

Care Expertise Limited

44 Broad Green Avenue

Inspection report

44 Broad Green Avenue
Croydon
Surrey
CR0 2ST

Date of inspection visit:
11 July 2019

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20 September 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

44 Broad Green Avenue, also known as 'Conifers,' is a residential care home providing personal and nursing care to four people with learning disabilities in one adapted building at the time of the inspection. The service can support up to six people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People told us they were happy living at 44 Broad Green Avenue. Most risks to people's safety were assessed and managed well, although some hot water outlets were running at unsafe temperatures. The registered manager told us they would address this. We also found there was not always enough information about when to administer certain medicines. Other aspects of medicines management were safe. There were systems in place to protect people from abuse and avoidable harm. There were enough staff to support people safely and the provider had robust recruitment processes to help ensure they were suitable for the role.

People received care in line with national best practice guidance. Staff received the training and support they needed to help them provide this. People received the support they needed to maintain their health and wellbeing, including a healthy balanced diet. The provider had considered how the home environment could be adapted to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were compassionate and caring and people felt respected and valued as a result. People were able to develop strong relationships with staff, who got to know people well and promoted equality and diversity in care. Staff enabled people to make choices about their care on a daily basis and the home had a culture that promoted dignity and independence.

People received personalised care that took into account their needs, preferences and backgrounds, including their preferences around end of life care. They received support to engage in activities and maintain social relationships. However, people's written care plans did not contain sufficient detail for staff unfamiliar with them to provide personalised care that met their preferences, although this was not having a

significant impact on people at the time of the inspection.

We have made a recommendation about developing person-centred care plans.

People received information in a variety of accessible formats. There was an appropriate complaints procedure in place.

The service had a person-centred culture that supported people to understand their rights and express their views. The provider used various tools to monitor the quality of the service including collecting and acting on people's feedback. People were involved in the running and development of the service. People felt the registered manager was open and approachable and managed the service well.

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

Rating at last inspection

The last rating for this service was requires improvement (published 28 November 2017). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the new provider's date of registration.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our Safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good 

44 Broad Green Avenue

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.

Inspection team

This inspection was carried out by one inspector.

Service and service type

44 Broad Green Avenue, also known as 'Conifers,' is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we looked at the information we held about the service. This included notifications the provider is required to send us about significant events that happen at the service. 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.

During the inspection-

During the inspection we spoke with three people who used the service, two members of staff, the registered manager and a senior manager. We looked at two people's care plans, two staff files and other records

relating to the management of the service including policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This was the service's first inspection under the current provider. At this inspection this key question is rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People were at risk of coming to harm through contact with very hot water. Although staff regularly checked the temperatures of hot water outlets in the home, we found they did not run the taps long enough to record their maximum temperatures. We found two bathroom taps ran hot enough to create a scalding risk. At the time of the inspection this was not likely to present a significant risk because the people currently using the service were not likely to run water for a prolonged period without staff support, but the risk could increase if new service users moved in. The registered manager told us they would address this straight away.
- Staff and, where appropriate, other professionals, carried out a range of regular checks to ensure the home environment was safe. These included gas and electrical safety, safe storage of chemicals and fire safety. People were involved in fire drills and had personalised emergency evacuation plans so staff could help them leave as safely as possible in an emergency.
- People knew how to stay safe. Staff discussed this with them at regular meetings. People told us they informed staff when they were going out unaccompanied so staff knew where they were and when to expect them back.
- People had individual risk assessments. These looked at what might happen, what the consequences might be and how staff could prevent people from coming to harm. They took into account people's abilities, preferences and any behaviour that challenged the service.

