

Kavita Chumroo

# Kavita Chumroo - 44 Kimberley Road

## Inspection report

44 Kimberley Rd  
Croydon  
CR0 2PU  
Tel: 020 8684 4188

Date of inspection visit: 24 July 2015  
Date of publication: 21/08/2015

### 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	

### Overall summary

This inspection took place on 24 July 2015 and was unannounced. Kavita Chumroo - 44 Kimberley Road provides accommodation and care and support for up to three adults who have mental health needs, two people were using the service at the time of the inspection. We last inspected the service in June 2014. At that inspection we found the service was meeting all the regulations that we assessed.

There was a registered manager in post at the time of our inspection; but they were not present when we visited. 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.

People felt safe in the home as the service had identified any risks presented and staff had suitable measures in

# Summary of findings

place to reduce the risk of harm to people. Staff were trained and experienced in how to safeguard adults, they knew how to recognise the signs of abuse and how to report any concerns.

Staff recruitment measures were thorough; the service made sure appropriate checks were carried out on staff before they were appointed. Staff understood their roles and responsibilities. There was a training programme in place which addressed staff training needs. Staff were supported by management through relevant supervision and performance reviews.

The home had a suitable number of appropriately skilled staff on duty to support people safely and effectively, and respond to individual needs. The medicine procedures operated were thorough, and people received their medicines safely. People were placed in control of the care and support they received, and were fully involved in planning their care and support.

Staff sought people's consent before proceeding, and understood the Mental Capacity Act 2005 and how it applied to people using the service.

People benefited from living in a stable relaxed environment which they felt was inclusive, they felt valued and were treated with respect and empathy. People enjoyed their meals which were nutritious and contributed to an improvement in their overall health. Staff carried out regular checks to help people maintain their physical and mental health and well-being. People were supported with healthcare appointments, and liaised with external mental health professionals.

People had confidence in the open style management approach and found they were regularly consulted about the service; they had numerous methods to express their views both in private and in groups. There were systems in place to assess and monitor the quality of care people received and staff consistently applied these.

# 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 safeguarding procedures in place, and staff were knowledgeable in recognising signs of abuse and aware how to follow procedures and inform the local safeguarding team.

People felt safe and had trust in the staff team. Recruitment procedures vetted staff thoroughly and only suitably screened staff were employed. Medicines were handled appropriately and safely administered. Risks posed by individuals to themselves and to others using the service were identified and managed appropriately.

Good



### Is the service effective?

The service was effective. Staff provided people with the care and support they needed and in accordance with agreed care plans.

Staff received training and support that equipped them with the skills and knowledge needed for their roles. Staff were aware of the mental Capacity Act and the procedures to follow.

Good



### Is the service caring?

The service was caring. People were treated with dignity and their privacy as by staff. People were involved in planning their care and support and had their wishes respected.

People were involved in making decisions about their support. They were involved in setting their own goals about what they wanted to achieve. People had regular meetings with staff to discuss their progress and to find out if they had any new concerns. Regular staff were present; they had built strong relationships with people and understood their needs.

Good



### Is the service responsive?

The service was responsive. The service undertook an assessment of people's individual needs. They planned and delivered the appropriate support in response to meet the person's needs.

People were asked about their preferences, staff encouraged them to follow their interests and to develop independent living skills. People knew how to make a complaint if they were unhappy with the service. The service had a complaints procedure, which gave people the opportunity to feedback any issues or make suggestions about the service. They found these were acted on.

Good



### Is the service well-led?

The service was well led. Staff felt motivated and morale was good among the staff team. People and staff felt able to approach the management team. Staff found they were well supported and they were able to contact a member of the management team if they needed any advice or guidance.

The provider had quality assurance processes to identify areas for improvement and drive the standards higher. People found their views mattered and used to drive service improvements.

Good



# Kavita Chumroo - 44 Kimberley Road

## 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 checked 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.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by. The provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service did well and

improvements they planned to make. The PIR was well completed and provided us with information about how the provider ensured the service was safe, effective, caring, responsive and well-led.

