

Christ The King Residential Care Homes Limited Sylvanhurst House

Inspection report

25 Addington Road
Sanderstead
Croydon
Surrey
CR2 8RF

Tel: 02086576860
Website: www.sylvanhurst.co.uk

Date of inspection visit:
07 September 2018

Date of publication:
09 October 2018

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

Sylvanhurst House is a residential care home that offers housing and personal support for up to six adults who have a range of needs including mental health and learning disabilities. The service has a lounge with dining room, a well-kept garden and six bedrooms all of which are en-suite. Bedrooms are situated on the ground and first floor and the first floor is accessed by stairs. At the time of our inspection six ladies were using the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Systems were in place to safeguard people from abuse and staff knew the procedure and guidance to follow if something went wrong.

Risks relating to people's care were identified and staff knew how to manage these risks to help keep people safe but still encourage people's independence. Staff spoke to people about the risks they faced to help people understand how to keep safe. People's medicines were managed safely by staff.

There was enough staff to care for people and they received adequate training, induction and supervision to support them to do their jobs. The recruitment process ensured staff were suitable to work with people.

People's needs and preferences were assessed by the service before they began receiving care. People had a choice of food and planned their weekly menu. Staff encouraged people to make healthy choices when they needed to.

Staff promoted the healthcare needs of people and worked well with healthcare professionals, they took on board recommendations to help make sure individual health needs were met. Specialist dietary needs such as those associated with diabetes were provided for.

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 were encouraged to be as independent as they could be. Staff treated people with dignity and respect.

People were supported to be involved in hobbies and activities that interested them. This included access to the community and involvement with clubs and outside social events when people wanted to.

People's care plans were sufficiently detailed to inform staff about people's needs and to guide staff in

caring for them.

The service had a complaints procedure which addressed any complaints within the agreed timescale. Systems were in place to make sure managers and staff learnt from events such as accidents, incidents and complaints. This reduced the risk to people and helped the service continually improve.

The service had a range of audits in place to assess, monitor and drive improvement.

Further information is in the detailed findings below.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Sylvanhurst House

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 comprehensive inspection took place on 7 September 2018. The inspection was unannounced and carried out by one inspector. Before our inspection we reviewed information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with three people using the service and observed interactions between people and staff to help us understand their experiences of receiving care and support. We spoke with the registered manager, the deputy manager and two staff members. We looked at records which included three care plans, three staff files, medicine records and other records relating to the management of the service.

After our inspection the registered manager sent us additional information concerning staff and service user guides and staff meetings.

Is the service safe?

Our findings

People we spoke with told us they were happy living at Sylvanhurst House. One person told us, "I like it here" and another person smiled, nodded and told us it was "good." We spent time with people and observed they approached staff without hesitation and were comfortable in staff company.

Staff told us and records showed they had received appropriate training with regards to safeguarding and protecting people. Staff told us the procedures they would follow if they had any concerns. We saw information was available for staff on how to follow the provider's whistleblowing procedure. There was information available for people and staff on what they should do if they didn't feel safe or wanted to report a concern. Weekly resident meetings involved discussions about feeling safe and what to do if a person did not feel safe. This helped people understand what they should do and who they should speak with.

Staff knew how to support people with the risk they may face both at the service and in the community. For example, staff described how they supported one person with their diabetes, looking at their blood sugar levels and adjusting their diet accordingly. They told us the importance of foot care and that they worked closely with the district nurse to raise any issues or problems.

Staff understood how to prevent and manage behaviours that the service may find challenging. Some basic information was in people's care plans to guide staff on what action they should take when a person's behaviour challenged the service. Staff had a good knowledge on how to de-escalate situations and what worked for each person and we observed this being put into practice during our inspection. We spoke with the registered manager about recording staff knowledge in a way that could be shared with new or agency staff so they would have the guidance they needed if a person became anxious or upset. The registered manager told us they would look at ways of recording this information in the future.