Using medicines safely

- People received their regular medicines as prescribed and they confirmed this was the case. Medicines administration records were clear and complete. On each shift a member of staff checked people had received their medicines and staff carried out weekly medicines stock checks. Medicines were stored safely, in line with national guidance.
- There were protocols to instruct staff about medicines people were prescribed only to take under certain circumstances (known as PRN medicines). These explained what the medicines were for, any precautions staff should take and follow up action to take if the medicine did not resolve the issue. However, it was not clear exactly when staff should initially offer PRN medicines. For example, one person was prescribed a medicine to help them feel calm when they presented as highly agitated with behaviour that challenged. Although the person's care plan stated this medicine should only be offered as a last resort, their PRN protocol did not specify how long staff should wait after the person became agitated, what they should try before offering the medicine, or what signs or behaviours indicated the medicine was required.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes to protect people from the risk of abuse. Staff received relevant training and knew how to recognise and report abuse. There was a clear procedure for reporting concerns.
 - People told us they felt safe at the service. One person said, "Yes, I feel very safe here: it's lovely."
- Information about how to recognise and report abuse was on display in an accessible format. Staff regularly talked to people about safeguarding to check they were aware of this and had no concerns.

Staffing and recruitment

- There were enough staff to care for people safely, including at weekends and nights. There were robust cover arrangements which meant people would receive support from staff who knew them well even when regular staff were off work.
- The provider had not recruited any new staff since taking over this location. However, they had ensured existing staff had undergone appropriate checks to make sure they were suitable to care for people. The provider had a recruitment policy that covered all the checks providers are required to make when recruiting new staff.

Preventing and controlling infection

- There were systems to protect people from the risk of infection. This included regular cleaning and food safety checklists, including deep cleaning for each part of the home. Staff received training in infection control and food hygiene. They were aware of when to use protective equipment such as gloves and aprons and how to prepare and serve food safely.
- The home was visibly clean and free from unpleasant odours. One person told us staff "do a good job of keeping the place clean."

Learning lessons when things go wrong

- There were systems to record and log incidents, so the provider was able to identify any trends. For example, one person had a robust behaviour management plan because the staff team had learned from past incidents about what triggered certain behaviours, the warning signs that the person was likely to present behaviour that challenged and how to keep them and others safe from harm at these times.
- Since the service was registered there had only been one significant incident, when a person left the service without the support they needed. The provider took prompt action to ensure this did not happen again and the registered manager was clear about the lessons they learned from the incident.

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 was the service's first inspection under the current provider. At this inspection this key question is rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service had not admitted any new users since the current provider took over the service. However, the provider had carried out a thorough reassessment of everyone using the service to make sure their needs and choices about their care were known. They used the information they gathered to create up to date care plans.
- People's care and support were planned and delivered in line with the provider's policies. The provider updated the policies regularly to make sure they reflected current best practice and national guidance.

Staff support: induction, training, skills and experience

- Staff received the training they needed to care for people effectively. This included training about people's specific needs such as health conditions they had. Staff told us the training and support they received had improved since the new provider took over the service.
- Staff received regular one-to-one supervision and yearly appraisals to support them in their roles. Staff told us this was very useful and supportive.

Supporting people to eat and drink enough to maintain a balanced diet

- People received enough to eat and drink. Staff recorded what people ate and drank so they could monitor any changes to people's appetites.
- People told us they liked the food provided at the home. Menus showed people chose from a variety of nutritious meals. Staff used picture cards to help people choose food they liked and people were involved in doing the home's food shopping.
- The food offered at the service was appropriate for their cultural needs. One person received support to cook meals from their own culture as a weekly activity, which they enjoyed.

Adapting service, design, decoration to meet people's needs

- The environment was pleasant and homely and had been redecorated since the current provider took over in July 2018. The changes were planned with input from people who used the service and staff were involved in planning how to do this with minimal disruption to people's lives.
- The registered manager told us about further changes they were considering. One person's mobility had deteriorated since they started to use the service. Because access to the front door and living room was via stairs only, the provider was considering how they could make the premises more accessible. The registered manager told us grab rails were going to be installed shortly.
- People told us they liked their home and felt the refurbishments had improved it.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People told us they saw doctors, dentists and other health professionals when they needed to.
- People had health action plans, which are personalised documents with details of all the support people need to stay healthy. These showed people received support to attend appointments and make referrals to specialist services such as neurology.
- The provider worked with healthcare services to share information and ensure people received the specialist support they needed. For example, one person's health action plan contained physiotherapy guidelines staff supported them to follow.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff obtained people's consent before providing care to them, if people were able to give it.
- For people who did not have capacity to consent, the provider followed appropriate procedures under the MCA. For example, one person needed to have a tooth extracted and the service had worked with medical professionals, a social worker and the person's family to agree how to proceed with this in the person's best interests.
- One person was subject to DoLS and had a history of attempting to leave the service unescorted. There were arrangements to allow other people to leave the home when they wished while ensuring this person was unable to leave without staff support.