We visited the home on 24 July 2015, the visit was unannounced, and the inspection team consisted of one inspector. On the day of our visit two people were using the service. We spent the majority of time speaking with them, and observing how people were supported. One of the people invited us to view their bedroom and showed us all the communal areas. During our inspection we spoke with two members of staff which included the deputy manager and a support worker. We also looked at records that related to how the home was managed. We contacted two mental health professionals for further information, they were both involved with people in the home.

# Is the service safe?

## Our findings

People told us they trusted staff and felt safe using the service. People 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. Our records and the service history show we have received no concerns raised about people using this service.

Staff were knowledgeable in recognising signs of potential abuse and reported any concerns regarding the safety of people to the registered manager and the person's care co-ordinator (a member of the community mental health team). The service had information displayed in the home that included the safeguarding telephone number and whistleblowing contact details. Staff told us they reported any concerns about a person who used the service to their care co-ordinator, who liaised with the local authority's safeguarding team as appropriate. A care coordinator we spoke with told us "Staff always respond quickly when I contact them and will alert me to any issues involving my client such as indicators of relapsing."

Before they were offered a place in the home staff undertook assessments to identify any risks to people using the service and to others. A risk assessment was developed with the person to ensure they understood possible risks and what could be done to prevent these. All staff were trained to use and understand risk assessments and had a good knowledge of the home's policies and procedures on risk management. Communication with individuals was good and this allowed staff to offer advice on how to be safe, and allowed people to make informed decisions which minimized the levels of risk they were exposed to. The assessments were based on information provided by mental health professionals and from observations made on initial visits. The risks assessed included identifying whether people were safe to use kitchen equipment unsupervised, such as use of gas and sharp knives, or whether they needed a staff presence to promote their safety and the safety of others. Care and support was planned and delivered in a way that ensured people's safety, to manage these risks and protect people using the service. There was evidence that learning from incidents took place and appropriate changes were implemented. We saw that incidents involving people who used the service were discussed with their care

co-ordinator to ensure they were receiving the care the support needed. Two of the care coordinators we spoke with told us placements of people were appropriate, individuals had developed trust in staff and were settled, and signs of the progress included a reduction in the number of incidents that took place.

There were adequate staffing levels in place. One member of staff was on duty at all times. This was increased if a person required support with attending appointments or if someone was unwell and needed additional support. Both people living in the home were able to go out in the community independently.

We reviewed recruitment records for all four staff employed. The required documentation was in place for all staff. We found there were effective recruitment and selection processes in place and appropriate checks were undertaken before staff began work.

There was a medicine profile for each person using the service; these informed staff of all medicines people were prescribed. Medicines were stored safely and securely, the temperature of the medicine cabinet was checked daily. Information on the medicines prescribed was provided to staff, and included known side effects. Records showed that medicines were reviewed six monthly or more frequently if there were issues of concern highlighted. Staff observed how people were responding to medicines and reported any signs of side effects. People told us they received their medicines at the times prescribed and the records we saw and staff discussions confirmed this was correct. Medicine records were accurately maintained. When we checked the medicines in stock we found they accurately reflected the amount administered. Records showed medicine stocks were audited daily to ensure the medicine procedures were robust. The deputy manager told us they had encouraged people to take more responsibility but neither was assessed as competent to self-administer their medicines.

The premises were safely maintained and hygienic. Staff undertook regular health and safety checks, repairs and maintenance took place to retain the premises in a good state of repair. Fire fighting equipment was maintained and fire drills conducted at the frequencies recommended. The boiler, electrics and water supply were tested to ensure they were safe to use. No one was able to enter the premises without a key, and staff checked the identity of visitors before allowing them in. People that used the

## Is the service safe?

service had keys to their bedrooms so they were able to keep their belongings secure. Each person had a contract with the service, the terms of the contracts included rule on no smoking allowed inside the home.

# Is the service effective?

## Our findings

The service was effective. Both people using the service told us they felt well supported by staff and found they had the desired skills and knowledge for their roles.

