

London Borough of Croydon

Truscott House

Inspection report

Truscott House,
14 Stanley Grove
Croydon
CR0 3QU

Tel: 07436032599

Date of inspection visit:
06 May 2022

Date of publication:
16 June 2022

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

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

Truscott House 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 is also the 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 19 people being provided with personal care and support by the service.

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

People felt safe at the service and staff understood how to keep people safe through understanding safeguarding procedures and how to manage risks to individuals to keep them safe. There were enough staff to support people and staff recruitment procedures were suitable to check staff were safe to work with people. Staff followed best practice in reducing the risk of infections such as COVID-19. The provider was not responsible for maintaining the premises, but they liaised closely with the landlord to ensure health and safety and cleanliness standards were maintained. People received the right support in relation to their medicines.

Staff received the training and support they needed to meet people's needs. People were supported to maintain their mental and physical health and to maintain contact with professionals involved in their care. People received food and drink of their choice. 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.

People liked the care staff and developed good relationships with them as staff knew them well. People were supported to improve their independent living skills as far as possible and staff treated people with dignity and respect.

People were involved in their care and the provider ensured their needs and preferences were reflected in their care plans through liaising with them and their relatives. People were supported to do activities they were interested in and to maintain relationships with the people important to them. Relatives could visit family members without unnecessary restrictions. People were encouraged to raise any concerns or complaints which the provider investigated and responded to appropriately.

The registered manager notified CQC of significant events, such as allegations of abuse, as required by law. The registered manager and staff understood their role and responsibilities. The provider communicated openly with people and staff through regular meetings and surveys. Staff felt well supported by the

registered manager. The provider undertook checks to monitor, review and improve the quality and safety of the service and addressed any issues found promptly.

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

Rating at last inspection

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

The last rating for the service under the previous provider was Good, published on 10 April 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.

Truscott House

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 and ended on 6 May 2022 when we visited the location's office.

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 this information to plan our inspection.

During the inspection:

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

Staffing and recruitment

- There were enough staff to safely care for people and staff time keeping was good. Staff told us they had enough time to care for people and not rush.
- People could also call staff for help in an emergency, outside of their agreed care package.
- No staff had been recruited since the service registered because the provider put this on hold pending a restructure. This meant we were unable to check recruitment. However, the provider had a suitable recruitment policy with a specialist team to ensure only suitable staff were recruited.

Preventing and controlling infection

- Staff received training in infection control and the safe use of personal protective equipment (PPE) to reduce the risk of infections including COVID-19. We observed, and people told us, staff followed safe practices. A relative told us, "Staff are very careful with hygiene and they always wear masks."
- The registered manager carried out regular checks of infection control practices to ensure staff followed current guidance and had access to a regular supply of PPE.
- The provider assessed risks related to COVID-19 people using the service and staff.
- Staff received training in food hygiene and people did not raise any concerns about the way staff handled their food.

Learning lessons when things go wrong

- Staff recorded accidents or incidents including any falls. The registered manager and provider reviewed each incident to check people received the right care, to identify any patterns and reduce the risk of reoccurrence.
- Learning from investigations was shared amongst the extra care scheme registered managers under this provider and staff during meetings. The registered manager attended a regular extra care managers forum where further learning was shared.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff who supported them.
- Staff received training in how to safeguard people from abuse. They understood the signs of abuse and how to report their concerns.
- The registered manager understood their responsibility to raise concerns with the local authority safeguarding team and take action to keep people safe.

Using medicines safely

- Medicines records showed people received their medicines as prescribed and our stock checks confirmed this. The provider regularly checked medicines management was safe.
- The provider assessed risks relating to medicines for each person and staff had clear guidance to follow to keep people safe.
- Only staff who were trained and assessed as competent administered medicines and staff training was refreshed regularly, with further training for any staff who required more support.

Assessing risk, safety monitoring and management

- The provider managed risks in people's care well. Risks such as those relating to moving and handling, mental and physical health and the environment were assessed with clear guidance for staff to follow to reduce the risks. Risks relating to emergencies and how people would each be evacuated were also assessed.
- Staff checked on people's welfare at difficult times when they required additional support, sometimes outside their agreed care package.
- The provider regularly checked the premises were safe and reported concerns to the landlord for resolution.

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.

Staff support: induction, training, skills and experience

- Staff received regular training to help them understand people's needs, including moving and handling, mental and physical health conditions and health and safety. Specialist training was available if required. A relative told us, "Staff seem very well trained."
- Staff were supported to complete diplomas in health and social care or leadership and management in care to enhance their skills and knowledge.
- Staff received regular supervision from their line manager to check they understood and met their responsibilities and to check for any further support needs such as training.

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

- People's dietary needs and preferences were recorded in their care plans and staff were aware of these. Staff supported people to choose their meals and an external company provided them. Staff supported people to eat when this was part of their care.
- People received the right support to maintain their physical and mental wellbeing. People's needs were recorded in their care plans and staff supported people to attend appointments when necessary. The provider referred people to healthcare professionals, such as to a speech and language therapist when a person was at risk of choking. Staff followed professional guidance to effectively meet people's 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 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 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.

