

Mr. Gordon Phillips

Croham Place

Inspection report

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Date of inspection visit:
11 February 2019

Date of publication:
12 March 2019

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

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good, there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good.

Croham Place is a care home registered to provide personal care and nursing for up to 28 adults who have a range of complex needs. The service is divided into three separate units. The largest is The Manor which is a home for 14 physically disabled adults with complex care needs requiring nursing intervention. The Beeches is a house for 12 men with acquired brain injuries (ABI) and behaviours that may challenge others. The Nightingales is currently closed and is being rebuilt to accommodate nine people. The proposed date for it to re-open is September 2019.

Relatives told us they felt their family members were safe living at Croham Place. Staff knew how to protect people if they suspected they were at risk of abuse or harm. Risks to people's health, safety and wellbeing had been assessed and staff knew how to minimise and manage identified hazards to help keep people safe from harm or injury.

Appropriate staff recruitment processes helped to ensure people were protected. We saw there were enough properly trained and well supported staff to meet people's needs.

People received their medicines as prescribed and staff knew how to manage medicines safely.

Relatives and social care professionals told us people received effective care. Staff had access to a wide range of training and they were supported with regular and structured supervision.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Staff had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure people are only deprived of their liberty in a safe and correct way. There were policies in place in relation to this and the service had ensured the local authorities had carried out the appropriate assessments for people who might have been deprived of their liberty. Staff supported people to make choices and decisions about their care wherever they had the capacity to do so.

People were supported to have a varied and balanced diet and food that they enjoyed and they were enabled to eat and drink well and stay healthy.

Staff supported people to keep healthy and well through regular monitoring of their health and wellbeing.

Relatives and social care professionals told us staff were kind and caring. We saw staff treated people with dignity, respect and compassion. Staff understood people's needs and helped them to express their views and wishes where ever possible.

People were encouraged to maintain relationships that were important to them. Relatives said they were made to feel welcome when they visited the home.

Care plans were in place which reflected people's specific needs and their individual choices. Relatives of people were involved in reviewing their relations' care plans and we saw people were supported to make decisions about their care and support.

People had access to their local community and could choose to participate in a variety of in-house and community based social activities. We also saw staff encouraged and supported people to be as independent as they could and wanted to be.

People using the service and their relatives were encouraged to give feedback on the service and there was an effective complaints system in place.

Relatives said the registered manager encouraged feedback and sought to develop and improve the service for people. Staff told us they felt well supported and enjoyed working in a positive environment.

Staff told us they were clear about their roles and responsibilities and they had a good understanding of the ethos of the service.

Systems were in place to monitor the safety and quality of the service and to get the views of people about the quality of the service. These auditing processes helped to make improvements were necessary.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains rated as 'good'.	Good ●
Is the service effective? The service remains rated as 'good'.	Good ●
Is the service caring? The service remains rated as 'good'.	Good ●
Is the service responsive? The service remains rated as 'good'.	Good ●
Is the service well-led? The service remains rated as 'good'.	Good ●

Croham Place

Detailed findings

Background to this inspection

We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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 11 February 2019, it was unannounced and was completed by one inspector.

The service 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 2008 and associated Regulations about how the service is run. At the time of our inspection a manager was registered with us.

Prior to the inspection we reviewed the information we held about Croham Place including notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to share with us some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with seven people, one relative, the GP who provided healthcare to the home, a volunteer, three care staff, the chef, the deputy manager and the registered manager. We reviewed five people's care records which included needs and risk assessments, care plans, health information and support plans and medicines administration records. We reviewed three staff files which included pre-employment checks, training records and supervision notes. We read team meeting minutes, compliments and complaints and the provider's quality assurance records.

Following the inspection, we contacted three relatives and one health and social care professional to gather their views about the service people were receiving.

Is the service safe?

Our findings

People and their relatives told us they thought people were safe. One person said, "I do feel safe here because staff look after us." A relative told us, "Yes I am completely sure my [family member] is safe and well cared for here." Another relative said, "I am confident my [family member] is safe, the staff keep me well informed about their progress and they are kind and caring." Staff knew how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff described how they would report any concerns both within the organisation and outside to the local authority safeguarding team. Information and guidance about how to report concerns, together with relevant contact numbers, was displayed in the home and was accessible to staff and visitors. This showed the provider had taken the necessary steps to help ensure that people were protected from abuse and avoidable harm.

Where potential risks to people's health, well-being or safety were identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for risks to people such as falls and the use of hoists. These assessments were detailed and provided guidance for staff to follow to help minimise identified risks. People assessed as requiring the use of a hoist in the provision of their personal care had appropriate risk assessments in place and staff received training to ensure they knew how to use the hoists appropriately.

People, their relatives and healthcare professionals said there were sufficient numbers of staff on duty to meet people's needs. There was a calm atmosphere throughout the home and people received their care and support appropriately. Call bells were answered in a timely manner and staff went about their duties in a calm and organised way.

Safe and effective recruitment practices were followed to help make sure that all staff were of good character and suitable for the roles they performed at the service. The provider's recruitment process included interviews, criminal records checks, proof of identity and taking up two references. This meant people were supported by staff whom the provider assessed to be safe to deliver care and support.