We observed sufficient numbers of staff on duty to keep people safe. Staff told us they thought there was enough staff on duty and the team work was good. During our inspection two staff members were on duty together with the deputy manager. We were told staff numbers had recently increased at night from one to two. We noted staff had raised their concerns following an incident at night when they did not feel able to provide adequate or safe support when a person's behaviour escalated. The registered manager explained they had increased staffing levels to two and these levels would remain in place to ensure people and staff safety.

The provider had a 24-hour emergency call system in place. Details were available for staff to contact either the provider or registered manager if there was a problem or an emergency.

The service followed appropriate recruitment practices to keep people safe. Staff files contained an application form and pre-employment checks the provider had conducted in respect of these individuals. This included an up to date criminal records checks, at least two satisfactory references, proof of their identity, their full employment history and proof of their eligibility to work in the UK.

People received their prescribed medicines as and when they should. Medicines were stored appropriately and securely. Only those staff trained in the safe handling of medicines were able to administer people's medicines. We saw the procedures in place for ordering, storing, administering and recording of medicines. There was guidance to staff about PRN or as required medicine and this gave clear guidelines to staff on when these medicines should be given and why. We spoke about ways to further enhance information for staff when people were prescribed PRN when they became anxious or their behaviour challenged the service. Although in these instances staff would use distraction techniques to help diffuse and calm situations before they escalated and PRN was required, these were not detailed in people's records. The registered manager agreed to review and include any relevant information within the PRN guidance for staff to refer to when they needed to. We found no recording errors on any of the medicine administration record sheets we looked at. Audits of records and stock control were carried out regularly by staff and the registered manager to ensure people had received the medicine they needed at the time they needed them.

Regular environmental and health and safety checks took place to ensure people were safe. The building and garden were well maintained. There were certificates to confirm the service complied with gas and electrical safety standards. Water temperatures were monitored to ensure people were not at risk of scalding. Appropriate measures were in place to protect people from the risk of fire.

People were protected by the prevention and control of infection. The service was clean and hygienic, cleaning schedules were in place and policies and procedures available for staff.

We saw personal protective equipment such as aprons and gloves were readily available when needed and staff had received training in infection control and food handling.

Is the service effective?

Our findings

People's needs were effectively assessed to identify the support they required. We saw detailed pre-admission assessments in place covering people's physical and mental health needs together with their choices and preferences. The service continually assessed people's needs and these fed into people's person-centred care records and detailed the support people needed with their everyday living.

Staff had the skills, knowledge and experience to deliver effective care and support. Staff told us they thought they had enough training to do their jobs well. Records were kept of the training undertaken by staff and these were monitored by the registered manager. The registered manager used this system to ensure all staff had completed their mandatory training. An induction program was provided for all new staff and this followed the same course outline as the care certificate. The care certificate is a set of recognised national standards which provides the essential skills required for staff delivering care and support.

Staff told us they felt supported to do their jobs and received regular supervision. Supervision records were detailed and included discussions about roles and responsibilities, day to day issues in the home and personal development needs. We noted staff supervisions also gave the opportunity for updates and discussion around relevant subjects such as infection control, medication, safeguarding and mental capacity.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes 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.

Throughout our inspection staff offered people choices and supported their decisions about what they wanted to do. There were assessments and information about people's mental capacity to make day to day decisions in their care plans. Care plans contained details of when people had given consent. For example, for staff to administer medication or for photographs to be taken. When people could not give consent, we noted what actions were needed to protect and maintain their rights. This included applications made to the local authority when people were thought to be deprived of their liberty. The registered manager maintained records of these applications to monitor the authorisations granted and those that needed renewal.

People were supported to access sufficient food and fluids. Staff told us people made choices about the meals they enjoyed and there were always alternatives to the options available. Staff had a good knowledge

of people's likes and dislikes and if anyone had specific dietary needs. The daily menu was displayed in the kitchen and people made weekly choices of menu during service user meetings. One person told us, "The food is really nice." The day of our inspection was 'takeaway day' and people chose what type of takeaway they wanted, for example, fish and chips or a Chinese meal. Staff told us two people were more independent and able to make themselves snacks and some meals with staff support. They also encouraged everyone to get involved with meal preparation if they wanted to. People's nutritional needs were reviewed and regular checks maintained on their weight, so any risk could be identified in relation to people's eating and drinking.