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 was the service's first inspection under the current provider. At this inspection this key question is rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring people are well treated and supported; respecting equality and diversity

- People felt respected and valued. People told us, "It's lovely here. Staff are really nice. I wouldn't ever leave here" and, "I'm happy here. I like [staff] and they like me." We observed staff speaking to and about people in respectful ways, using a friendly and affectionate tone.
- Because the same people and staff had been at the service for several years, people and staff knew one another well and had developed strong relationships. Staff were able to describe people's interests, preferences and what was particularly important to them.
- Staff regularly discussed equality and diversity issues with people to ensure they understood their rights and how to speak up if they felt they were being discriminated against. One person told us they had learned that everyone had the same rights but some people needed more help than others. We saw examples of when culture, disability and sexuality including Lesbian, Gay, Bisexual, Transgender (LGBT) issues were discussed at residents' meetings and staff used examples to help people understand the issues they were talking about.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were able to make choices about their care on a daily basis. Examples they gave included what they ate, what they wore and what time they got up and went to bed.
- Staff supported people to make choices by giving visual cues if they were not able to express their choices verbally. Examples included offering two outfits or pictures of different meals so people could choose which they wanted.

Respecting and promoting people's privacy, dignity and independence

- The provider had a strong focus on promoting dignity and applied this to all aspects of the service. For example, staff discussed dignity with people every month at house meetings. Because of this, people had a good understanding of what dignity was and how they should expect to be supported.
- The registered manager told us people had become committed to treating one another with dignity as a result of these discussions. For example, people made sure they were covered with clothes or a dressing gown when walking between bedrooms and bathrooms because they understood other people might not want to see them undressed. We observed people interacting with each other in a polite and respectful manner.
- People told us staff respected their privacy and always knocked before entering bedrooms. Staff gave examples of how they made sure people had privacy when supporting them with personal care.
- Staff promoted independence by allowing people to do as much for themselves as possible. Some people were able to go out by themselves. Staff encouraged other people to perform self-care or household tasks

with as little support as possible.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This was the service's first inspection under the current provider. At this inspection this key question is rated good. This meant people's needs were met through good organisation and delivery.

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

- People had care plans that took into account their diverse care needs and what they needed support with.
- Each person had a keyworker, which was a member of staff who was responsible for ensuring people were happy with their care, had their needs met and had opportunities to do the things they wanted to do. People met regularly with their keyworkers, who then made sure any issues people raised were addressed. For example, if people wanted to do a specific activity, keyworkers researched what was available locally.
- Staff had a good knowledge of people's needs, preferences, routines, likes and dislikes and their interests. People told us staff gave them the support they needed.
- However, care plans did not contain enough detail for staff who did not know people well to support them according to their preferences. For example, the registered manager told us one person preferred to take showers sitting down, but this was not mentioned in their care plan. We judged this was not having a significant impact on people at the time of the inspection, because they received support from a consistent team of staff who knew them well and were able to describe these details. However, there was a risk that if the provider had to cover unexpected staff absence or if people moved to other services, these details would be lost because they were not recorded.

We recommend that the provider seeks guidance from an appropriate source about developing care plans that promote personalised care.

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.

- We saw several examples of information presented in an accessible format using pictures, symbols, colour codes and simple language. This included information about planned activities, meal choices, safeguarding and keeping safe, and making complaints.
- Staff used communication support tools such as pictures and gestures to communicate with one person who did not use verbal language.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People confirmed they received support to pursue their hobbies and interests. For example, one person

attended a weekly railway club.

