

London Borough of Croydon

Southsea Court

Inspection report

Eastney Road
Croydon
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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

Southsea Court is an extra care housing service in the London Borough of Croydon. The service provides personal care and support to people living in their own flats, all located in a single, purpose-built building.

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. There were 12 people receiving personal care at the time of our inspection.

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

People spoke positively about the support they received from staff and the registered manager. They were protected from the risk of abuse by staff who had completed safeguarding training and knew to report any suspected abuse allegations. The provider followed safe recruitment practices. The service deployed enough staff on each shift to meet people's needs. Risks to people had been assessed and guidelines were in place for staff on how to manage identified risks safely. People received the support they needed to manage their medicines safely. The provider followed safe infection control practices.

People's needs were assessed before they started using the service. Their views and the details in their assessments had been used to develop their care plans. Care plans reflected their individual needs and preferences. The provider supported people to take part in activities in order to reduce the risk of social isolation. People were able to maintain the relationships which were important to them.

Staff sought consent from people when offering them support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff were supported in their roles through an induction, training programme and regular supervision.

People were supported to maintain a balanced diet. They were able to access a range of healthcare services when needed in order to maintain good health. Staff worked with other agencies to ensure people received effective support. The provider had a complaint procedure in place and people expressed confidence that any complaints they raised would be addressed.

People and staff spoke positively about the culture of the service. The registered manager and staff understood the responsibilities of their roles. The provider had systems in place to monitor the quality and safety of the service which helped to drive service improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The service was registered by the current provider on 3 January 2020. The last rating for the service under

the previous provider was good, published on 10 May 2019.

Why we inspected

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

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.

Southsea 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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 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 bought or 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.

Registered Manager

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12 May 2022 and ended on 13 May 2022. We visited the service on 12 May 2022.

What we did before the inspection

We reviewed the information we held about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited the service and spoke with five staff, including the registered manager, Business and Development Manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spoke with three people and one relative. We reviewed a range of records, including four people's care plans and risk assessments, the recruitment records for three staff, and a sample of the daily notes staff made when providing people with support. We also looked at records relating to the management of the service, including the provider's policies and procedures, and regular checks and audits carried out by the management team.

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 of this service under the current provider. 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 protected from the risk of abuse. Staff had completed safeguarding training. They knew the types of abuse which could occur and the signs to look for which may indicate a person had been abused. One staff member told us, "I'd report any concerns I had to the registered manager, or the senior person on duty. I know I could also go directly to CQC or the local safeguarding team if needed."
- The provider had safeguarding and whistle blowing policies and procedures in place which staff had reviewed and understood. The registered manager knew the process for reporting any allegations of abuse to the local safeguarding team. They were also aware of the requirement to notify CQC of any abuse allegations.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and staff managed assessed risks safely. Senior staff had completed risk assessments relevant to people's needs, covering areas including skin integrity, falls, the environment and risks associated with known health conditions.
- People's care plans contained guidance for staff on how to manage assessed risks safely. For example, one person's care plan included guidance on how to reduce the risk of them falling. Another person's care plan highlighted the need for them to maintain a balanced diet to help manage a health condition.
- People had appropriate equipment in place where needed, to help reduce risks to their health and safety. For example, one person had pressure relieving equipment in place to help reduce risks to their skin integrity.

Staffing and recruitment

- The provider deployed enough staff to safely meet people's needs. One person told us, "They [staff] visit at the expected times. They also always respond if I need to use my call pendant." A staff member commented, "The shifts here can be busy, but everyone receives the support they need each day."
- The provider determined staffing levels based on an assessment of people's needs. Actual staffing levels reflected the planned allocation. The registered manager had appropriate plans in place to address any planned or unexpected staff absence.
- The service had not recruited any new staff since the service provision and staff had been transferred from the previous provider, in line with legal requirements. The registered manager confirmed they would follow safe recruitment practices when employing new staff, in line with regulatory requirements.

Using medicines safely

- People received support to manage their medicines safely, where required. People's care plans included guidance for staff on any support they required to take medicines. Staff completed Medicines

Administration Records (MARs) which confirmed people had taken their medicines in line with the prescriber's instructions.

- Staff received medicines management training. Senior staff carried out regular checks to ensure staff were competent in medicines administration.
- The provider carried out regular medicines audits to ensure people's medicines were managed safely.

Preventing and controlling infection

- People were protected from the risk of the spread of infection. Staff had completed training in infection, prevention and control. They were aware of the action to take to minimise the spread of infection, including the safe use of personal protective equipment (PPE).
- We observed staff using appropriate PPE during our inspection. One person told us, "Staff always wash their hands and wear PPE when they visit."
- The provider had up to date policies and procedures covering infection control which staff understood. The registered manager carried out regular checks on staff infection control practice to help ensure safety.

