

# London Borough of Croydon

## Frylands Court

### 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

### About the service

Frylands Court was previously known as London Care (Frylands Court). London Borough of Croydon took back the management and operation of the service from the previous care provider in January 2020.

Frylands Court provides personal care and support to people living in self-contained flats located in a single building. This is known as extra care housing and is operated by an independent housing provider which also happens to be London Borough of Croydon. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of this inspection there were 22 people being provided with personal care and support by the service.

### People's experience of using this service and what we found

People were safe at the service. Staff had been trained to safeguard people from abuse and knew how to manage risks to people to keep them safe. There were enough staff to support people. The provider carried out recruitment and criminal records checks on new staff to make sure they were suitable to support people.

Staff made sure people's flats and the general premises were clean and hygienic. Staff followed current hygiene practices to reduce the risk of infections. Visitors to the service were given information to help them reduce the risk of catching and spreading infections. The provider made sure safety concerns about the premises were reported promptly to the housing provider.

People were involved in planning their care and support and could state their preferences for how this was provided. People's records reflected their needs and preferences. People were satisfied with the care and support they received from staff. People's choices for how this was provided were respected and staff delivered this in line with their wishes.

Staff knew people well and understood how their needs and preferences should be met. They were provided with relevant training to help them meet people's needs. Staff were supported by the provider to continuously improve their working practices to help people achieve positive outcomes.

Staff were kind and caring and respected people's rights to privacy and to be treated with dignity. People were supported to be as independent as they could be with daily living tasks. They were supported to undertake activities and interests they were interested in and to maintain relationships with the people important to them. Relatives could visit with family members without unnecessary restrictions.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff helped people to stay healthy and well. They supported people to eat and drink enough to meet their needs, to take their prescribed medicines and to manage their healthcare conditions.

People and staff's views were sought about how the service could improve. The provider undertook checks at regular intervals, to monitor, review and improve the quality and safety of the service and addressed any issues found through these checks.

There were arrangements in place to make sure accidents, incidents and complaints would be fully investigated and people would be involved and informed of the outcome. The provider worked proactively with healthcare professionals involved in people's care and acted on their recommendations to deliver care and support that met people's needs.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

This service was registered with us on 3 January 2020 and this is the first inspection.

The last rating for the service under the previous provider was Good, published on 14 June 2019.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

# Frylands Court

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection:

This inspection was announced. We gave the provider 24 hours' notice because people are often out and we wanted to be sure there would be people at home to speak with us. Inspection activity started on 22 March 2022 and ended on 28 March 2022. We visited the location's office on 22 March.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We reviewed statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us about significant events that take place within services. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection:

We spoke with six people using the service, two care support workers, the registered manager and the operations manager. We observed interactions between people and staff. We reviewed a range of records including three people's care records, medicines administration records and arrangements for two people and other records relating to the management of the service.

After the inspection:

We spoke with a relative and asked them for their feedback about the service. We also asked for feedback from three healthcare professionals. We continued to speak with the registered manager and operations manager and sought clarification about the evidence gathered. We also reviewed additional documentation relating to staffing and management of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe at the service. A person told us, "I feel safe living here." Another person said, "I feel safe and secure here." A relative told us, "I can get in my car and go back home feeling good knowing the staff are there for [family member]."
- People were able to say how they wanted staff to keep them safe and secure at the service. This information was recorded in their care records so staff would know how to do this.
- Staff received relevant training and support to help them safeguard people from abuse. They were aware of how and when to report concerns to the appropriate person or authority.
- The registered manager understood their responsibility to liaise with the local authority and other relevant agencies if a safeguarding concern about a person was reported to them. When a concern had been raised, the registered manager took appropriate action to make sure people were safe from further risk of abuse.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were well managed. People's care records contained current information about identified risks to their safety and wellbeing. There were plans in place for staff about how to manage these to reduce the risk of people being harmed or injured.
- Staff gave examples of action they took to support people to stay safe. We saw staff were vigilant when people were using communal areas and made sure people remained safe.
- In addition to people's scheduled care calls, staff undertook a welfare check on people to make sure they were safe and well.
- Staff had been trained to deal with emergency situations and events. Each person using the service had an individualised fire risk assessment and personal emergency evacuation plan (PEEP). People's PEEP's informed staff how to support the person to evacuate the premises or reach a place of safety in the event of an emergency.
- Staff carried out health and safety checks of the premises and reported any issues promptly to the housing provider.