People received their medicines safely. There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. We checked a random sample of boxed medicines and controlled medicines and found that stocks tallied with the records. Staff were trained to administer medicines and completed people's medicines administration records appropriately. Medicines with significant risks associated with them are called 'controlled drugs'. The provider had additional security and checking measures in place for controlled drugs including a separate locked cabinet and increased monitoring with daily stock checks and double staff signing. Where people were prescribed 'when required' medicines there were clear protocols in place for staff to follow which included the number doses people could receive during a 24-hour period.

The environment was clean and fresh throughout the home. Staff had received training in infection control practices and we noted that they used personal protective equipment such as gloves and aprons effectively. There were personal emergency evacuation plan documents in people's care plans. Staff were

knowledgeable about people's individual needs and could tell us what support would be provided in the event of an emergency such as a fire.

The registered manager told us where lessons had been learned through areas such as accidents, incidents, complaints or investigations these were shared with the staff team through team meetings and supervisions.

Is the service effective?

Our findings

People's care and support needs were assessed and discussed with them. A full assessment of needs was completed which involved the person, their relatives or friends where appropriate. This covered people's health and mobility needs, their likes, dislikes, daily routines and communication needs. People were asked about their hobbies and interests and any religious or cultural preferences.

The health care professional we spoke with said they thought staff were well trained. Staff told us that they felt supported and received appropriate training and supervision to enable them to fulfil their roles. Training records confirmed that staff received training in topics such as health and safety, moving and assisting, infection control and prevention and first aid. This included mandatory training and regular refresher courses to ensure staff knowledge was updated in-line with best practice. We noted that staff were also offered training specific to the people they supported, for example, challenging behaviour, epilepsy, learning disability and autism awareness. The registered manager told us staff received yearly appraisals and regular supervisions and we saw evidence that supported this.

Records showed all nursing staff were registered with the Nursing and Midwifery Council (NMC) and their registration was renewed every three years. We noted nursing practice was supervised by the registered manager and the clinical director for nursing. This helped to ensure nurses remained competent with their practice.

People received the support they required with their nutrition and hydration. Staff assessed and understood people's nutritional needs and met people's preferences where-ever possible. Where people required support to eat and drink staff did this in line with the guidelines developed by healthcare professionals. We found that those who were at risk of choking had 'safe swallow plans' in place which gave staff the information they required to support people effectively. We were told that menus were put together through discussions with people where possible, and staff's knowledge of people's food likes and dislikes.

People had access to appropriate health care services as necessary. The GP we spoke with said people's healthcare needs were well met. We saw health professional visits were recorded in people's care files which detailed the reason for the visit and outcome. Recent health visits included the GP, optician and dietician. As people's health and care needs changed, ways of supporting them were reviewed. Changes were recorded in people's care files which each staff member had access to.

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. Some of the people at Croham Place were living with a learning disability or autism, which affected their ability to make some decisions about their care and support. Staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in supporting people's rights to make their own decisions.

During the inspection, we observed staff offering people choices and respecting their decisions. Staff told us how they supported people to make decisions about their care and support. Mental capacity assessments and best interest paperwork was in place and up to date. A relative told us, "I am involved in my [family member's] best interests' decisions".

People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. 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 were being met. Where appropriate applications for Deprivation of Liberty Safeguards (DoLS) were made for people and submitted to the local authority.

Is the service caring?

Our findings

People were treated with kindness and they were given the support they needed. Relatives told us that the staff were exceptionally kind. One relative told us, "I come almost every day to visit and see my [family member] and I can honestly say how wonderful this place is. The staff are great and treat all the residents with dignity and respect and do everything possible to help keep them safe and happy. They keep me well informed about my [family member]."

People's care records were written in an individualised way which promoted respect towards them. People were supported by a consistent group of staff who knew their needs and could identify quickly if there were any changes or if the person was unwell. Staff communicated with people effectively. Care plans contained information about people's ability to communicate along with their social history. This helped staff to build caring relationships with people.

We noted there was a calm and welcoming atmosphere in the home. Staff interacted with people in a caring and compassionate manner. We observed staff knocking on people's doors before entering and not sharing personal information about people inappropriately. A staff member said, "I like to respect people for who they are and treat them as individuals, I treat people as I would want to be treated".

The staff were aware of people's likes and knew how to support them to live each day to the maximum. For example, some people could become low in mood but liked animals, particularly dogs. To assist with this the registered manager arranged for a volunteer from the 'Pets as Therapy' scheme to visit regularly the home with their pet dog for people to see and this encouraged them to feel more positive.

The service did not place any restrictions on visitors. People and relatives told us staff made visitors welcome when they visited the service. Visitors could spend time with people in communal areas, quiet areas and in people's bedrooms.

Is the service responsive?

Our findings

Care and support plans detailed people's physical, mental, emotional and social needs. These needs were integrated into an outcome based plan of support structured for each person to ensure their needs were met effectively. The support plan outcomes for people were drawn up together with them, their relatives and health and social care professionals where appropriate, and were signed off by all parties. The registered manager told us they had plans in place to document that staff were required to read people's support plans and would sign to say they had done so. This helped ensure staff were fully aware of the outcomes for people's care. We saw plans were reviewed on a regular basis appropriate to each individual's needs. This meant people received individualised care and support to meet their changing needs.

