

Supreme Care Services Limited

Croftdown House

Inspection report

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16 May 2019

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Ratings

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

Summary of findings

Overall summary

About the service:

Croftdown House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Nursing care was not provided. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Croftdown House accommodates up to ten people with mental health needs in one adapted building. At the time of the inspection, there were six people using the service. Croftdown House is located on a residential road in Coulsdon.

Rating at last inspection:

At the previous inspection in September 2016, the service was rated good overall.

Why we inspected:

We inspected Croftdown House on 14 and 15 May 2019. This was a planned comprehensive inspection to check that the service remained good and continued to be well-led. At this inspection the overall rating for this service remains good.

People's experience of using this service:

People were satisfied with the quality of care they received. They were supported by staff who were caring and compassionate. There was a consistent staff team who knew people well. Staff respected people's right to choose every aspect of their care and how they spent their time day to day. People led full lives which reflected their age, gender and interests.

The registered manager and staff understood the principles of the Mental Capacity Act 2005 and the specific requirements of the Deprivation of Liberty Safeguards (DoLS). People were involved in planning their care and decided how their care was provided. People had regular opportunities to feedback to staff on the support they received and any changes they wished to make.

People were protected from abuse. There were enough staff during the day and night to support people safely and meet their needs. People received their medicines as prescribed. People had enough to eat and drink and were encouraged to have a balanced diet. People's physical and mental health were regularly monitored and they had access to external healthcare professionals and services.

Staff were managed by an experienced registered manager who understood the responsibilities of her role. People felt able to approach the registered manager with any comments, suggestions or complaints and

were confident their comments would be acted on. The registered manager had established effective systems to monitor and improve the quality of care people received.

For more details, please see the full report.

Follow up:

We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

Croftdown House

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out the inspection.

Service and service type:

Croftdown House is a care home. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced. This meant the staff and provider did not know when we would be visiting.

What we did:

Before the inspection, we checked the information we held about this service including the inspection history, previous inspection reports and statutory notifications. A statutory notification is information about important events affecting people using the service which the provider is required to send us by law.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service

does well and improvements they plan to make.

During the inspection:

During the inspection we spoke with five people who used the service, a relative, two staff members, the registered manager and a quality assurance consultant. We looked at four people's care records, three staff files as well as records relating to quality assurance and management of the service. We also observed interactions between people and staff.

After the inspection:

We obtained feedback from a local authority which commissions the service.

Is the service safe?

Our findings

Assessing risk, safety monitoring and management:

- People's care was planned to limit the risk of avoidable harm.
 - The risks associated with people's health, daily routines and interests were recorded and staff had detailed guidance on how to manage the risks identified.
 - Staff knew the individual risks people faced and how to manage these risks safely and effectively.
 - People's risk assessments and risk management plans were regularly reviewed, and promptly updated following an accident, incident or change of circumstances.
 - There were systems in place to make sure that the water, gas and electricity systems in the home were safe.
- Some windows were not restricted in accordance with current best practice health and safety guidance which meant there was a risk of people falling from them. We raised this during the inspection and the maintenance person took immediate action to appropriately restrict the windows.

Systems and processes to safeguard people from the risk of abuse:

- Everybody we spoke with told us they felt safe living at Croftdown House and with the way they were supported by staff. They told us, "I feel very safe here", "That's why I like it here because now I can relax. I feel safe" and "The staff make me feel safe".
- Information was on display in the communal areas throughout the home advising people who to contact outside of the service if they felt unsafe or had been abused. People were aware of this information.
- There was a safeguarding policy and procedure in place which staff were familiar with. Staff had been trained in how to protect people from abuse.
- Staff spoke knowledgeably about how to recognise the signs of abuse and how to report any concerns. The registered manager had reported incidents to the local authority and CQC as required.

Learning lessons when things go wrong:

- Staff understood their responsibility to record and report accidents and incidents involving people living in the home.
- When things went wrong the registered manager investigated and took action to help prevent the incident happening again.
- Following an accident or incident, the registered manager submitted relevant notifications to the CQC as required by law.

Using medicines safely:

- Staff responsible for giving people their medicines had been trained to do so.
- There were appropriate arrangements in place to make sure that people's medicines were ordered on time and stored safely.

- People's care plans contained detailed information on the medicines they had been prescribed, and their medicines were reviewed regularly by external healthcare professionals.
- Staff kept records of the medicines people received. People told us and the records we looked at confirmed that people received their medicines as prescribed.

Preventing and controlling infection:

- People were protected from the risk and spread of infection.
- The registered manager made sure that up to date infection control policies and procedures were in place and checked that staff applied these procedures in practice.
- Staff were aware of their individual roles and responsibility in relation to infection control and good hygiene.