Staffing and recruitment

- There were enough staff to support people. People told us staff turned up on time for their scheduled care calls. A person said, "The care calls are bang on time. Always come when I expect them. It's good as being able to set your watch by it."
- If people needed assistance outside of their scheduled care calls there were staff on duty to attend to people and provide the necessary support. A person told us, "I have an alarm button and I can push it and the carers will come along."

- The provider operated safe recruitment practices. They carried out appropriate checks on new staff to make sure only those suitable were employed to support people.

#### Using medicines safely

- Where the provider was responsible for this, people received their medicines safely and as prescribed.
- People's records contained information about their medicines and how staff should support them to take them in a timely and appropriate way.
- Our checks of medicines stocks, balances and records showed people consistently received the medicines prescribed to them.
- The registered manager undertook competency checks on staff and audits on people's records to make sure staff administered medicines safely. When issues had been identified with staff's practice, the registered manager had taken action to provide the appropriate support to staff to reduce the risk of these issues reoccurring.
- Staff were required to refresh their training in medicines administration at regular intervals to make sure their skills and knowledge remained up to date.

#### Preventing and controlling infection

- The provider was managing risks associated with infection control and hygiene.
- Staff followed current guidance to keep people safe from risks associated with poor infection control and hygiene. We saw they used personal protective equipment (PPE) appropriately.
- Staff supported people to keep their flats clean and hygienic to prevent the spread of infection.
- Visitors were given information to help reduce the risk of them catching and spreading infections.
- The provider's infection prevention and control policy was up to date. The provider had plans in place to manage an infection outbreak at the service.
- Staff had been trained in food safety practices to help them reduce hygiene risks to people when preparing and serving food.

#### Learning lessons when things go wrong

- Learning from accidents and incidents was used to reduce safety risks to people.
- Staff promptly reported accidents and incidents involving people, which the registered manager then investigated. The registered manager made sure action was taken to reduce the risk of accidents and incidents reoccurring. We saw a good example of this where they had sought advice and obtained fire retardant bedding for a person to help reduce fire safety risks.
- The provider analysed accidents and incidents to check for any trends or themes to help them reduce the risk of these happening again.
- Learning from investigations was shared with staff to help them improve the quality and safety of the support provided.



# 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.

This is the first inspection for this service. This key question has been rated good. This meant 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

- The provider had arrangements in place to make sure people's care and support needs could be met by the service.
- Prior to people using the service the provider had undertaken assessments of people's needs to make sure these could be delivered in line with current practice and guidance.
- People and others involved in their care had been involved in these assessments. Assessments had taken account of people's life and medical history, healthcare conditions, their care needs and the outcomes they wished to achieve with support from the service. The provider had used this information to plan and deliver care and support people required.
- People had been able to state their choices about how and when support was provided and this information had been recorded in their care and support plan.

Staff support: induction, training, skills and experience

- Staff were able to meet the range of people's needs. They received relevant training to help them do this, which was updated at regular intervals. This helped to make sure staff stayed up to date with current practice and knowledge. A staff member told us, "It's always good to refresh yourself and keep yourself up to date."
- Staff had supervision (one to one) meetings at regular intervals with managers where there were encouraged to discuss their working practices and any further training or learning they needed to help them provide effective support to people.

Supporting people to eat and drink enough to maintain a balanced diet; supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- Where the provider was responsible for this, staff supported people to eat and drink enough to meet their needs. People's care records set out their dietary needs and any specific support they required with these. Staff made sure people's preferences and dietary needs were met when supporting people at mealtimes.
- Staff recorded what people ate and drank at each care call. This helped managers monitor people were receiving appropriate support and for any issues people may be having with their fluid or nutrition intake.
- People were supported by staff to manage their health and medical conditions. People's care records contained information for staff about how they should do this to help people achieve positive outcomes and reduce the risk of people's conditions deteriorating.
- Staff prompted people to attend their scheduled healthcare appointments when required. Staff sought advice and support promptly from the relevant healthcare professionals when people became unwell.