- Most people had capacity to make and to consent to decisions about their care. The registered manager and staff followed the MCA if they needed to assess a person's capacity and make decisions in their best interests, involving their families and professionals. People were free to leave and return to the service with no undue restrictions.
- Staff received training in the MCA and understood their responsibilities, as did the registered manager.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider met with and assessed people before they came to receive care at the service to check they could meet their needs. People and their relatives were involved in the assessment process and the provider considered any professional reports.
- Assessments considered people's background and health issues, their care needs, preferences and the outcomes they wanted from their care. Assessments were used to develop care plans.

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.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as they wanted to be, and staff gave examples of how they involved people when providing personal care. People were supported to do physiotherapy exercises when this was a part of their care package to maintain their mobility.
- Staff respected people's privacy and dignity, ensuring doors and curtains were closed when providing personal care, knocking before entering their flats and gaining consent.
- The registered manager monitored how staff interacted with people through regular observations and getting feedback through discussion and surveys.

Ensuring people are well treated and supported; equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People were positive about the staff who cared for them and we observed staff were kind, caring and unhurried. We saw people were comfortable with staff and freely approached them for support or to chat. A relative told us, "[My family member] loves it here, the staff are virtual angels. The rapport between her and the staff is amazing. They are so caring." A second relative told us, "The care has always been very good here. Staff are very amenable; most go above and beyond." A person said, "Staff always stay and talk with me, they make sure I'm ok."
- Staff knew people well and understood how people liked to receive their care. Staff met people's preferences. A relative told us, "Staff understand [my family member] well and have lots of banter."
- The provider recorded people's needs in relation to their cultural and spiritual needs, relationships and their sexual orientation. Staff received training in equality and diversity and people's needs were met as far as possible. For example, staff supported people to eat food from their countries of ethnic origin if this was part of their agreed care. Religious and cultural events were celebrated, such as Christmas, Easter and the forthcoming Platinum Jubilee.
- People were supported to express their views and be involved in decisions in their care and these were recorded in their care plans through regular meetings, discussions and surveys.

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.

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

- Activities were arranged based on people's preferences. We observed staff engaged well with people and people enjoyed interacting in a coffee morning, playing games and laughing together. An activity programme was in place which included a fish and chips evening, gardening, bingo and musical entertainment. Volunteers were encouraged to visit to engage with people to reduce social isolation. A relative told us, "Sometimes they call pastor in to pray with [my family member]."
- People were supported to maintain relationships with the people that mattered to them and staff helped people make videocalls where necessary. People managed visitors to their private flats themselves, in line with covid-19 guidelines.
- People's care records reflected how they wanted to receive care from staff and people were given choice by staff who understood their needs. A tenant led the residents' meetings where people were consulted on the activity programme.

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.

- The provider checked how people preferred to communicate and recorded this in their care plans. Staff understood the best ways to communicate with people, such as using writing for a person who was hard of hearing and using certain words of a person's preferred language where they had only basic English.
- The provider told us they could provide key information in alternative formats if required as the provider has specific teams at the head office to do this.

Improving care quality in response to complaints or concerns

- The provider had a suitable complaints policy to follow to investigate and respond to any formal complaints. The registered manager aimed to resolve concerns as soon as they were raised informally, and people and relatives had confidence any issues would be resolved to their satisfaction. A relative told us, "I know complaints would be dealt with, but I haven't made any."
- 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 with 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

- The provider recently began a project to ask people how they would like to receive care at the end of their lives and record this in their care plans. This meant staff would be aware of people's preferences and be more able to meet their needs.

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.

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 registered manager was viewed positively by people, staff and relatives. They were experienced having managed this type of service for many years, and understood their role well, as did staff. Staff felt well supported by the registered manager. A relative told us, "[The registered manager] is brilliant, on top of everything." A second relative said, "The odd time I need to clear something up I just ask somebody, everybody's always willing to give you an answer. The manager is very good."
- The registered manager promoted good quality care through a range of monitoring audits. These included observations of staff interactions and checks of all records relating to the care people received. Action was taken to promptly resolve any concerns found.
- The registered manager notified CQC of significant incidents as required by law to enable us to effectively monitor the service.
- The registered manager was open and honest if things went wrong. They investigated accidents, incidents and complaints, apologising if people did not receive the right standard of care and making changes to improve.

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

- The provider communicated well and asked people and staff for feedback through individual and group meetings and surveys. Recent feedback showed people and staff were happy with the standard of care delivered overall and with working conditions. Any issues raised were responded to well. A relative told us, "If there is ever a problem, they call me quickly and let me know."

Working in partnership with others

- The registered manager maintained good relationships with healthcare professionals involved in people's care. Professional guidance was incorporated into people's care to meet people's needs.
- The provider worked closely with the landlord of the premises to resolve any issues relating to the environment such as health and safety and cleanliness of communal areas.

