Kavita Chumroo

Kavita Chumroo - 44 Kimberley Road

Inspection report

44 Kimberley Road
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Date of inspection visit:
31 August 2017

Date of publication:
11 October 2017

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

Kavita Chumroo – 44 Kimberley Road is a residential home providing care and support to up to three people with mental health needs. Three people were living at the home at the time of the inspection, one of who was in hospital.

At our last inspection on 24 July 2015 the service was rated as 'Good'. At this inspection we found the service remained Good.

The service had a registered manager in post at the time of the inspection. 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 living in the service continued to feel safe and the provider had procedures in place to keep people safe. These included training staff to detect and report abuse, assessing and mitigating known risks to people and ensuring there were enough suitable staff to deliver care. People's medicines were administered and stored safely and medicines records were maintained appropriately. The care home was a safe environment.

Staff delivering care and support to people were trained and supervised. They sought people's consent before providing care and people were treated in accordance with the Mental Capacity Act 2005. Healthcare services were accessed whenever people required them and people received the support they required to eat and drink healthily.

People continued to live in a caring environment. Staff were friendly and kind towards people. Visitors were welcomed into the home and people were encouraged to develop and maintain relationships with family and friends. People's independence was encouraged through skills teaching and their dignity and privacy were respected.

The service remained responsive to people's needs. People's needs continued to be assessed and reviewed. Care plans were up to date and guided staff as to how people's needs should be met. People were supported to engage in a range of activities and received the support they required to remain actively involved in the life of their local church. The provider sought and received the views of people, relatives and healthcare professionals and acted in response to the information shared. People understood the provider's complaints process but no complaints had been made.

Good governance continued to be evident at the service. The registered manager undertook a range of audits to confirm the quality of service being delivered to people. There was an open culture within the service and staff were encouraged to share their views. The provider worked collaboratively with other agencies to meet people's needs and to improve the quality of the service.

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 remained safe.	Good
Is the service effective? The service remained effective.	Good
Is the service caring? The service remained caring.	Good
Is the service responsive? The service remained responsive.	Good
Is the service well-led? The service remained well-led.	Good

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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.

This was a comprehensive inspection. The inspection took place on 31 August 2017 and was unannounced. The inspection was carried out by one inspector.

Before our inspection we reviewed information we held about the service. This included our previous inspection report and statutory notifications received from the provider since the last inspection. Notifications are information about important events the provider is required to tell us about by law. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to share with us some key information about the service, what the service does well and improvements they plan to make. We used this information in the planning of the inspection.

During the inspection we spoke with two people, one visitor, two staff and the registered manager. We read three people's care records which included needs and risk assessments, care plans, health information, support plans and medicines records. We reviewed three staff files which included pre-employment checks, training records and the records of 10 supervision meetings. We checked the provider's auditing records which included checks of food hygiene, health and fire safety.

Following the inspection we contacted four health and social care professionals to gather their views about the service people were receiving.

Good

Is the service safe?

Our findings

People living at the service continued to be safe receiving care and support. One person told us, "I feel safe. My possessions are safe." Staff received training to keep people safe. Staff explained to us that as a result of safeguarding training they felt confident in identify signs of abuse and knew to report their suspicions immediately to the registered manager. A member of staff told us, "We also have a policy that tells us clearly what we need to do and who we need to inform if a safeguarding incident occurred."

The risks that people may experience avoidable harm continued to be mitigated by the risk assessments and plans in place. The registered manager supported people with regular risk assessments. These included historic risks to ensure that all known issues were assessed and addressed in the risk management plans, which were regularly reviewed. Risk assessments covered areas including mobility, mental health, being in the community, activities and skills teaching. For example, people had risk assessments in place for cooking. These detailed the support people required to prepare meals safely and included staff supervision, checks of cooking appliances and directions for safe food handling.

There continued to be staff in sufficient numbers to meet people's needs and to ensure their safety. One person told us, "There are always staff here. I'm never on my own." Staff had access to managers outside of regular hours via an on call system which staff could phone to receive management support and direction to keep people safe.

People received their care and support from suitable staff. The registered manager recruited staff using robust and safe recruitment methods. These included, reviewing the applications of prospective staff, interviewing candidates and vetting staff who had successfully completed the process. Vetting involved taking up two references, checking people's details on criminal records databases and against lists of individuals barred from working with vulnerable adults. The registered manager also confirmed the identities, addresses and visa status of candidates.