- Staff worked proactively with healthcare professionals. They shared any concerns they had about people's health and wellbeing and followed their recommendations to help people achieve positive outcomes in relation to their healthcare needs.

#### Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had capacity to make and to consent to decisions about specific aspects of their care. They were free to leave and return to the service with no undue restrictions.
- Systems were in place to assess people's capacity to make and consent to decisions about specific aspects of their care and support. Where people lacked capacity to make specific decisions, there were processes in place to involve people's representatives and healthcare professionals to ensure decisions would be made in people's best interests.
- Staff had received training in the MCA and associated codes of practice. The registered manager understood their responsibilities under this Act.

# 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.

This is the first inspection for this service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were looked after well by staff. A person told us, "The carers are the best thing about the place." Another person said, "I'm happy with the care and the carers are lovely...they come in and sit and talk to you when they get a chance. Anything I need, they help me with it. They make sure I have everything." A relative told us, "The whole thing is absolutely fantastic...they give people their space but they make sure they are there for people when they are needed."
- Staff were kind, caring and understood how people should be supported to meet their needs and achieve positive outcomes. A staff member said, "I enjoy the job and caring for people and it makes me feel good if they are happy." Another staff member told us, "I love the job. It's practical and I feel useful. When you help someone with a difficult situation it makes you feel good."
- We spent time observing people interacting with staff. Staff were friendly and warm with people and encouraged them to talk about topics they were interested in. People were not rushed or hurried and could take as long as they wanted doing activities, talking to others and when moving around the premises. People appeared relaxed with staff and didn't hesitate to ask for their help which staff were eager to provide.
- People's specific wishes in relation to how their social, cultural and spiritual needs should be met were recorded in their care records so staff had access to information about how people should be supported with these.
- The registered manager made sure social, cultural and religious events and occasions were openly celebrated in an inclusive way to help people learn more about them. For example, for the month of March 2022, talking sessions and events had been planned to mark Women's History Month, Ash Wednesday, International Women's Day, St Patrick's Day and Ramadan.
- Staff received equality and diversity training as part of their role. This helped staff understand what discriminatory behaviours and practices might look like to help them make sure people were always treated fairly.

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

- People had been supported to express their views and be involved in making decisions. People's care records reflected the choices and decisions they had made about how their care and support was provided.
- People's feedback was obtained at regular intervals to make sure the care and support they received was continuing to meet their needs.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as they could be. People's care records prompted staff to

support people to undertake as much of the tasks of daily living as they could.

- Staff respected people's privacy and dignity. A relative told us, "My [family member] feels like her flat is her space, her sanctuary."
- Staff sought people's permission before entering their flat. They obtained people's consent before providing any care and respected their choices and decisions about this.
- Staff were respectful when in people's flats and made sure these were kept the way people wanted.
- The registered manager used spot checks on staff to seek assurances staff were treating people with dignity and respect when providing care and support. Recently undertaken spot checks showed people agreed that staff did.

# Is the service responsive?

## Our findings

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

This is the first inspection for this service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had choice and control about how they wanted to receive care and support from staff.
- People's care records reflected this, setting out their preferences for how care and support should be provided to meet their needs.
- Staff understood people's needs and told us how they provided care and support to people in the way people preferred.
- Staff recorded the care and support they provided to people. This helped managers check and monitor staff were providing the care and support planned and agreed with people.

