

Mr. Gordon Phillips

Croham Place

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

We inspected Croham Place on 30 April and 1 May 2015. The inspection was carried out by two inspectors and was unannounced.

Croham Place is a care home that provides personal care and nursing for 24 adults who have a range of complex needs. The service is divided into three separate units. The largest is the main house which is a home for 14 physically disabled adults with complex care needs requiring nursing intervention. The Beeches is a house

for eight men with acquired brain injuries (ABI) and behaviours that may challenge others. The Nightingales is a bungalow shared by two people with autistic spectrum disorders (ASD).

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 (Regulated Activities) Regulations 2014 about how the service is run.

Summary of findings

People told us they were safe. This was also the view of their relatives. Care was planned and delivered to ensure people were protected against abuse and avoidable harm. People were cared for by a sufficient number of suitable staff to help keep them safe.

People received their medicines safely because there were appropriate procedures in place for ordering, storing, administering and recording medicines which were consistently followed by suitably qualified staff.

People were protected from the risk and spread of infection because staff understood their responsibilities in relation to infection control and followed the procedures in place. All areas of the home were clean.

The premises were of a suitable layout and design for the people living there. Equipment was regularly serviced and well maintained.

Although staff received regular, relevant training, some staff were not adequately supported by the management because they did not receive regular supervision or appraisal.

People received the help they needed to maintain good health and had access to a variety of healthcare professionals. Staff understood the relevant requirements of the Mental Capacity Act 2005 and how it applied to people in their care. People were satisfied with the quality and quantity of food they received.

People told us they were treated with respect, compassion and kindness by staff, but three people commented that some staff were rude.

Seven of the ten people we spoke with were satisfied with the care and support they received and told us it met their individual needs. They were fully involved in making decisions about their care and where appropriate, their relatives were also involved. However, some people and their relatives felt that care was not always delivered in the way they preferred. This was particularly in relation to the activities they were enabled to participate in and how often they were supported to go out into the community.

People knew how to make complaints and where they did so, the complaints were dealt with appropriately and to their satisfaction. People who were willing to express their views on the care they received or whose relatives were in regular contact with staff had had their comments listened to and acted on. However, people who needed support to express their views were not adequately supported to do so. Although the manager conducted an annual quality survey they did not have other systems in place to regularly obtain feedback from people living in the home on the care they received.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to how the provider supported staff, met people's needs and managed the service. You can see what action we told the provider to take at the back of the full version of this report.

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Summary of findings

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 was safe.

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

Staff were recruited using appropriate recruitment procedures. There was a sufficient number of staff to help keep people safe. Staff followed procedures which helped to protect people from the risk and spread of infection.

Good



Is the service effective?

Some aspects of the service were not effective.

People were cared for by experienced staff who received an induction and regular, relevant training. However not all staff were adequately supported through regular supervision and appraisal.

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

People were supported to have sufficient amounts to eat and drink and to maintain a balanced diet. People received care and support which helped them to maintain good health. People had access to a variety of external healthcare professionals and services.

Requires Improvement



Is the service caring?

Some aspects of the service were not caring.

The majority of people were treated with kindness and respect but some people told us they were not.

People received care in a way that maintained their privacy. People's diversity was respected. People's needs were assessed and reviewed with their input.

Requires Improvement



Is the service responsive?

Some aspects of the service were not responsive.

People were involved in their care planning but did not always feel in control of the care and support they received. The care people received met their health needs but did not always meet their social needs.

The service conducted an annual satisfaction survey but did not have any other systems in place to regularly seek people's views.

People received co-ordinated care when they used or moved between different healthcare services.

Requires Improvement



Summary of findings

Is the service well-led?

Some aspects of the service were not well-led.

The majority of staff felt supported by the manager but some staff did not.

There were systems in place to regularly monitor and assess the quality of care people received but these were limited.

The manager demonstrated good management and leadership in respect of the systems in place to keep people safe, maintain the premises and to ensure people's records including medical records were up to date.

Requires Improvement



Croham Place

Detailed findings

Background to this inspection

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

The inspection was carried out by two inspectors who visited Croham Place on 30 April and 1 May 2015.

As part of the inspection we reviewed all the information we held about the service. This included routine

notifications received from the provider, safeguarding information and the previous inspection report. Croham Place had previously been inspected in April 2014 and was found to meeting all the regulations we inspected.

During the inspection we spoke with ten people living at Croham Place and five of their relatives. We also spoke with eight staff members and with two people's social workers.

We looked at nine people's care files and four staff files which included their recruitment and training records. We looked at the service's policies and procedures. We spoke with the registered manager and deputy manager about how the service was managed and the systems in place to monitor the quality of care people received.

Is the service safe?