Staffing and recruitment:

- Staff had been recruited using safe recruitment practices to make sure that only applicants suitable for the role of a care worker were employed.
- Appropriate checks were carried out before staff began to work with people including their right to work in the UK, criminal record checks and checking they were physically and mentally fit to carry out their role.
- There was sufficient staff to support people safely and meet their needs. The staffing arrangements were flexible enough to ensure that replacement staff were available if a staff member was off through sickness or other unplanned event.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Ensuring consent to care and treatment in line with law and guidance:

- People's needs were assessed before they began to use the service and then regularly reviewed. The assessments covered people's backgrounds, personal history, physical and mental health conditions.
- Care plans stated people goals for maintaining and improving their physical and mental health as well as their safety and opportunities to socialise.
- People told us their health and well-being had improved as a result of the care and support they received. They commented, "When I came here I started getting better", "The staff have helped me to resolve my problems. They've helped me get to the point where I can live on my own again" and "I've been very well since I've been living here."

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- The registered manager and the staff we spoke with were aware of the main principles of the MCA and their responsibilities under the MCA.
- People had the capacity to make their own decisions. People gave their consent to care when they first started to use the service and we observed that people made their own decisions about their day to day care.

Staff support: induction, training, skills and experience:

- People thought staff had the necessary skills, training and experience to support them effectively.
- Staff completed an induction to the service and their training was up to date. The registered manager checked staff understanding of their training during one-to-one supervision meetings.
- Staff were confident in their roles and felt their training equipped them to provide effective support. Staff also had the opportunity to attend additional training and obtain further qualifications relevant to their role. A staff member told us, "[The registered manager] looks for opportunities for us to learn and develop."
- Staff were supported in their role and attended regular supervision meetings with the registered manager. During these meetings staff discussed issues relevant to their roles such as equality and diversity, and their

training needs.

- Staff who had worked for the provider for more than one year received an annual performance review where their objectives for development were agreed.

Supporting people to eat and drink enough to maintain a balanced diet:

- Staff supported people to have enough to eat and drink and have a balanced diet.
- People were encouraged to contribute to the shopping list, cook their own meals and assist staff. People enjoyed this responsibility and it helped them to maintain their independent living skills.
- People were satisfied with the quality and variety of food. They told us, "The food is lovely. If you are a big eater you'll enjoy it here" and "I cook my own curry and rice when I want it", "I like the food and sometimes I eat out or get a takeaway" and "I am well fed and it's of good quality."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care:

- Care plans contained health care information which was useful to external healthcare professionals. This included people's personal details and healthcare needs and how healthcare professionals should best approach and support them.
- Staff supported people to maintain good health by ensuring they attended appointments with their GP and other healthcare professionals. Staff were fully involved in reviews of people's mental health carried out by external healthcare professionals.
- Staff followed the recommendations of healthcare professionals involved in the people's care to make sure people received appropriate and consistent care.
- The support people received had a positive impact on their health and well-being. For example, people who were overweight had their weight monitored and care plans in place regarding diet and exercise. This had led to a steady reduction in their weight and an improvement in their overall health.

Adapting service, design, decoration to meet people's needs:

- The home was of a suitable layout to meet the needs of people living there. People had access to a secure, well-maintained garden which they used often.
- People's bedrooms were personalised and contained furniture and items which reflected their age, gender and interests.
- There were ramps at the front and to the rear of the premises which made Croftdown House fully accessible to wheelchair users and people with mobility difficulties.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- People told us staff were caring and kind. They commented, "If I need anything they are always there to help. They never say no", "The staff are very kind", "They [staff] go overboard" and "I like it here because they accept me as I am". A relative told us, "I am happy with the care [the person] gets here. The manager and all the staff are very nice."
- The registered manager and staff knew people well, including their likes, dislikes, personal histories and the people who were important to them. Staff used this knowledge to form positive relationships with people.
- People and staff were at ease with each other and there was a happy, calm family atmosphere in the home.
- People's choices and individuality were understood and respected. This was reflected in how people spent their time.
- Staff encouraged and supported people to value and celebrate diversity. Culture days were held where people had the opportunity to sample the food typically enjoyed by another culture.
- Staff supported people to maintain relationships with their family and friends. The registered manager and staff had built a good rapport with relatives who could visit the service at any time and were made to feel welcome.

Supporting people to express their views and be involved in making decisions about their care:

- Staff supported people to express their views.
- The registered manager actively sought opportunities for people to be involved in making decisions about their care and support. For example, the registered manager arranged regular "resident meetings" for people to discuss the service, staff and care they received. People chaired, decided the agenda and took the minutes of these meetings. People's views were used to help shape the way their care was provided.
- Each person was allocated a keyworker - a member of staff who would meet with the person regularly to discuss their goals, health and concerns.
- People told us they could approach staff at any time to discuss their care or any concerns.

Respecting and promoting people's privacy, dignity and independence:

- Staff supported people to maintain their independence.
- Throughout the two days of our inspection people went out when they wanted to and spent the day in the

way they chose. People told us, "I can go out when I like and for as long as I can", "I can cook for myself when I want to" and "I'm looking forward to going home and they are letting me see what I can do for myself before I go."