Staff told us they felt equipped for their roles. All new staff received a tailored induction that provided them with the baseline knowledge and skills. Staff demonstrated to us they were aware of their roles and responsibilities, and had the skills, knowledge and experience to support the people using the service.

The service had a training and development programme in place. This included mandatory training such as safeguarding, food hygiene, infection control, first aid, medicines administration, and additional training specific to the needs of people using the service, these included mental health conditions such as depression and schizophrenia, person centred care, and diabetes. A spread sheet was used by the manager to monitor training provision and to make sure staff attended all the training recommended annually. Training was delivered electronically and also face to face by personnel. All of the support staff had achieved a National Vocational Qualification, and the manager was in the process of transferring relevant qualifications to the new Care Certificate.

Staff told us they were appropriately supported and had regular one to one supervision with the deputy manager or the registered manager. This enabled them to deliver care and support to people to an appropriate standard. Staff told us that shift handovers and team meetings also helped them feel supported in their work. We saw that team meetings took place monthly and records recorded that topical subjects such as mental health and safeguarding were regularly on the agenda.

The service worked well with other agencies and services to make sure people received effective care and support. People told us they were supported to maintain good health, and had support to access healthcare services. People were registered with local GPs, dentists and opticians to ensure their primary health care needs were met. Staff supported people to GP and hospital appointments if the person wished them to. We saw an example of staff contacting relevant professionals when a person relapsed, and of supporting a person to the hospital

when they had become mentally unwell. When a new person moved to live in the home in the past twelve months they were given additional staff support to help them become familiar with the area. We saw that staff kept regular records to monitor people's blood pressure and weight to identify any potential health issues or concerns. One person told of being supported to have a blood test, and as a result of the results was prescribed a new medicine.

People received support and treatment for their mental health needs from the staff and from mental health professionals from the community mental health team. One person received the enhanced care programme approach (a programme to co-ordinate people's mental health needs in the community). They told us they were able to speak with and meet with their care co-ordinator (a member of the community mental health team) as and when they required. One person attended monthly appointments with the community mental health team. They required a monthly injection to help them manage their mental health; we saw from records how staff monitored their progress. Care staff held weekly one to one sessions with people; at these sessions they shared with staff how they felt and if they had heightened anxieties or levels of depression. They also had monthly key work sessions, staff prepared reports with the person to identify the progress they had made and these were shared with mental health professionals. Staff maintained detailed daily records for each person, these showed the mood and wellbeing of the person. Everyone involved in their care worked together and shared progress notes. These were used to help the person make future plans to become more independent. A mental health professional told us they received quarterly reports on a person's progress, they said, "We have no concerns about the care our client has been receiving at this establishment and the placement is still in line with his needs."

None of the people using the service were at risk of poor nutrition. They told us they enjoyed the healthy meals prepared. Each person had the opportunity to develop cooking skills under the guidance of staff who prepared the main meals in the service. Menus were planned with people and these considered individuals preferences and cultural and dietary needs. For example one person had diabetes and needed guidance on following an appropriate diet that promoted their health. One person told us the regular nutritious meals had contributed to an

## Is the service effective?

improvement in their general health. Staff shared with us a condition experienced by one person, and this meant they were at risk if they drank too much water. Care records showed the action taken by staff to manage this positively. Staff told us the weekly monitoring of the person's weight provided a good indicator, and of seeking the advice of a relevant consultant promptly when concerns were identified. Recently the person found they were able to manage their condition more effectively due to the advice and guidance from staff, as this information gave them more insight into their condition.