Our findings

People were protected from abuse. People told us they felt safe and commented, “I do feel safe here”, “I am very safe here”, “If someone was unkind to me I would tell [my relative].” Relatives were also confident that people were safe. They commented, “I do think [the person] is safe there” and “Everything is set up to keep them safe.”

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The home had policies and procedures in place to guide staff on how to protect people from abuse which staff applied day-to-day. Staff had been trained in safeguarding adults and demonstrated good knowledge on how to recognise abuse and report any concerns.

There was information on display in each unit for the people living there, their relatives and staff about abuse and who to contact if they had any concerns. The information was also displayed in an easy read format. People using the service and their relatives knew how to report any concerns. Staff told us they would not hesitate to whistle-blow if they felt another staff member posed a risk to a person they were caring for.

Arrangements were in place to protect people from avoidable harm. Risk assessments were carried out and care plans gave staff detailed information on how to manage identified risks. For example, people with mobility difficulties had personal evacuation plans for staff to follow in the event of an emergency. Staff had been trained in emergency first aid and knew the action to take if a person had a medical emergency.

People’s needs were assessed before they began to use the service. The number of staff required to deliver care to people safely when they were being supported was also assessed. People told us they received care and support from the right number of staff and that there were a sufficient number of staff on duty throughout the day and night. The number of staff a person required to care for them was reviewed when there was a change in a person’s needs.

The service operated an effective recruitment process which was consistently applied by the management. Appropriate checks were undertaken before staff began to work with people. These included criminal record checks,

obtaining proof of their identity and their right to work in the United Kingdom. Professional references were obtained from applicant’s previous employers which commented on their character and suitability for the role. Applicant’s physical and mental fitness to work was checked before they were employed. This minimised the risk of people being cared for by staff who were unsuitable for the role.

People received their medicines safely because staff followed the service’s policies and procedures for ordering, storing, administering and recording medicines. There was a protocol in place for the use of medicines which were prescribed to be administered as required. Each person had a medicine profile which gave staff information about their medicines, when and how it should be taken and in what dosage. As well as their personal details, each person’s photograph was on the front of the medicine profile. This helped to minimise the risk of people being given the wrong medicine.

Staff were required to complete medicine administration record charts. Records confirmed that staff fully completed these and that people received their medicines as prescribed. Staff handling medicines were registered nurses and there was at least one registered nurse working on every shift.

The building and surrounding gardens were adequately maintained to keep people safe. The water supply and utilities were regularly inspected and tested. The home was fully accessible and of a suitable design and layout to meet the needs of people living there. The home had procedures in place which aimed to keep people safe and provide a continuity of care in the event of an unexpected emergency such as, a fire or boiler breakdown. The vehicles used to transport people were regularly inspected and serviced.

We saw confirmation there were arrangements in place to test and service essential equipment such as lifts, call bells and hoists. Staff had been trained in how to use the equipment people needed and we observed that they were confident in doing so. We saw that the right number of staff were involved in using equipment such as hoists and that they were used correctly. The equipment was clean and well maintained. There was sufficient equipment in the home to assist people.

People were protected from the risk and spread of infection because staff followed the home’s infection control policy. An external cleaning company was contracted to clean the

Is the service safe?

home. On the day of our visit all areas of the home including people's rooms were clean and tidy. Staff had received training in infection control and spoke knowledgeably about how to minimise the risk of infection.

Staff had an ample supply of personal protective equipment (PPE). People told us and we observed that staff wore PPE when supporting them with personal care and practised good hand hygiene.

Is the service effective?

Our findings

People were cared for by some staff who were not adequately supported by the provider through regular supervision and appraisal. Records demonstrated that nursing staff had regular supervision and appraisal but the majority of support workers working in the main house did not. This was confirmed by the nurses and support workers we spoke with. One told us, “The nursing staff have regular supervision but the support staff don’t and the staff meetings tailed off last year.” Another commented, “I haven’t had any supervision recently.”

The registered manager told us that supervision meetings should be held every two months and appraisals annually. Records supplied by the registered manager showed that almost one third of the support workers had not had any supervision in the four months before our inspection. Not all staff who had been employed by the service for more than twelve months had received an appraisal. This meant that some staff did not have the opportunity to review and discuss their professional development.

We found that the provider did not adequately support staff through regular supervision and appraisal. This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 18 (2) (a).

Before staff began to work with people they had an induction during which they were introduced to people living in the home, made familiar with the main policies and procedures and trained in areas essential to their role such as, manual handling, safeguarding adults and infection control. Staff also had regular, relevant training and the opportunity to obtain further qualifications relevant to their roles.

The Mental Capacity Act 2005 (MCA) sets out what must be done to ensure the human rights of people who lack capacity to make decisions are protected. Records confirmed that people’s capacity to make decisions was

assessed before they moved into the home and regularly thereafter. The manager and staff had been trained in the general requirements of the MCA and the specific requirements of Deprivation of Liberty Safeguards and knew how it applied to people in their care.