People received their medicines safely and in line with the prescriber's instructions. People told us they felt confident with the provider's management of medicines. One person told us, "My medicines are done right. I haven't got any worries on that score." Staff signed for medicines given to people on Medicines Administration Record (MAR) charts and these were checked regularly by the manager. Where people had not received their medicines the reason was stated on the MAR charts. For example, people may not have had their medicines administered by staff because they were in hospital. Staff completed self-competency assessments around medicines management. This provided the manager with information about staff confidence and skills in areas including obtaining consent, administering medicines records and storage. The manager used this information to identify medicines training needs and to ensure that people's medicines were managed appropriately.

People lived in a safe environment. The provider ensured that the appropriate specialist checks were undertaken by contractors. These included checks and inspections of portable electrical appliances, gas and central heating and fire safety systems and equipment. Staff carried out weekly health and safety

checks which included monitoring water temperatures. The provider ensured that the temperatures of water outlets were restricted to avoid people being scalded.

People were supported with personal emergency evacuation plans (PEEPs) to ensure staff knew how to escort them from the building in an emergency. Staff supported people to rehearse building evacuations every three months. Staff tested fire alarms throughout the service each week. This meant people and staff maintained a state of preparedness to respond to an emergency.

Good

Is the service effective?

Our findings

People continued to be supported by skilled staff. One person told us, "[Staff] treat people well so they must be well trained." One health and social care professional told us, "[People] have always expressed satisfaction with the care and support they received."

People received care and support from a trained team of staff. Staff received induction training when they joined the service. This included mandatory training as well as training in areas including the provider's code of conduct and developing therapeutic relationships with people. Staff received on-going training which covered first aid, safe administration of medicine, mental capacity, infection control and safeguarding. Additionally, staff undertook courses leading to qualifications. For example, staff completed study courses including, advanced level apprenticeship in adult social care, diabetes community champion and national vocational qualification level five in care.

People received care from supervised staff. The registered manager continued to support staff. Staff were supported with supervision sessions with the manager or deputy manager every two months. These sessions were used to discuss people's changing needs and the support staff required to meet them. The registered manager also evaluated and supported staff through annual appraisals. At these yearly meetings the registered manager reviewed staff performances and discussed staff personal development. For example, staff identified training sessions and courses leading to qualifications that they could benefit from.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that people were treated in accordance with the MCA and were not subject to DoLS. Where people were supported with court judgements to protect their financial best interests the appropriate documentation was present within care records. People told us that staff sought their consent before supporting them. One person told us, "The staff always ask me for my permission for things."

People ate well. Staff supported people in line with their assessed needs to eat and drink healthily. One person told us, "The food is very good. I like anything with rice." Another person told us, "My favourite is cassava fish. Staff make it good." Where people presented with healthcare needs related to eating and drinking, staff had clear guidance. For example, one person's care records noted the importance of drinking enough fluids throughout the day and also the signs of drinking excessive amounts of water that staff should be aware of. People's preferred meals and food choices were also noted in care records. Where people required their fluid intake to be monitored this was recorded and shared, with people's consent, with

relevant health and social care professionals.

People had access to healthcare services and professionals whenever they required. One person told us, "I see my [mental health specialist] regularly once a week. Staff are sometimes there. They are helpful and say helpful things. Staff maintained detailed notes from appointments with healthcare professionals and supported people with referrals to specialist health professionals were appropriate. For example, people who presented with diabetes were supported to access diabetic services including nursing, eye screening and podiatry.

Good

Is the service caring?

Our findings

People continued to be supported by caring staff. One person told us, "The staff are very good, very nice. They are very nice to me." Another person told us, "Staff talk to me all the time. We chat about things and they always offer me cups of tea." A health and social care professional told us, "I would be positive about the level of care provided to [people] by the care home."

People were supported to maintain relationships with those who mattered to them. One person told us, "My friend is made welcome when they come. Staff have a friendly chat with them. Staff respect our privacy when we are in my room. They don't interrupt us." Another person explained to us how staff assisted them to maintain telephone contact with a relative.

People decided how they wanted to receive their care. Staff supported people to make decisions which included how people spent their time, the activities they participated in and the presentation of their bedrooms. One person told us, "My room is nice and bright. I chose what it looks like."

People participated in activities of daily living. These are skills teaching activities to support people to regain and develop their independence. For example staff supported people to engage in housework including, cooking and cleaning. One person was supported to develop skills to travel independently and can now travel to specific locations unaccompanied. Care records supporting this activity included risk assessments and regular reviews.