Learning lessons when things go wrong

- The service had processes in place for reporting, recording and reviewing the details of any accidents or incidents which occurred. Staff were aware to report any incidents which occurred in their course of their work. The registered manager maintained a record of any accidents or incidents which had occurred which included details of any action taken in response.
- The registered manager also reviewed accident and incident information for any learning to be shared with staff in order to reduce the risk of repeat occurrence.

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 of this service under the current provider. 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

- People were assessed before they started receiving support to ensure their needs could be effectively met by the service. The assessments considered people's physical and mental health needs, their life histories and any preferences they had in the way they wished to be supported. These assessments were used to help develop people's care plans.
- The provider carried out assessments following nationally recognised standards and guidelines. For example, people, relatives and relevant health and social care professionals had been involved in the assessment process, where this was appropriate.

Staff support: induction, training, skills and experience

- Staff were supported in their roles through the completion of an induction and training relevant to the needs of the people they supported. One staff member said, "The training I've received has given me the skills I need to do my job well." One person told us, "The staff do a good job supporting me."
- In addition to completing training in areas considered to be mandatory by the provider, staff were also supported to complete relevant health and social care qualifications, where they wished to do so. One staff member told us, "I've completed my Level 2 Diploma in Health and Social Care and am currently doing my Level 3."
- Staff also received support through supervision and an annual appraisal of their performance. One staff member told us, "I have supervision with the registered manager regularly. We talk about how things are going at work and whether there's anything I need support with."

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

- People were supported to maintain a balanced diet. Their dietary needs and preferences had been assessed and their care plans contained information about any support they required from staff to prepare meals and drinks.
- Staff provided dietary support to people in line with their needs and preferences. For example, staff knew which people required culturally appropriate diets. A relative told us, "[Their loved one] lets the staff know what they want to eat and the staff will prepare it."

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

- Staff worked with other agencies to ensure people received effective care. Records showed the registered manager had worked closely with other agencies, including people's GPs and the local community nursing team, to ensure they received the care they needed.

- People had access to a range of healthcare services in order to maintain good health. Most people were able to manage their own healthcare appointments independently or with support from relatives, although staff were on hand to provide support, where needed.
- People's care plans identified the level of support they needed from staff to access healthcare services. For example, one person's care plan highlighted the need for staff to arrange transportation so they could attend scheduled healthcare appointments. Records showed this had been arranged when needed.

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 MCA 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

- People were able to make day to day decisions about the support they received from staff. Staff told us, and people confirmed, they sought consent when offering support. One staff member said, "I wouldn't do anything that was against someone's wishes. I'd try and persuade them if they didn't want my help, but it's their right to refuse."
- Staff understood how the MCA applied to their roles. One staff member described how they would focus on offering support in people's best interests if they were unable to make a decision relating to the care they received.

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 of this service under the current provider. 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; respecting equality and diversity

- People told us staff treated them well. One person said, "I'm very happy with the support I get; they staff have all been wonderful." Another person told us, "The staff do a good job of looking after me."
- Staff took people's diverse needs into account when providing them with support. For example, one person's visits had been scheduled to avoid conflicts with their spiritual needs. One staff member told us, "We always try and work in a way which respects people's different backgrounds and beliefs."

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

- People were supported to make decisions about their day to day support. One person told us, "They [staff] are happy to follow my directions." A relative said, "[Their loved one] chooses things like what they want to wear and what they want to eat."
- People were supported by a staffing team who knew them well and were familiar with their preferences in the way they wished to be supported. One staff member told us, "You build a routine with the people you support which they're comfortable with, but I'll always check to see if they want anything to be done differently."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respected their privacy. One person told us, "The staff treat me respectfully and respect my privacy. They call out before coming in when they visit to make sure I'm happy for them to come in."
- Staff were aware to keep information about the people they supported confidential. They also knew how to provide care to people in ways which maintained their dignity. One staff member said, "If I'm helping someone to wash, I'll always make sure we have privacy and will discuss each step so that I'm sure they're happy for me to help. I'll also keep them covered up with a towel as much as I can, so they don't feel exposed."
- Staff encouraged people to be as independent as possible. One person said, "I'm able to do most things by myself; the staff only help me where needed." One staff member told us, "The help people need can vary from day to day, so we focus on what they feel up to doing before I'll step in to help with the rest."

