

Mr & Mrs J P Rampersad

Brighton Road

Inspection report

477 Brighton Road
Croydon
Surrey
CR2 6EW

Tel: 02086688631

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08 January 2016

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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

We carried out an inspection of 477 Brighton Road on 8 January 2016. The inspection was unannounced. At the previous inspection of 12 November 2013 the home had met all the required standards.

477 Brighton Road is a home for up to four people who have learning disabilities. At the time of our inspection there was one person living in the home. The staffing of the home was undertaken by the owners, one of whom was the registered manager. The owners have two other registered services and all three services share a common set of policies and procedures. If for any reason an additional staff member was required the provider would make use of bank staff from within his own employees.

The home had a registered manager. 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 who lived at the home were protected from the risk of abuse happening to them. People told us they felt safe and well cared for at the service and that they felt comfortable with the staff.

We saw that people's health and nutrition were regularly monitored. There were well established links with GP services and other community health services such as dentists.

Care records were individual to the person and contained information about their life history, their likes and dislikes, and information which would be helpful to hospitals or other health support services.

Staffing levels were managed flexibly to suit people's needs so that they received their care when they needed it. Staff had access to information, support and training that they needed to do their jobs well. The provider's training programme was designed to meet the needs of people using the service so that staff had the knowledge and skills they required to care for people effectively.

There was an open and inclusive atmosphere in the service. People told us they found the manager to be approachable and supportive.

The provider carried out regular audits to monitor the quality of the service and to plan improvements. Action plans were used so the provider could monitor whether necessary changes were made.

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. People who lived at the home were protected from the risk of abuse happening to them, supported by clear policies and staff training. There were clear policies and procedures in place relating to safeguarding and whistleblowing.

Risk assessments of people's activities, including the premises and environment supported people to be safe.

There were sufficient numbers of staff on duty to keep people safe.

Medicines were not used at the home. However there were policies and procedures in place in the event that someone came to the home who needed this kind of support.

Is the service effective?

Good 

The service was effective. People who lived in the home received care from staff who had had appropriate training and who were aware of good care practice.

Staff understood the requirements of legislation relating to the need for people to give consent and to act in their best interests when consent could not be given. People were involved in day to day decisions about their care.

People were supported to have sufficient food and drink. People's cultural and religious needs were appropriately catered for.

People were supported to have good access to health care and staff were skilled and trained to ensure that people's day to day health was monitored and supported.

Is the service caring?

Good 

The service was caring. People had positive relationships with staff. People's needs, including their health, disability and cultural needs were understood and supported by staff.

People were supported to express their views and make their

own decisions.

Staff respected people's privacy, dignity and human rights. People had their individual wishes respected and families and visitors were able to visit. People's individual support needs and how they liked to be supported were documented in up to date care records.

Is the service responsive?

Good ●

The service was responsive. People received personalised care that was responsive to their needs. People's needs were assessed and support plans drawn up which included the views and contributions of people.

Accidents and incidents and concerns expressed by people were recorded and monitored. The small nature of the home and family-style culture meant that any concerns or issues were resolved immediately.

There was a full programme of personalised activities for people. These were reviewed monthly.

The home had a complaints procedure that was understood by people. People told us that they felt confident to talk to staff about any problems.

Is the service well-led?

Good ●

The service was well-led.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

People were positive about the culture and atmosphere in the home.

Records and information were stored securely and safely.

Brighton 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 was planned to check 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 inspection took place on 8 January 2015 and was unannounced. There was one person living at the home at the time of inspection. The staffing of the home was undertaken by the registered manager and the owner of the home.

The inspection was undertaken by one inspector. Before the inspection we looked at information about the home that we had. This included previous inspection reports, information provided by the home, the provider information return (PIR) form, correspondence and notifications.

During the inspection we spoke with the person living in the home. We also spoke to the manager and the owner of the home.

We looked at the home's policies and procedures, care records, logs and administration records.

We also spoke to a sample of external professionals who provided support to the home. This included key staff at a day centre and garden centre, both of which were attended by the person on a regular basis. We also spoke to a relative and a representative from Croydon Social Services who are responsible for the placement.

We observed the care practice at the home and tracked the care provided to people by reviewing their records.

Is the service safe?

Our findings

The service was safe. People who lived at the home were protected from the risk of abuse happening to them. People told us they felt safe and well cared for at the service and that they felt comfortable around staff.

Staff were supported with information and training to guide them in the event of a safeguarding concern being identified and were able to describe the sort of issues that would require raising a safeguarding alert. The provider had safeguarding policies and procedures as well as whistle blowing procedures. There had been no safeguarding concerns in the last 12 months. The manager and provider were knowledgeable about the different types of abuse and the signs which indicate abuse may have occurred.

Risks to people's health, safety and welfare had been assessed and where appropriate a risk management plan had been put in place for aspects of people's care and support. Risk management plans covered aspects of care such as, nutrition, mobility, physical and emotional health and medication and they formed part of the person's care plan.

Risks to people's safety during day to day activities, or outdoor activities had also been assessed and a support plan put in place. Staff were aware of the risks associated with individual activities, such as independent travel, and these were also clearly documented in people's support plans.

The provider had a staff recruitment and selection policy and procedure. Although no other staff were employed at the home at the time of inspection the provider ensured that recruitment procedures were in place should this become necessary. These included reference checks and details of previous employment as well as checks made under the Disclosure and Barring Scheme (DBS). This ensured staff were fit and suitable to work in a care setting.

There were enough staff on duty to care for people, with someone available at all times of the day and night.

There was no one who required support with taking medicines in the home, and no one who was taking any prescribed medicines. However, there were systems in place should this change. This included procedures for storing medicines, administering medicines and ordering and returning medicines.