People confirmed that they were asked what they wanted and how this should be provided. Staff described their duties of providing people with care and support in line with their decisions and were aware of their requirements under the Mental Capacity Act 2005. Each person was assessed prior to admission and had the mental capacity to engage. A care worker told us the person they supported refused to engage in an activity they had planned, and they respected the person's decision. One person told us the

staff supported them as they wished and that staff "listen to what I say and if I do not want to participate they respect my wishes." Staff explained that some people using the service could be financially vulnerable and they helped to minimise this risk through "Best Interest Meetings," and helping them to budget. Staff had received training in Mental Capacity Act 2005 (MCA) and in the Deprivation of Liberty Safeguards (DoLS). One person said, "You can go out and come back at any time, no restrictions." The deputy manager showed us they understood their responsibility in relation to (DoLS) and knew the process to follow to ensure people were not unlawfully deprived of their liberty. People were able to freely come and go from the service, they told us they went out independently but told staff of their plans and expected return times. They did this because although they felt they were more independent and there were no restrictions they did not want staff to be unduly concerned about them. At the time of our inspection no one required the use of DoLS.

# Is the service caring?

## Our findings

People told us this was a caring service. One person said, “This home offers me a relaxing environment, positive caring staff provide me with more self-worth.” We found the home felt relaxed and comfortable, communal lounge and dining areas were homely and encouraged a family style environment. We observed staff and people interacted in a relaxed and comfortable manner, and people were addressed by their preferred names.

Staff demonstrated they understood the importance of respecting confidentiality, dignity and privacy. During our visit we observed staff asked for permission from people before entering their rooms. People told us their privacy and dignity was respected by staff and their personal possessions were handled with care. Staff paid attention to maintain confidentiality, and handover meetings between shifts was conducted in private to maintain confidentiality. Staff showed empathy and spoke about people’s needs with consideration. We saw that people’s records were stored securely in a locked cupboard to ensure that people’s information was protected.

All staff were trained in person centred care. The service had regular staff employed, and the staff team had experienced little change in two years. People told us they had developed confidence and trust in staff. This stable staff team helped build trusting relationships which allowed people to feel confident in how staff supported them, and enabled them make informed decisions. People

had a key member of staff who was responsible for ensuring their well-being and progress. Records showed monthly key worker meetings were held, these showed that people were asked about any concerns they had and plans on how to address them.

People told us they felt in control; they were fully involved in developing their support plans and felt able to influence the care arrangements. For example a person no longer required as much support in specific areas and expressed this to the member of staff. We saw the support plan was altered to reflect the person’s independence in this area. Care records demonstrated people were asked for their views on how they should be supported. People we spoke with understood the plan of their support and the goals they wanted to achieve, both felt they were encouraged to achieve their goal at a suitable place. People told us staff supported them in line with their support needs. Records were maintained of review meetings with professionals and the outcomes of these. We saw that people were supported to express their views in relation to how their needs should be met.

People told us they were supported to keep in touch with people who were important to them and that staff supported them with this. One person showed how they had been helped by staff to keep in contact by skype with family members who lived abroad. People told us their friends and family could visit them at the service and they could spend time together.

# Is the service responsive?

## Our findings

People told us that the service responded appropriately to their needs, they found that if a concern arose about their health it was quickly identified and responded to.

A senior staff member undertook an assessment of the individual's needs for people referred to the service. People were able to visit the service for short stays, spend some time with other people there, and talk to staff before they decided to live at the service. Information was also provided by the referring agency about the person's care and support needs. This enabled staff to use this in a short term plan to support a person during their first few days and ensure a consistent approach when people moved between services. The needs assessment included individual's physical and mental health needs, and social relationships, interests and goals they wanted to achieve. Support plans were developed with people to meet their identified needs. The support plans set out how people's individual needs would be met and how their goals would be achieved. For example, one person was supported to manage their diabetes in line with their healthcare need. Staff supported them to attend GP appointments, and to maintain a healthy diet. The support plan had information on interventions staff needed to make in response to any sign of decline in their physical health. One person was on the care programme approach (a method used to organise treatment and support for people with mental health problems), this was reviewed with their care coordinator annually. Staff kept the care coordinator informed of the person's progress, by sharing keyworker records. One person's goal was to use their computer to keep up to date with events in their native country; we saw that the deputy manager assisted them with computer links for this.

