

London Borough of Croydon

Toldene Court

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

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

Toldene Court 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 37 people being provided with personal care and support by the service.

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

There were enough staff to support people safely and people received timely care. Staff recruitment procedures were in place to check staff were safe to work with people, although recruitment was on hold pending a restructure. People's medicines were managed safely by staff through effective processes.

Staff understood how to safeguard people from abuse and neglect and processes were in place to do this. Staff followed best practice in reducing the risk of infections such as COVID-19. The provider liaised closely with the local authority, who was the landlord, to ensure health and safety and cleanliness standards were maintained.

Staff received the right training to understand and meet people's individual needs and preferences. Staff felt well supported and received regular supervision from their line manager. 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 and an external company delivered meals each day if people requested this. 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 staff who supported them and built good relationships with them. People were supported to maintain their independence so they could continue living in this extra care scheme. Staff treated people with dignity and respect and people were involved in planning their own care. People's care plans reflected their needs and preferences which staff understood and met. Activities were available for people to take part in, based on their interests. Relatives could visit family members without unnecessary restrictions. People were encouraged to raise any concerns or complaints and the provider had a complaints team to investigate if necessary.

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 13 March 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.

Toldene Court

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the 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 48 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 15 July 2022 when we visited the extra care scheme.

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 three people using the service, one relative, three care support workers, the registered manager and quality assurance lead. We observed interactions between people and staff. We reviewed a range of records including four 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 support people safely and people received care at the agreed times. Staff were not rushed when caring for people. A person told us, "I like how staff are always on time."
- People could call staff for help in an emergency, outside of their agreed care package as staff were always on-site.
- 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.

Using medicines safely

- People received their medicines safely as robust processes were in place. Medicines records were clear and accurate and in line with best practice.
- The provider assessed risks relating to medicines for each person and staff had clear guidance to follow to keep people safe.
- People received medicines from staff who were trained and assessed as competent to do so each year. Additional training was available for staff who required more support.
- The provider regularly checked medicines management was safe with audits. Our checks of medicines stocks and records showed people received their medicines as prescribed.

Preventing and controlling infection

- Staff followed safe infection control practices as staff received training in this, including how to use PPE to reduce the risk of COVID-19 infections.
- The registered manager checked 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 and took any action necessary to reduce risks.
- Staff received training in food hygiene and handled people's food safely.

Assessing risk, safety monitoring and management

- The registered manager ensured risks to people were assessed and put guidance in place for staff to follow to reduce the risks. Risks included those relating to moving and handling, mental and physical health and the environment. Risks relating to emergencies and how people would each be evacuated were also assessed.
- Staff checked on people's welfare when they required additional support, sometimes outside their agreed

care package.

- The provider regularly checked the premises were safe and reported concerns to the provider for resolution.

Learning lessons when things go wrong

- Systems were in place for staff to record any accidents or incidents, such as falls, and for the registered manager, senior managers and the health and safety team to review them. These checks meant the risk of reoccurrence was reduced and any patterns would be identified.
- Learning from investigations was shared amongst the provider's extra care scheme registered managers 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 told us they felt safe with their care workers and we observed people felt comfortable approaching staff freely for support.
- Staff understood how to safeguard people from abuse and neglect as they received training in this.
- The registered manager understood their responsibility to raise concerns with the local authority safeguarding team and take action to keep people safe.

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

- People received care from staff who received the right training to understand and meet people's needs. Specialist training was available when necessary.
- Staff were supported to complete diplomas in health and social care or leadership and management in care to enhance their skills and knowledge.
- Staff felt well supported and received regular supervision and spot checks to check they understood and met their responsibilities and to check for any further support needs such as training.

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.

- Staff received training in the MCA and understood their responsibilities, as did the registered manager.
- The registered manager ensured a person's capacity was assessed, in line with the Act, where necessary and that decisions were made in their best interests. Most people had capacity to make all decisions relating to their care. People were free to leave and return to the service with no undue restrictions. Staff asked people for consent before providing care. A person told us, "I like that staff are very aware of my needs and very thoughtful, they don't just do they always ask beforehand".

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 understood them well. Most people chose meals from an externally based company which delivered to them daily. Staff supported

people to choose meals and eat them when this was part of their care.

- People received support to maintain their physical and mental wellbeing. Staff understood people's needs and supported people to attend appointments when this was part of their agreed care. Staff referred people to healthcare professionals when necessary and followed their guidance. A relative told us, "Staff understand [my family members'] health needs and support him well."

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

- The registered manager met people and their relatives before they received care from the service to check they could meet their needs. Any professional reports were reviewed, and the person had choice about whether they received care from the service.
- 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 maintain their independence so they could continue living in this extra care scheme. The provider recorded how people wanted to be independent in their care plans, such as taking part in their personal care and accessing the community. Staff received training in promoting independence and understood the importance of this. A person told us, "Staff help me clean my flat, I feel they encourage independence all the time".
- The registered manager checked staff interacted well with people through regular observations and asking people during meetings and surveys.
- Staff respected people's privacy and dignity, ensuring doors and curtains were closed when providing personal care, knocking and gaining consent before entering their flats. A person told us, "Staff respect my privacy, they shut the doors".

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

- Staff understood and met any needs in relation to their cultural and spiritual needs, relationships and their sexual orientation and received training in equality and diversity. Religious and cultural events were celebrated, such as Christmas, Easter, Eid and the Platinum Jubilee.
- People told us they liked the staff who supported them and developed good relationships with them. We observed staff were warm and kind towards people. A person told us, "Staff are kind, they talk to me and know what they are doing".
- Staff knew people's needs and preferences well, including how they liked to receive their care.
- People were supported to express their views and be involved in decisions in their care. Each person had a keyworker who checked their needs were being met and the registered manager held formal meetings and had frequent informal discussions too.

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

- An activity programme was in place based on people's preferences and this was being improved so more activities would be available. Activities included special group meals, parties and BBQs, coffee and cake and bingo. A person told us, "I like the activities, especially the bingo".
- Staff supported people to stay in touch with those who were important to them where this was an agreed part of their care, such as making video calls. People managed visitors to go into 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.

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.

- Staff understood people's communication needs and this was recorded in their care plans, including any assistance they required from staff.
- The registered manager 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 with a central team in the local authority to investigate if necessary.
- People were informed of how to make a complaint and how this would be dealt with by the provider. People were encouraged to raise concerns and these were investigated and responded to appropriately with a specialist complaints team at the local authority available for support. A person told us, "Staff were brilliant" when they raised a concern and it was promptly resolved. A second person said, "I would go to [the registered manager] anytime, she'd take any concerns seriously".

End of life care and support

- The provider asked people how they would like to receive care at the end of their lives and record this in their care plans where people agreed to this. 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

- We received consistently positive feedback about the registered manager from people and staff. The registered manager was experienced in managing this, and similar services, for years. The service benefited from their knowledge, skills and experience and the stability they brought. Staff understood their role and felt supported by the registered manager. A person told us, "[The registered manager] is an excellent manager, she comes in all the time to check on me and see how I am". A second person said, "[The registered manager] is absolutely marvellous, I don't know what this place would do without her! She puts a lot of time and effort in".
- 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 and feedback was consistently positive.

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.