Healthcare professionals told us that they had no concerns about the care provided in the home. They said the care plans were detailed and staff knew all about the care people needed. They told us that they liked to visit the home as it was welcoming. Where people whose behaviours sometimes challenged the service staff used positive behaviour techniques to help the person. Behavioural support plans were in place for people who needed them and we saw they had really helped to reduce these behaviours. The impact of this had helped to improve people's quality of life and enabled them to engage in more of their chosen activities.

Relatives said staff encouraged people to make choices about their lives and about the support they received. They said where this was not possible staff would ask the relatives to contribute to the process to help enable staff to respect people's decisions and choices. One relative said, "When we visit or at reviews we discuss how our [family member] is getting on and staff share with us any changes in their needs or wishes." Health and social care professionals said staff always encouraged people to make informed choices as far as possible. We observed staff were patient and clear when speaking with people, for example, by giving people time or repeating their answers to ensure they understood what was said to them.

People were supported to pursue social interests and activities that were important to them although for some these were limited because of their complex needs. People told us they enjoyed the activities, comments included, "There's always something [activities]going on here that we can join in with. I enjoy the 'slow yoga'"; "The musician comes here regularly and I really love the music sessions"; "We have a driver and we can go out for drives whenever and wherever we want. Some people go out almost every day. I love being able to go and see places." The deputy manager told us activities provided for people included arts and crafts, trips out to the town and going to the local café.

People's concerns and complaints were listened and responded to, to improve the quality of care. People received information on how to make a complaint. In addition, there was information on display on notice boards describing the complaints process and the steps to take if necessary. People were happy with the care they received and no complaints had been received since our last inspection.

With respect to people's wishes and preferences for end of life care the registered manager told us there were developing a policy and procedure together with St Christopher's Hospice for staff to follow if and when the need arose. The registered manager also told us training was planned for staff so that they could

work sensitively with people and take into account people's wishes.

Is the service well-led?

Our findings

Relatives and healthcare professionals told us they thought the service was well-led by the managers. Comments we received included, "It is a well-run home, they communicate with us well", "The managers have done a good job since they have been there. The service is stable and well run" and "The management do a very good job." We saw the registered manager and the deputy manager were fully involved in the day to day management of the service. This helped them to be fully aware of how care and support was being provided to people. Their wide range of experience of working in services for people with physical and learning disabilities helped them deliver good quality care. It was clear from what managers and staff told us they were committed to maintain high quality services for people.

Staff said they felt comfortable to approach the registered manager and the deputy manager about anything they might want to discuss with them. One staff member said, "I am perfectly happy to talk about anything to do with my job with the managers. They know the service really well which makes it easy to talk with them."

Health and social care professionals told us their advice was sought appropriately. The provider ensured staff were provided with specialist training to improve their skills and knowledge where they felt that people using the service and staff would benefit from it. There was a positive and open management culture that ensured people received person centred and individualised care and support.

We saw effective supervision practices, staff appraisals and regular team meetings provided staff with the information they needed to ensure they understood their responsibilities. Staff were clear about the expected levels of quality standards when delivering care and support to people. Their performance was regularly reviewed, risks and regulatory requirements were understood, such as staff responsibilities to ensure people's best interests were met. The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.

We received positive feedback from relatives, staff, health and social care professionals about the management of the service. Everyone told us the managers and staff put people at the top of their priority list. This helped to ensure people received good outcomes from a person centred, open and empowering service. The home had carried out a satisfaction survey and the completed forms received indicated that relatives of people were satisfied with the services and care provided. We saw feedback questionnaires for the survey carried out in July 2018. The overall results were all positive but they were not analysed. The registered manager told us they would analyse the responses and identify any trends that required action. We will monitor this at our next inspection.

Other audits included checks with the system for administering medicines and checking whether documents such as people's health action plans, support plans and risk assessments were reviewed. We saw audits to do with cleanliness of the premises and health and safety. All these audits and checks identified any issues or problems that required service improvements. Action plans were in place to ensure

these were addressed promptly and within an agreed timescale. All actions were subsequently checked by the compliance administrator to ensure they were completed satisfactorily.

Team meetings were held monthly covering a range of subjects and provided an opportunity for staff and managers to discuss matters for service development. Minutes of meetings were shared with staff who confirmed meetings took place.

The service cooperated well with other healthcare professionals. They shared information with relevant organisations to develop and deliver joined up care. An example of this we saw was for people who might need to go into hospital. The service ensured hospital passports containing all relevant information relating to the person's condition was available to the hospital staff. This included details of what medicines people were prescribed, what condition they were living with and other elements of their care needs. Personal emergency evacuation plans were also in place to ensure people could be evacuated appropriately in the event of a fire. The registered manager was aware of the importance of working in partnership with social and healthcare professionals so that people received appropriate support from them. Care records confirmed effective communication with social and healthcare professionals regarding the planning of care and treatment provided for people.