Staff were knowledgeable about individual needs, and were aware of people's interests and hobbies. People were supported to go out as and when they needed. At the time of our inspection both people using the service were able to access the community unsupported, but were accompanied to some appointments by staff when they wished to be. Each person had a weekly activity planner and staff helped motivate individuals by encouraging them

to participate in activities. People were helped with cleaning their rooms and the kitchen. We saw people go out for shopping on their own. Staff encouraged people to be as independent as possible; we saw that people had made good progress in some areas. Staff were knowledgeable on mental health conditions and understood how these impacted on their progress. A staff member told us they recognised there were motivational issues experienced by people that needed to be addressed, and recognised that people responded in different ways to stimuli. They used methods to encourage people to engage socially in events. We saw that small but significant progress was made in some areas, for example staff went out with people on some evenings to have their meals and to promote social inclusion, this worked well and people told us they enjoyed these events. Staff understood, recognised and responded to people's social and cultural diversity, values and beliefs. We saw how they used these to deliver the service the person required.

Staff were knowledgeable on cultural needs and religious practice and the importance of these to their lives. Records showed people were asked about their religion and were supported to access local places of worship to practice their faith. People who used the service were encouraged and supported to engage with services and events outside of the home. Input from other services and support networks were encouraged. The service was part of the local community and was actively involved in building further links; the deputy manager had signposted people, and provided leaflets on community centres for people of BME (Black and Ethnic minority backgrounds).

People told us they knew how to make a complaint if they were unhappy with the service. They had informal methods like sharing with staff any issues, they also told us the registered manager came to the home and held discussions with people in private to get their views. One person told us, "The manager, deputy manager and staff are sound, I can speak with them when I like." The service had a clear procedure for dealing with complaints. They also told us that they knew how to escalate their concerns if not resolved. There was no complaint recorded since our last inspection.

# Is the service well-led?

## Our findings

People told us they had confidence in the management of the service. The registered manager was not in day to day charge at the home every day as they managed two other small services. There was an experienced and qualified deputy manager; the registered manager visited the service on regular days every week. People using the service told us they were familiar with them as they always showed a keen interest in their welfare and played a key role in leading the service. People told us they listened and acted on their suggestions and concerns. We saw during our inspection that people approached the deputy manager for help on various occasions and they responded to them and ensured their query was resolved and they were satisfied.

The provider had developed an effective quality assurance process, to monitor the quality of service and drive improvements to the standard of the service offered.

People's views were obtained and acted upon on how their service should be provided. The manager held meetings with people monthly to consult and gather feedback about the service. People were consulted about the food, activities and house rules. People confirmed that issues they raised were addressed and resolved in the meetings. The service collected formal feedback from people through six monthly satisfaction surveys. Stakeholders were also involved in discussion about the service. People were happy with the service they received. Some of the comments received included, "I feel valued", and "staff are understanding and approachable."

Staff told us there was good communication among the staff, the team was small and handovers and team meetings helped ensure there was no miscommunication.

Staff felt morale was high among the team, and felt that regular monthly team meetings contributed to good teamwork. Staff received supervision every two months. This provided them with the opportunity to recognise what had gone well, what they had learnt and any areas for development. Support workers received supervision from the deputy manager, and the registered manager provided supervision to the deputy manager. The registered manager reviewed the supervision records for all staff to ensure they received the support they required. This allowed them to identify any concerns so appropriate action could be taken.

Staff were aware of incident reporting processes; they reported all incidents in accordance with legislation and escalated any concerns to the registered manager or assistant manager. In the last year the service had experienced one incident, this was reported to the Care Quality Commission as required. We saw that the incident was managed well.

The registered manager undertook audits to check the quality of service provision and the support given to people that used the service and staff. They checked the quality of care records and the quality of supervision given to support workers. The registered manager visited the service throughout the week including at the weekends to monitor and check on service provision, monitor and check the presentation of the environment. We saw that further improvements were made to the premises and to the garden area. During the visits the registered manager spoke with people who used the service to ensure they received the support they required and to answer any questions or address any concerns they had. However we noted there was no record of any night visits to check on the quality of the night service.