Staff protected and respected people's privacy. One person told us, "Staff would never go into my room. They always knock." Another person said, "I am given privacy and space when I use the phone. "Staff supported people to maintain their dignity by promoting good personal hygiene. People had care records in place focusing on the support they required with personal care including washing, oral hygiene and laundering clothes. Staff supported people to purchase toiletries and respected people's choice of preferred name.

Good

Is the service responsive?

Our findings

The service continued to be responsive to people's needs. People's needs were assessed before they were offered a service to ensure the provider was able to meet their needs. People had detailed care plans in place which staff followed to meet people's needs.

People's changing needs were identified and supported. People had regular planned reviews of their needs. When necessary, staff referred people to health and social care professionals to undertake assessments and reassessments. For example, when people's mobility changed staff supported them with a referral to a healthcare specialist who assessed their mobility and produced guidance on how to support the person to safely remain mobile.

People were supported by a team of staff who were responsive to their mental health needs. Care records contained details about how people's mental health needs had presented over time. Where people were at risk of a relapse, care records informed staff as to possible indications that a person was becoming unwell and the actions they should take to support them. These included informing health and social care professionals.

People told us they participated in activities they chose and enjoyed. One person told us, "I would say that I do all the things I want to do. It's good. It's nice." Another person told us, "I like to read books and newspapers. Staff and I walk to the shops to buy the daily papers." We found that people were supported with a range of activities. These included, attending college, job seeking, skills teaching and gardening. As we arrived at the service to start of our inspiration one person was arriving back at the service following an early morning session at the gym with a member of staff.

People were supported to play an active role in their local church. Staff supported people to attend regular church services as well as the church's social events. Additionally, members of the congregation were invited to and made to feel welcome at the service whilst people were supported to attend social gatherings and functions with members of the congregation.

The provider activity sought the views of people living at the service. People responded to satisfaction surveys developed by the provider. Questions asked in the survey included people's opinions about the supportiveness and friendliness of staff, the quality of meals and opportunities to express their views. Staff supported people to attend residents meetings. We read minutes of these meetings which showed people discussing trips and holidays, activity opportunities and menu planning. The provider also gathered people's views during keyworking meetings with people. Keyworkers are staff with specific responsibilities for ensuring people's needs are met by developing a rapport with people, liaising with their relatives and healthcare professionals, shopping, skills teaching, arranging appointments and activities.

The provider also gathered the views of people visiting the service. Satisfaction surveys asked visitors to give their views about the quality of care provided to people and the homeliness of the care service. Additionally, the views of health and social care professionals were sought in surveys which included questions such as,

"How would you rate the quality of staff and staffing levels?" We read the responses of health care professionals which indicated they felt confident in the responsiveness of the care being delivered. People told us that they knew how to make a complaint if there were dissatisfied with any aspect of their care and support. One person told us, "I would complain to the manager. They'd sort it out I'm sure." No complaints had been made at the service since the last inspection. The service retained a record of compliments. We read compliments from a local church and a relative. The manager shared compliments with the team to highlight good and responsive practice by staff.

Good

Is the service well-led?

Our findings

The service continued to be well-led. One person told us, "The home is very well organised. I'm happy with it." A member of staff told us, "The manager is very supportive and encourages me."

The registered manager operated an open culture within the service. Staff told us there was an open door policy and they felt comfortable raising issues and making suggestions to both the registered manager and her deputy. Staff attended monthly team meetings. We read in team meeting minutes that the registered manager led discussions around issues including communication, legislation, safeguarding and skills teaching. For example, at one team meeting the manager and team discussed cookery skills teaching, linking it to the development of keyworking relationships.

The quality of people's care and support was checked regularly by the registered manager. The registered manager's audits included checks of medicines, health and safety within the home, the cleanliness of the environment and people's finances. Where audits identified issues actions were taken. For example, one medicines audit identified the incorrect labelling of medicines which was reported and rectified.

The registered manager ensured that care records were up to date and accurate. Staff maintained daily records which diarised people's activities, physical and mental health, appointments and support delivered by staff. The registered manager reviewed daily records to ensure people's assessed needs were being supported in line with their agreed care plans.

The registered manager and staff worked collaboratively with other services to meet people's needs. For example, on the day of our inspection we observed staff working in partnership with Age Concern to review a person's mobility needs. The provider liaised with the Local Authority and attended the provider's forums when good practice was discussed. The registered manager understood the legal responsibilities of their registration with CQC and the requirement to keep us informed of important events through notifications when required.