- People who wished to, were responsible for taking their own medicines and managing their finances.
- The registered manager had advised people of a new system where they could speak to their GP over the telephone or via their computer without the need to involve staff or attend the surgery.
- We observed that staff treated people with dignity by talking to them in a polite and respectful manner. One person told us, "The staff, the manager and us, all have a nice respect for each other. We all get on."
- Staff respected people's privacy by knocking on their bedroom doors and asking for permission before entering. Where permission was refused the person's wishes were respected.
- People's personal information was held securely and only accessible by staff so that confidentiality was maintained.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People were very satisfied with the way they were supported and complimentary about the quality of care they received. They told us, "I'm getting good care here. It's a privilege I won't abuse", "They help me as much as they can" and "I'm really grateful to be living here. I have a lovely big room. I can do what I want and the staff are really supportive."
- People were fully involved in the care planning process and in deciding how their care was provided which meant they received personalised care which met their needs.
- People's life history, needs, preferences, routines and interests were detailed in their care plans and known very well by staff.
- Care plans were designed to achieve effective outcomes for people. For example, to make sure people's mental health was maintained their care plans included details of possible triggers and how to help avoid a deterioration.
- People spent their time day-to-day in the way they preferred and we saw people coming in and going out throughout the time we were at the service.
- Activities were organised which reflected people's interest. One person told us, "Usually the activities are in the afternoon. We play games sometimes and sometimes I make pancakes." Another person told us, "I'm trying to lose weight and eat more healthily so today is smoothie day."

Improving care quality in response to complaints or concerns:

- People felt able to request a change in the way their care was delivered and were confident their requests would be responded to.
- There continued to be an appropriate complaint's procedure in place to record, investigate and respond to complaints.
- People told us they were aware of the complaints procedure and how to use it. They told us, "If I wasn't happy about something I'd tell [the registered manager]. She is always very reassuring and tells me not to worry" and "If I have a problem I can speak to any of the staff but I would probably go to [staff name] or [the registered manager]"
- There had been no complaints since our previous inspection in 2016.
- Staff were aware of their responsibility to support people using the service to make complaints or raise concerns.

End of life care and support:

- People were given the opportunity to plan their end of life care and state their wishes for their funeral.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- People's care plans were person-centred and contained lots of information about people's routines, likes, dislikes and what mattered to them.
- The registered understood what was required to provide high-quality person-centred care to people with mental health conditions.
- The registered manager understood their responsibility to be open and transparent when accidents or incidents occurred. The registered manager and staff were open in communications with people and others involved in their care.
- People told us and we observed that the registered manager and staff were approachable. They knew people well and understood how they preferred their care to be provided.
- Staff were well-supported by the registered manager and felt able to report concerns, mistakes and seek guidance. They told us, "I am very happy with [the registered manager]. We get a lot of support from her" and "I like and trust her. If I tell her something confidential I know she will keep it."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The registered manager and staff understood the responsibilities of their role.
- The registered manager kept up to date with developments in adult health and social care and was aware of current good practice. She was well-respected by both staff and people using the service for her commitment and compassion.
- The registered manager had a good understanding of what was required to meet the regulations and knew the circumstances in which notifications had to be sent to the CQC. Notifications are important as they allow the CQC to monitor events at the service. The registered manager had sent notifications to the CQC promptly.
- The registered manager was aware of her obligation to display the rating given by the CQC. The rating from our previous inspection was displayed on a noticeboard in the entrance to the home. This is important as it allows the people, relatives and the public to know how the service is performing.
- There were appropriate arrangements in place for checking the quality of the care people received.
- The registered manager regularly reviewed people's care plans, how medicines were stored and administered, and staff training needs. There were systems in place to check staff knowledge and working practices.

- We saw confirmation that where issues were found they were raised with staff. For example, it had been identified that staff were not consistently keeping records of their "keyworker meetings" with people. The registered manager repeatedly reminded staff of the need to keep these records and their record-keeping was monitored.
- There were also audit systems in place at provider level. One example was a system where managers from other services owned by the provider attended Croftdown House to review and feedback on staff working practices, the quality of care provided and the systems and process implemented by the registered manager.
- People's care records including their medicine administration records were detailed, accurate and up to date.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- The provider made it easy for people to voice any concerns and give feedback on every aspect of the care they received and they felt comfortable doing so.
- Staff also had the opportunity to feedback on and contribute to the development of the service in an annual staff survey, at staff meetings and at one-to-one supervision meetings.
- The provider was aware of their responsibility to make sure that staff and people's differences were respected and protected in the way the service was organised and care was provided. For example, the food menu reflected people's personal and cultural preferences. Additionally, people with mobility difficulties had bedrooms which allowed them easy access to the front door, communal areas, garden and registered manager's office.

Working in partnership with others:

- The registered manager and staff worked well with other health and social care professionals. This helped people to receive a person-centred approach to their care.
- Where appropriate, relatives were involved in the care planning process and involved in supporting staff to make sure people received consistently high-quality care which met their needs.