Support to follow interests and to take part in activities that are socially and culturally relevant to people; supporting them to develop and maintain relationships to avoid social isolation

- People's suggestions about activities they would like to do had been used to develop an events programme at the service. We saw a range of activities were planned including arts and crafts, gardening, bingo and musical entertainment. A card table had recently been purchased and one of the people using the service had volunteered to teach others how to play card games and dominoes.
- When activities were planned, people's specific needs were considered to make sure they could fully participate. We saw a good example of this where tall garden containers had been purchased for wheelchair users to help them participate in gardening activities.
- The provider encouraged volunteers from the wider community to help out at the service, for example, with gardening activities or supporting social occasions. During the early days of the COVID-19 pandemic, staff from the local authority were deployed to the service to help with meeting people's social needs. The operations manager told us they were looking to develop this relationship further by developing a befriending and mentoring service for people using the service.
- People received support to maintain relationships with the people that mattered to them. People's friends and family were free to visit with no unnecessary restrictions. Staff made sure visits were undertaken safely to reduce risks posed by COVID-19.
- When friends and family were unable to visit, staff made sure people could still maintain contact with them through, for example, video and telephone calls.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been identified, recorded and highlighted so that staff had access to relevant information about how they should be supported with these.

#### Improving care quality in response to complaints or concerns

- People at the time of this inspection were satisfied with the care and support they received from the service. A person told us, "I fought to get in here. I was offered other places. But I wanted to come here as I was told it was one of the best as far as care is concerned. I love the people here. Staff and the residents." Another person said, "Here, I have 24 hour support. The staff are lovely and they talk to me nice...feel quite happy." A relative told us, "I know [family member] is not on her own and is looked after. They (staff) are second to none. They did a fantastic job during Covid."
- People could raise concerns and when they did, we saw these were dealt with appropriately by the registered manager.
- There were arrangements in place to deal with formal complaints. People had been provided information about what to do if they wished to make a complaint and how this would be dealt with by the provider.

#### End of life care and support

- People were not routinely asked about their wishes for the support they wanted to receive at the end of their life. The registered manager and operations manager told us they would make sure this information was collected and recorded on people's records. This would help to ensure that staff would know what to do to make sure people's wishes and choices were respected at the appropriate time.
- None of the people using the service required end of life care and support at the time of this inspection.

# 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.

This is the first inspection for this service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's feedback about the service was sought by the provider. This was used to plan how the service could be improved for them. We saw recent feedback from people indicated they had concerns about the high use of agency staff at the service. People told us they were satisfied with the care and support provided by agency staff but said they would prefer this was provided by permanent staff members.
- We discussed this with the registered manager and operations manager who showed us action was being taken by the provider to review staffing arrangements at the service to address people's concerns and improve this aspect of the service for them.
- Staff were provided opportunities through supervision and staff meetings to give their feedback about how the service could be improved and help people achieve positive outcomes.
- The registered manager encouraged a culture within the service that was focussed on people receiving high quality care and support. Senior staff undertook quality monitoring visits to check care and support was delivered by staff to the expected standard. Any concerns identified through these visits were addressed promptly with staff.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service was well managed. A person told us, "[Registered manager] is not a manager, she is family. If there's a problem I can raise this...she is on it and will sort a problem quickly. If she's able to, she will stop and have a chat with you." A relative said, "I really like the manager. She is down to earth and tells it how it is and I appreciate that. She knows everything that goes on in that place."
- Staff told us they felt well supported by the registered manager. A staff member told us, "Support from the manager is good. I always get support when I need this."
- The registered manager and staff team understood their roles and responsibilities to people using the service. They knew people well and were focussed on meeting their specific, individual needs and helping people achieve positive outcomes.
- The registered manager understood their responsibility for notifying CQC of events or incidents involving people. This meant we could check they took appropriate action to ensure people's safety and welfare in these instances.

- Senior staff undertook audits and checks to monitor and review the quality and safety of the service. Outcomes from these checks had been used to make improvements and changes when these were required.
- The registered manager was open about things that went wrong and proactive about putting things right. They investigated, accidents, incidents and complaints and made sure people were kept involved and informed of the outcome.

#### Working in partnership with others

- Good relationships had been developed with a range of healthcare professionals involved in people's care. The registered manager and staff team acted on their recommendations and advice to design and deliver care and support that met people's needs.
- The registered manager maintained a close working relationship with the housing provider of the extra care housing scheme and made them aware of any issues or concerns relating to the environment and premises promptly.