions about their care including what they ate and how they spent their time day-to-day.

People had a sufficient amount to eat and drink. Staff knew what constituted a balanced diet and supported

people to have a choice of well balanced meals. People received the support they needed to maintain good health and had access to a variety of healthcare professionals. People's medicines were appropriately managed so they received them safely.

Staff understood their responsibilities in relation to infection control. People were protected from the risk and spread of infection because staff followed the infection control procedures in place. The home was clean and well maintained.

There were systems in place to assess and monitor the quality of care people received. People felt able to express their views and told us the management and staff were responsive to their comments and suggestions.

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.

The service had policies and procedures in place to minimise the risk of abuse. These were effectively implemented by staff. Risks to individuals were assessed and managed. Medicines were effectively managed and people received their medicines safely.

Staff were recruited using a thorough recruitment procedure which was consistently used. Staff followed procedures which helped to protect people from the risk and spread of infection. All areas of the home were clean and well maintained.

Is the service effective?

Good 

The service was effective.

Staff had the necessary skills, knowledge and experience to care for people effectively.

People received a choice of nutritious meals and had enough to eat and drink. People received care and support which assisted them to maintain good health.

The manager and staff understood the main principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DOLS).

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 received personalised care that met their needs. People were supported to follow their interests and spend their time as they chose to.

There were appropriate arrangements in place to enable people to make a complaint.

Is the service well-led?

Good ●

The service was well led.

There was a clear management structure in place at the home which people living in the home and staff understood. Staff knew their roles and accountabilities within the structure.

There were systems in place to monitor and assess the quality of care people received. People's care and medical records were up to date and securely stored. Staff and other records relating to the management of the service were well organised and promptly located when requested.

Croftdown House

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 13 September 2016 and was unannounced. The inspection was conducted by a single inspector.

As part of the inspection we reviewed all the information we held about the service. This included the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications sent by the provider regarding issues affecting the people living in the home.

During the inspection we spoke with four people about what it was like to live at Croftdown House and spoke with two people's relatives. We looked at a variety of records including, four people's care files; staff recruitment, training and supervision records; the service's policies and procedures and records relating to the maintenance of the home.

We looked at the systems in place to monitor the quality of care people received. We spoke with three staff members, the registered manager and two representatives of a local authority which commissions the service.

Is the service safe?

Our findings

People told us they felt safe from abuse and knew what to do if they felt at risk of abuse. People told us, "I've never felt unsafe living here. The staff are very good", "I feel much safer here. If anything happened I would tell [the registered manager]" and "I feel safe here. If I didn't I would tell my care co-ordinator."

People were protected from abuse because there were policies and procedures in place to minimise the risk of people being abused which staff were familiar with and implemented. Staff had been trained in safeguarding adults. The staff members we spoke with demonstrated good knowledge on how to recognise abuse and how to report any concerns. Staff told us they would report their colleagues if they felt their behaviour towards a person was in any way inappropriate.

Arrangements were in place to protect people from avoidable harm. Records showed that risks to people had been assessed when they first moved in to the home and reviewed regularly thereafter. People had general and task specific risk assessments. The risk assessments were detailed and personalised. They covered a variety of risks people faced including the risk of abuse, non-compliance with medication and a deterioration in their mental health. Care plans gave staff detailed information on how to manage identified risks and keep people safe. People were involved in the risk assessment process and had signed their risk assessments to confirm they agreed with the identified risks and the management plans in place to minimise the risks. People told us and records confirmed that staff delivered care in accordance with people's care plans.

People were cared for by staff who had been recruited through an effective recruitment procedure which was consistently applied by staff. Staff were only recruited after an interview, receipt of satisfactory references and other checks had been carried out. These included criminal record checks, obtaining proof of their identity and their right to work in the United Kingdom. Applicant's physical and mental fitness to work was checked before they were employed. This minimised the risk of people being cared for by staff who were unsuitable for the role.

A sufficient number of staff worked at the home to help keep people safe. People told us, "There are enough staff here" and "There is always someone here if I need anything". We saw evidence that the number of staff was re-assessed when a new person was considering moving into the home. The number of staff working in the home took into account people's risk assessments and their care needs.