- People told us they were able to visit their friends and family regularly or receive visitors when they wished to. One person had a relative visit during our inspection. Staff supported people to telephone their family and friends if they wished to do so.
- Staff arranged a variety of activities and day trips that were tailored to people's interests and abilities. They had supported people to go away on holiday the month before we inspected. People told us they had plenty of things to do at home and in the local community.

Improving care quality in response to complaints or concerns

- The service had not received any complaints since the current provider took over the service.
- However, there was a clear complaints policy and people confirmed they knew how to complain. The policy was displayed in communal areas in an accessible format.

End of life care and support

- At the time of our inspection, nobody using the service needed or was likely to need end of life care in the immediate future.
- However, the provider had consulted appropriate guidance about advance care plans, which are care plans focusing on how people would like to be cared for at the end of their lives. Staff had discussed this with people at a house meeting. We saw an example of an advance care plan where staff had discussed with a person their preferred funeral arrangements, religious and spiritual needs and personalised details such as what clothes they wanted to be buried in and what music they wanted played.

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 was the service's first inspection under the current provider. At this inspection this key question is rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a strong person-centred culture. People understood their rights and the principles of equality. Staff made an effort to involve people in the running of the service wherever possible.
- The registered manager's role involved working directly with people as well as carrying out management duties. This meant they could monitor the culture of the service and observe interactions between people and staff.
- The registered manager carefully considered the service user mix when they received referrals for new admissions. They told us they would not admit any new service users unless they would fit in well with the people currently using the service. This meant people who already used the service could continue with the routines and environment they were happy with, rather than having to change things to accommodate someone the current arrangements did not suit.
- People and staff told us the registered manager was approachable and supportive.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People participated in monthly meetings where they had opportunities to express their views about the service. The meetings were inclusive and staff encouraged everyone to have their say, including people who did not communicate verbally.
- The provider carried out regular surveys for people who used the service, their representatives and external professionals to gather their views about the service. The feedback received in 2019 was positive.
- The provider consulted people who used the service as part of planning improvements to the service. This included people's own ideas and suggestions about what they would like.

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; Working in partnership with others

- Staff told us they had opportunities for debriefing after incidents and that the registered manager encouraged open communication when things went wrong.
- The provider shared information when appropriate with other agencies who were involved in people's care. This helped them access the advice and support they needed to learn from incidents.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People and staff knew who the registered manager was and who else in the provider organisation they could contact if they had concerns. A senior manager visited regularly to speak with people and to provide support for the registered manager.
- Staff were allocated specific responsibilities at the beginning of each shift so they were clear about their roles.
- The registered manager told us the provider gave them the support they needed to meet regulatory requirements. They spoke about the support the provider gave them when they first took over the service in July 2018 and identified a lot of improvements that needed to be made, such as around staff training and support and the quality of the environment.

Continuous learning and improving care

- The service had an effective system in place for monitoring quality of care in the home. The registered manager carried out a range of regular audits to check the quality of the service and identify any areas that needed improvement. This included checks of cleanliness, record keeping, medicines management, health and safety, keyworker sessions and other areas. They also carried out daily management checks, which included staff allocation, administration of medicines and a check of whether appointments had been completed.
- Where the checks identified any issues, the registered manager acted on these to improve the service. They had a continuous action plan and there was evidence they were meeting their targets over time.
- The provider carried out regular compliance checks of the service. These were detailed and looked at all aspects of the service. The provider produced an action plan, which the registered manager used to improve the service and monitor progress.
- Records were not always as clear as they could be, because out of date versions of care plans and risk assessments were stored in the same files as current versions. This meant there was a risk that people would receive inappropriate support based on out of date records, if it was unclear which was the current copy. However, we judged that this risk was minimal as people received support from a consistent team of staff who knew them well. We discussed this with the registered manager, who said they would put an archiving system in place.