The service was following the MCA code of practice and made sure that people who lacked capacity to make particular decisions were protected. Where people were unable to make a decision about a particular aspect of their care and treatment, best interests meetings were held for example, in relation to people having medical procedures.

DoLS requires providers to submit applications to a “Supervisory Body” if they consider a person should be deprived of their liberty in order to get the care and treatment they need. There were appropriate procedures in place to make DoLS applications which staff understood and we saw that they were applied in practice. Several applications had been made by the registered manager.

People’s nutritional needs were assessed. Where people required a special eating plan, this was provided by staff. People were given nutritious meals and supported to have a balanced diet. People told us they had sufficient to eat and drink and that they were satisfied with the quality of food they received. One person told us, “I have enough to eat.” Another person commented, “The food is good.”

Staff supported people to maintain good health. People were registered with a local GP. Staff supported people to attend appointments with their GP, hospital consultants or other healthcare professionals. People had hospital passports which they took to hospital and other healthcare appointments. These gave healthcare professionals information on the person, what was important to them, their personal preferences and routines, and how best to communicate with them. This document was in an easy read format.

Is the service caring?

Our findings

We received mixed comments from people about how they were treated by staff. People told us the majority of staff were kind and caring but some staff did not treat them with dignity and respect. People said of the staff, “Most are respectful but a couple are not always respectful. Sometimes they talk to you like a child”, “Most of them are nice but some just do what they have to do and don’t really talk to you” and “I tried telling [the carer] about my day yesterday and she just ignored me and walked out of my room”, “The staff are good to me”, “They respect me as a human being” and “They look after me well”. Relatives commented, “The staff are very good. [The person] can be difficult] but they look after [the person] very well” and “They are very kind to [the person] and [the person] is very happy there”.

We discussed people’s comments with the registered and deputy managers who agreed that some staff could be abrupt in the way they spoke to people and that this was unacceptable. They told us this had been raised with the relevant staff and that training was planned to ensure that all staff understood the importance of positive communication and treating people with dignity and respect.

The atmosphere in the home was calm and relaxed. People were supported at a pace that suited them. People told us that when they were in pain or feeling unwell and asked for assistance, staff usually responded quickly and displayed empathy.

Staff knew people’s personal history, health support needs and personal preferences well and this was evident in their interaction. One staff member told us, “When you’ve been working with someone for a while, you really get to know them.” Another staff member told us, “Because [the person] has no verbal communication we have learnt what different behaviours and signs mean so we are able to communicate with [the person].”

People’s rooms reflected their personal tastes and interests. People told us staff always respected their privacy. People commented, “They always knock before they come into my room” and “If I want to be left alone, they leave me alone”. Relatives told us they were made to feel welcome and could visit at any time.

People were involved in their needs assessments and the majority of people felt involved in how their care was planned and delivered. One person told us, “They make sure I have everything I need. I only have to ask.” A relative told us, “They involved me in the assessment and any reviews because [the person] will not always speak up.” However, some people did not feel they were actively involved in making decisions about how they spent their time day-to-day.

The majority of people had relatives who were regularly in contact with the service and some acted as their advocates. This meant that their views were expressed. The home had previously held residents’ meetings where people were enabled to express their views and make suggestions about the things that mattered to them. People told us that a meeting had not been held for a long time and that they missed this opportunity to meet as a group and have a discussion. One person told us, “We haven’t had a meeting since last year.” People were given the opportunity annually to comment on the quality of care they received by completing a feedback survey. People who required it were given assistance to complete the survey. This was the only arrangement in place to seek people’s views.

People’s values and diversity were understood and respected by staff. People told us and records demonstrated that where people preferred a particular type of food which reflected their culture, this was ordered in or specially prepared by staff.

Is the service responsive?

Our findings

The majority of people were satisfied with the care and support they received. However, we found that people with complex physical needs or behaviour that challenged others did not always have their care delivered in the way they preferred or have their needs met as well as other people. This was particularly the case in relation to the activities they were enabled to participate in and how often they were enabled to go out into the community.

Care planning in relation to meeting people's social needs was inconsistent. Some people had personal activity plans which were comprehensive, reflected their interests and enabled them to socialise and go out into the community regularly. We observed that these people were occupied or had gone out on the days we visited. Other people's care files contained very little or no activity plans.

Five people told us there was not enough for them to do and that they were not spending their time day-to-day doing the things they wanted to do. Comments included, "There is nothing to do here. I'm not interested in the activities they put on and they don't take me out.", "I'm bored. There's nothing to do here all day. It's summer and I'd like to go out.", "I don't go out often and when I do it's always with a group. I'd like to go out and do the things I'm interested in. I'm not interested in going to the garden centre" and "I wish there was more to do". Staff members commented, "Some staff here are not used to taking people out. People don't get to go out as often as they should" and "People go out often if they can go out on their own or if they are quite mobile".