People received their medicines safely because staff followed the service's policies and procedures for ordering, storing, administering and recording medicines. Staff had been trained in the safe administration of medicines. When staff administered medicines to people they were required to complete medicines administration record charts. The records we reviewed were fully completed. Staff had access to detailed information on all the medicines including the side effects and interactions with other medicines. People had signed an agreement to be assisted with their medicines. People knew what medicines they were taking and what they were for. People told us they were supported to take their medicines when they were due and in the correct dosage. Staff worked well with community psychiatric nurses (CPN) to ensure people received

their medicines safely.

People were protected against the risk and spread of infection because staff had been trained in infection control and followed the service's infection control procedures. Staff spoke knowledgeably about how to minimise the risk of infection and were aware of their individual roles and responsibility in relation to infection control and hygiene. All areas of the home were clean. People told us they were satisfied with the standard of cleanliness throughout the home.

The home was of a suitable layout and design for the people living there. The home was well decorated. The home and garden were well maintained. The utilities were regularly tested and serviced.

Is the service effective?

Our findings

People were cared for and supported by staff who had the knowledge, skills and experience to carry out their roles and responsibilities effectively. People living in the home commented, "The staff here are very professional" and "I think they have been well trained."

The provider adequately supported staff to enable them to meet the needs of people living in the home. Before staff began to work with people they had an induction during which they were introduced to people living in the home. Records indicated that staff received regular supervision and performance reviews. During supervision meetings staff had the opportunity to discuss the needs of people living in the home and any issues affecting their role. Staff performance was reviewed annually and their training needs were identified.

Staff had received recent training in the areas relevant to their roles such as schizophrenia awareness, working with complex behaviours and infection control. The manager observed staff interaction with people to check that staff understood their training and knew how to apply it in practice. Staff were encouraged and supported to obtain further qualifications. This minimised the risk of people receiving care that was inappropriate or unsafe.

The registered manager and staff had been trained in the general requirements of the Mental Capacity Act (MCA) 2005 and the specific requirements of DoLS and knew how it applied to people in their care. 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 although no applications had needed to be made.

People's needs in relation to nutrition and hydration were part of the initial assessment process. People were supported to prepare their own meals or had their meals prepared for them by staff. Staff encouraged people to eat nutritious meals and supported them to have a balanced diet. People told us they had

sufficient to eat and drink and that they were satisfied with the quality of food they received. One person told us, "There is always lots of food. I like to cook for myself but when the staff cook it's just as good", "The food is very, very good" and "I cook my own food sometimes and they are helping me to cook better."

Staff supported people to maintain good health. People were registered with a GP and were offered annual health checks. Care plans contained information about the support people required to manage their health conditions. People had health action plans. Health action plans are personalised plans which give people information about how to achieve and maintain good physical and mental health.

Staff monitored people's health and well-being daily. Staff supported people to attend appointments with their psychiatrist, hospital consultants or other healthcare professionals. Records demonstrated that when people faced new health issues, referrals were made to the relevant health service without delay. Staff were in regular contact with people's psychiatrists, CPN and care managers.

Is the service caring?

Our findings

People told us the staff were caring and considerate. One person told us, "I'd like to live on my own but I do think it's helpful having the staff here, they're very good to me." Other people commented, "The staff here are very good. They're nice" and "I'm very happy with the staff."

There was a calm, relaxed atmosphere in the home. People appeared comfortable and at ease interacting with staff. Staff had built meaningful relationships with the people they supported. One person told us, ".....They [staff] spend time talking to me and encourage me to do the right thing." We observed that staff gave people their full attention during conversations and spoke to people in a considerate and respectful way.

People's right to privacy and to be treated with dignity was respected. People's bedrooms were personalised and contained items which reflected their age, culture and personal interests. People's values and diversity were understood and respected by staff. For example, people were supported to eat food which reflected their culture and preference.

People were involved in their needs assessments and were actively involved in making decisions about their care. One person told us, "I know exactly what's going on." People had many opportunities to raise issues about their care such as, during residents meetings and at care plan reviews. People felt able to approach the staff or manager at any time to discuss their care. Staff made people aware of advocacy services. These are services which speak up on their behalf. Relatives told us they felt able to express their views about the care and treatment their loved ones received and how the home was run.