We saw that the home was clean, free from odours and well maintained. The layout and décor was that of an ordinary domestic home, although care had been taken to ensure that areas were free from hazards and that people could have access to all areas of the home in a safe way. Surfaces were clean and areas such as kitchen and toilets had suitable hand-washing and infection control equipment and materials. The kitchen was clean and safely maintained and staff were familiar with food hygiene regulations and practices. Where people wished to make a meal or a drink staff were present to provide appropriate and safe support.

Is the service effective?

Our findings

The service was effective. People who lived in the home received care from staff who had had appropriate training and who were aware of good care practice.

People's needs were assessed and support plans were put in place which took into account people's wishes, their support needs and their lifestyle and culture. For example, staff supported people to visit their family regularly and to attend church.

There was no formal supervision between the owner and manager given the small nature of the home and the family-style culture. However, there was daily contact and work related issues were discussed as they happened.

The registered person had suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

The Mental Capacity Act (MCA) 2005 sets out what must be done to ensure the human rights of people who lack capacity to make decisions are protected. Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a "Supervisory Body" if they consider a person should be deprived of their liberty in order to get the care and treatment they need. At the time of inspection an application had been made for an assessment to be carried out with regard to a possible DoLS authorisation being granted. The provider was waiting for the results of this. In the meantime, we saw that people did not have their liberty restricted. Some independent travel took place by people, and where this presented a risk, for example because it was to an unfamiliar place, the staff supported the person rather than restrict their liberty.

Staff understood the requirements of legislation relating to the need for people to give consent and to act in their best interests when consent could not be given. People were involved in day to day decisions about their care.

Staff were knowledgeable about people's dietary needs and preferences. People were encouraged and supported to prepare their own meals as far as they were able, and they told us they enjoyed the food. Because of the family-style culture of the home, where the people using the service lived alongside the owners, people ate together as a family, or people who used the service could opt for eating in their room. The provider had developed a good understanding of the meal preferences of people. Where these coincided with the owners own likes, a common meal was prepared. Otherwise a separate meal was prepared for people.

We saw that people's health and nutrition were regularly monitored and recorded in care plans and daily notes. There were well established links with GP services, and dentists.

Is the service caring?

Our findings

People told us they felt staff were caring and that they enjoyed living at the home.

We observed staff interaction with people and it was respectful and kind. We saw that people were comfortable around the staff and that staff spoke to them in a friendly but respectful way. Staff demonstrated a sound knowledge about the people they supported and were able to tell us about people's individual needs, preferences and interests. These details were included in the care plans.

People were supported to maintain relationships with their families and friends. For example, regular visits to the family home were made and this enabled people and their families to enjoy activities together and spend time with each other.

We observed staff always knocked on doors before entering people's rooms. Staff respected people's private space and always made sure they spoke to people in a respectful manner, for example, by referring to them by their preferred name and by taking care to use terms and descriptions that they could easily understand.

Care records were individual to each person and contained information about people's life history, their likes and dislikes, cultural and religious preferences. Staff were aware of how to avoid using institutionalised language in their reports and records and information about people was written in a personalised way.

People were involved in decisions about the running of the home as well as their own care. This happened mainly through daily contact with people and was kept as informal as possible due to the size and nature of the home.

Is the service responsive?

Our findings

People's needs were fully assessed prior to becoming resident in the home and at monthly intervals thereafter. We looked at care records and saw that they contained assessments relating to mobility, healthcare including medicines, eating and drinking, behaviour and independence.

People's diverse needs were understood and supported. These included food preferences, interests and cultural background. The manager was aware of the importance of ensuring that the service responded to people's needs in a way that respected diversity of culture and personal preferences. The service had achieved this through consulting with the person's relative and incorporating this into people's care plans. We saw in people's care records that the views of family and significant people were welcomed while planning or reviewing people's care.

People had individualised care plans which highlighted their various interests and this was reflected in the variety of activities which they took part in. Examples included attendance at a local day centre, working at a garden centre, trips to the town and time spent with family.

Accidents and incidents and concerns expressed by people were recorded and monitored. These were shared with all staff and discussed with a view to addressing issues and improving the support provided to people.

The service had a complaints procedure and systems in place to record accidents and incidents. We saw that no complaints had been made in the previous 12 months. No accidents or incidents had taken place and the manager was able to demonstrate that they were aware of their responsibility to report accidents and incidents to the Care Quality Commission (CQC).

Is the service well-led?

Our findings

The service promoted a positive culture that was person-centred, open, inclusive and empowering for people. We saw that people were supported to have as much independence and autonomy as they were able to, or wished and that this support was underpinned by good practice and clear policies and procedures.

The policies and procedures of the home described a vision and a set of values that included the importance of involvement, compassion, dignity, independence, respect, equality and safety.

We spent time observing the interaction between staff and the people living in the home. There was an atmosphere of openness in the home, where people felt able to approach staff directly and have free access to all areas of the home. At the same time, staff were able to speak freely with people, advise and support them appropriately and safeguard them from harm if necessary.

The service demonstrated good management and leadership through ensuring that it complied with the requirement to have a registered manager in place. This was underpinned by clear policies and procedures and regular supervision of staff.

Internal audits were carried out on all aspects of the service, including health and safety, medicines, the quality of people's rooms, staff training and care records. External professionals we spoke with who had contact with the service or the people using the service told us they had no concerns about the care provided and that there was regular communication between them and the service. This ensured that the quality of care was monitored and discussed with the aim of putting the person using the service at the heart of discussions.

Records in the home were held securely and confidentially.