The deputy manager provided a list of appointments and outings people had attended in the week before our inspection. This confirmed that some people who could only leave the home with staff support had not left the home at all in the preceding week. It also demonstrated that the main reason some people left the home was to attend healthcare appointments.

We found that people were not supported to be autonomous, independent and involved in the community. This is a breach of the Health And Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 10 (2) (b).

People's needs were assessed before they began to use the service and re-assessed regularly thereafter. People's assessments were detailed and considered their dietary, personal care and health needs. People's specific needs and preferences were taken into account in how their care was planned. Care plans had special instructions for staff on how the person wanted their care to be delivered, what was important to them and information about how to meet people's individual needs. Staff generally delivered care in accordance with people's care plan. For example, where people had medical conditions which required a special diet, they received the diet set out in their plan. We saw that people received care from the number of staff they were assessed to need. For example, where a person's care plan stated that they required two members of staff to support them, there were two staff members supporting them.

There was continuity of care. Staff employed by the service gave detailed handovers to agency staff before they were allowed to deliver care to people. Staff were familiar with the needs of people they cared for. Staff worked sufficiently flexibly so that where there was a change in a person's circumstances, they were able to meet their needs without delay. Where for example specialist advice or treatment was required, referrals were made promptly.

The service gave people and their relatives information on how to make a complaint. People told us they knew how to make a complaint and would do so if the need arose. The complaints file demonstrated that the complaints recorded had been dealt with in accordance with the service's complaints policy and had been responded to promptly. The majority of people we spoke with who had made a complaint told us it had been dealt with appropriately. A person living in the home told us, "I made a complaint to [the manager] and I was very happy with how [the manager] dealt with it." Relatives told us, "If I have a problem with something I speak to [the manager] and [the manager] sorts it out" and "I raised all of the concerns I had with [the manager] but nothing was done for a long time".

Is the service well-led?

Our findings

People, their relatives and staff gave mixed views on whether the service was well-led. Comments we received from people included, “I think the place is well run. I’ve no complaints” and “[The manager] is very nice and asks me how I am whenever I see [the manager]”, “I don’t see [the manager] very often. There are things which could be improved”. Staff commented, “[The manager] has been very supportive of me. I can’t fault [the manager]”, “We don’t have much to do with [the manager]. We just get on with our work”, “[The manager] listens to relatives but not us”.

Until March 2015, the registered manager did not work at the home on a full-time basis as he was also responsible for another service. Consequently, some aspects of the service which required consistent day-to-day input from a manager were not well-led. For example, the quality of care people received varied between the three units, as did the level of staff support. Some staff told us they rarely had contact with the manager and did not feel supported. Staff meetings were not held and staff did not feel they were involved in the development of the service or given the opportunity to express their views. Staff supervision and appraisal were inconsistent.

There was a newly appointed deputy manager and a management structure in place which staff understood, but not everybody living in the home was aware of. Two people commented, “I’m not sure who is in charge day-to-day” and “I don’t know who the manager is.” There was also a keyworker system in operation which was meant to enable people to raise any issues with a member of staff they knew well. However, half the people we spoke with in The Beeches did not know who their keyworker was.

There were some arrangements in place for checking safety and the quality of the care people received. Records confirmed the manager and staff regularly checked medicines administration and health and safety. However, the systems in place were insufficient to identify the areas where the quality of care required improvement such as, how some staff interacted with people and people’s dissatisfaction with how often they were enabled to go out into the community.

The manager sought to improve the quality of care people received by obtaining and acting on feedback from people and their relatives during an annual survey. We saw that after receiving negative feedback about the quality and choice of food available, an outside contractor was used to supply people’s evening meals. People told us the standard of their meals had improved. However, the annual survey was the only system in place to formally seek people’s views on the quality of care they received.

We found the provider did not establish or operate effective systems or processes to enable them to assess, monitor and improve the quality and safety of the services provided. This is a breach of the Health And Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17 (1) and (2) (b).

There were appropriate arrangements in place for storing records. We asked to see a variety of records, policies and procedures relating to people, staff, management of the service and maintenance of the premises. These were promptly located and well organised. People’s care records including medical records were up to date.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The provider did not provide staff with appropriate professional development, supervision and appraisal as is necessary to enable them to carry out the duties they were employed to perform.</p> <p>This is a breach of the Health And Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 18 (2) (a).</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect</p> <p>The provider did not support service users to be autonomous, independent and involved in the community.</p> <p>This is a breach of the Health And Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 10 (2) (b).</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not establish or operate effective systems or processes to enable them to assess, monitor and improve the quality and safety of the services provided.</p> <p>This is a breach of the Health And Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17 (1) and (2) (b).</p>