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 of this service under the current provider. 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 were involved in the planning of their care. One person told us, "We talked about the things I needed help with both before and after I moved here. The staff know my preferences and how I like things to be done."
- People's care plans identified their individual needs and any preferences they had in the way they wished to be supported. Staff demonstrated a good understanding of people's needs. They were familiar with people's daily routines and sought to support them accordingly. One staff member told us, "I like to think I've established a good rapport with the people here; they know I'm happy to support them in whatever way they wish."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed and were identified in their care plans. The registered manager confirmed the provider was able to provide information to people in a range of formats if required, including different languages, pictorial and large font.
- The manager sought to ensure people's communication needs were met wherever possible as part of their day to day support. For example, one person was supported by staff who spoke their first language, whenever they were on shift. The person told us this had enabled them to more easily build strong relationships with the staff supporting them.

Supporting people to develop and maintain relationships to avoid social isolation

- People were supported to maintain relationships and avoid social isolation. Staff supported people to take part in social activities where they wished to do so. For example, on the day of our inspection people attended a coffee morning and played board games in the afternoon. We noted people happily chatting with each other and staff throughout both activities.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which they provided to people when they started using the service. This contained guidance on how they could make a complaint and what they could expect the provider to do in response. It also contained information about who else they could contact if they were still

unhappy after the provider had investigated and responded.

- People knew how to complain and expressed confidence in the registered manager's ability to address any issues they raised to their satisfaction. One person said, "I'd speak with the registered manager if there was a problem and they'd sort it out."
- The registered manager maintained a log of any complaints made about the service, which had been addressed in line with the provider's complaints procedure. The registered manager also regularly reviewed complaints information in order to identify any learning they could share with staff in order to make improvements to the care people received.

End of life care and support

- The registered manager confirmed the service was not providing end of life support to anyone at the time of our inspection. They confirmed they would seek to work with relevant healthcare professionals when needed, to ensure people received responsive end of life care.
- People's care plans included information about their end of life support preferences, where they had been happy to discuss this with staff.

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 of this service under the current provider. 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

- People spoke positively about the culture of the service and the support they received from staff and the registered manager. One person said, "The staff are all great; I feel I could talk to them about anything that was worrying me." Another person told us, "[The registered manager] is lovely; they check in on me every day."
- Staff told us they felt well supported in their roles and worked well as a team. One staff member said, "The registered manager's door is always open. They also hold a weekly drop-in surgery for staff where we can catch up with a coffee and chat."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 had a registered manager in post who demonstrated a good understanding of their role and their responsibilities under current health and social care legislation. They were aware of the different types of events which they were required to notify CQC about and records showed they had submitted notifications appropriately, where required.
- Staff understood the responsibilities of their roles. They had job descriptions which summarised their responsibilities and had spent time familiarising themselves with the provider's policies and procedures as part of their induction when they started work.
- Staff were in regular communication with the management team and each other, through day to day contact, staff meetings and handover meetings between each shift. These meetings were used to discuss current issues such as any service developments, changes in people's needs, or learning from incidents and accidents.
- The registered manager understood and acted on the duty of candour. They engaged with people, relatives and stakeholders openly and records confirmed they had promptly informed people and relatives when any accidents or incidents had occurred.

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

- The registered manager had regular contact with people and relatives, to help ensure they were happy with the support they received or identify any areas which could be improved. All the people and relatives we spoke with confirmed they saw the registered manager regularly and were comfortable discussing any

issues with them.

- The registered manager also carried out periodic quality assurance visits to people to formally gain their views on different aspects of the support they received. These checks confirmed that people were receiving culturally appropriate care, where applicable.
- Staff attended regular staff meetings where they were able to share their views on the running of the services and discuss any issues. The registered manager also held regular residents meetings to gain feedback on areas relevant to the support people received.

Continuous learning and improving care

- The provider had systems in place to monitor the quality and safety of the service. The registered manager carried out regular audits and checks in key areas including reviews of medicines administration records (MARs) and the daily notes completed by staff at each visit. Records showed they had acted to address any issues identified during these checks. For example, one person's MAR had been updated with additional information about a medicine which had been prescribed to be taken 'as required' in response to the findings of a recent audit.
- The registered manager also carried out regular spot checks of staff performance, to ensure people were receiving high quality care. These spot checks covered a range of areas including infection prevention and control practice, communication, health and safety, medicines competency and the way staff engaged with people. Records showed any minor issues identified during spot checks had been followed up with staff during a subsequent supervision to help improve their performance.

Working in partnership with others

- The registered manager worked in close partnership with other services involved in supporting people. Records showed they were in regular communication with a range of health and social care professionals who were involved in people's care. Any advice given by these professionals had been shared with staff to help ensure people's changing needs were continuously met.
- The registered manager also worked closely with the tenancy provider and building maintenance contractor, raising issues promptly where needed to ensure the building environment continued to safely meet people's needs.