People were supported to express their views. People were allocated a key-worker. This was a member of staff who they met with regularly to discuss any changes they wished to make to their care plan. People knew who their key-worker was. People were given the information they needed in a way they understood to enable them to be involved in making decisions about the care and support they received. There was continuity of care. People were usually supported by the same team of staff who were familiar to them and covered for each other during periods of absence. Staff knew the people they supported well. They knew their routines, personal histories, important relationships and health diagnosis. One person told us, "They know me now. They know what I'm like and my habits."

Is the service responsive?

Our findings

People were satisfied with the care and support they received. People commented, "I'm very happy. I like living here. I've been much better since I've been living here", "This is the best alternative as I can't live on my own at the moment" and "I've no complaints. I like it here." One person's care co-ordinator told us, "They are working hard to find the best way to support [the person] and I've been impressed so far."

People's needs were assessed before they began to use the service and reviewed regularly thereafter. People's assessments considered their independent living skills development as well as their dietary, social, personal care and health needs. People had a care plan for each identified support need which contained their objectives in terms of personal development, physical and mental health. One person wished to be supported to spend more time on their hobby and we saw that staff supported them to do so. Another person wanted to work towards having the best possible quality of life by participating in the community and maintaining their independence.

People's specific needs and preferences were taken into account in how their care was planned. Care plans were personalised. This meant staff had detailed information on how each person wanted their care to be delivered, what was important to them and how to meet their individual needs. People told us they received personalised care that met their needs. One person commented, "They've helped me. They sorted out my medication and everything. They're helping me to get better."

Staff had received specialist training such as, schizophrenia awareness, to obtain a better understanding of people's mental health conditions. Information was provided to staff about what increased a person's anxiety. Staff encouraged people to talk about their feelings and people's behaviour and moods were monitored. These steps helped staff to identify any deterioration in a person's mental health.

People were supported to follow their interests and spend their time day-to-day in the way they preferred both inside and outside the home. People were enabled to be as independent as they wanted to be and to access the community as often as they wanted to. People were satisfied with how they spent their time and the activities organised by staff. One person who had a long held hobby had a room allocated in the home with the necessary equipment, to enable them to continue to follow their interest in an appropriate setting. People commented, "It's very relaxed here and the staff are supportive. They let me get on with things", "I enjoy the movie nights. I like a good film" and "I go to the pub or to play snooker and I meet up with family and friends."

There was an appropriate system in place to ensure that complaints were logged, reviewed and responded to. The service gave people information on how to make a complaint when they first moved into the home. People told us they knew how to make a complaint and would do so if the need arose.

Is the service well-led?

Our findings

There was a registered manager at the home. The registered manager had worked in adult social care for many years and understood what was necessary for people to experience good quality care. People living in the home and staff told us the registered manager was approachable and accessible. One person using the service told us, "I like [the registered manager] I can talk to her about anything." People living in the home said that it was well organised and well run.

Staff felt supported by the registered manager. A staff member commented, "The manager is good and supports us." We observed that staff and the registered manager worked well as a team. Staff knew their individual roles and responsibilities and the service's main policies and procedures. Staff knew who to report any incidents, concerns or complaints to within the management team. They were confident they could pass on any concerns and that they would be dealt with. There were clear lines of accountability in the management structure. Staff attended meetings regularly where they had the opportunity to discuss the running of the home and how the quality of care people received could be improved. The provider and registered manager supported staff with their professional development.

People's care and medical records were fully completed, up to date and securely stored to protect people's confidentiality. All the records relating to people, staff and management of the home as well as the policies and procedures we requested were promptly located and well organised.

There were comprehensive systems in place in such areas as, accepting new people into the home, staff unexpectedly not arriving for work and changes in people's medicines. Records demonstrated that staff adhered to these systems which contributed to people receiving a consistent quality of care. There were systems in place to regularly assess and monitor the quality of care people received. These included obtaining people's feedback, regular audits of people's daily care records and medicine administration records and the registered manager observing staff interact with people. Where internal audits identified areas for improvement, action was taken to make those improvements. For example, where an infection control audit identified that cleaning of the home could be improved, this was raised with staff and closely monitored. This led to an improvement in the cleanliness of the home.

The registered manager kept abreast of developments in adult social care and acted on advice from external healthcare professionals which helped to maintain and improve people's physical and mental health. The registered manager had plans for developing and improving the service and the quality of care people received. These included extending the training available to staff and involving people more in making decisions about the running of the home.