People were supported to have access to healthcare services and received ongoing healthcare support. All medical appointments were recorded together with any action required. When people needed additional healthcare support this was provided. For example, one person required daily visits from the district nurse. We observed this visit during our inspection and found the communication between staff and the district nurse was good. Both kept the person fully informed about the treatment given so they could make informed choices about their health. Afterwards we spoke with the person who told us about the things they needed to do, including the diet they should follow to keep healthy.

The service was small and homely with people's artwork displayed around the service. The garden was flat and accessible with seating areas for people who wanted to spend time there. People's bedrooms were personalised with their belongings and were decorated according to their choice.

Is the service caring?

Our findings

People indicated by their comments and actions that they were happy living at Sylvanhurst House. One person told us how they loved the staff and another person told us staff were nice and kind to them. We observed staff when they interacted with people. All the people we observed were comfortable with staff. Staff used enabling and positive language when talking with or supporting people and treated people with respect and kindness.

Staff knew people well and were able to tell us about people's individual needs, preferences and personalities. For example, we heard how one person liked to sleep in late and another liked to have a daily 'brisk' walk.

Staff talked about people with care and compassion. They explained that they wanted to provide care that met people's needs to improve their quality of life and encourage independence. One staff member told us, "I like to take care of [people], I do it to the best of my ability and I enjoy doing it." Another staff member told us "I get a real sense of fulfilment, I go home knowing I'm leaving [people] happy."

People were involved in making choices about their care and support. We saw people making choices about their day to day life, for example, during our inspection people moved freely around their home, choosing to spend time in their rooms, going into the garden or outing to the local coffee shop. One person did not want staff checking on them at night as they felt it interrupted their sleep. We saw staff had discussed alternative arrangements with the person and together they had come to an agreement that would allow the person to remain undisturbed but also allow staff to ensure their safety. People's care plans had been signed by the person using the service indicating they agreed with it and we saw one person had written notes on their care records telling staff how taking a certain medicine made them feel. This demonstrated that people were supported to express their views and be actively involved in decisions about their care.

Staff told us they had sufficient time to listen to people and spend time with them. When they first joined the service, they were given time to read through people's care records so they fully understood the care and support each individual needed. Staff told us they were people's keyworkers which meant they were able to develop trusting relationships with people and provide consistent support. A keyworker is a member of staff who leads on supporting the person.

People's right to privacy and to be treated with dignity was respected. People were able to have a key to their room to help give them privacy. Staff knocked on people's doors before entering and were discrete when assisting people with their personal care needs. People's bedrooms were personalised and contained items which reflected their age, culture and personal interests. People's values and diversity were understood and respected by staff. For example, people were supported to take part in activities which reflected their culture and preference.

Is the service responsive?

Our findings

People received care and support that was personalised to their individual needs and wishes. Care plans contained good detail for staff to follow, such as information on people's history, preferences and interests. Staff helped to ensure people received continuity of care by attending daily handover meetings, and recording information in people's daily notes and in the communication book. This helped share and record any immediate changes to people's needs. People were involved in the assessment and planning of their care through regular keyworker meetings. During the inspection we observed the care and support delivered by staff was person centred based on individual needs. People were encouraged to make choices and have as much control over their life as possible and risks identified allowed people to have as much independence as possible while remaining safe. Throughout our inspection we observed that staff supported people in accordance with their care plans.

The service had policies in place for equality and diversity and religious and cultural needs, this helped raise staff awareness of people's diversity, faith and culture and understand the impact it may have on everyday life. Staff asked people if they expressed an interest in visiting local religious establishments and we heard how one person liked to sit in the local church and enjoy the surroundings.

People were supported to follow their interests and hobbies. One person loved art and staff encouraged them to attend regular art classes in the local community. We saw pictures the person had painted displayed around the service. Staff told us the person also passed on their knowledge to others living at the service and these lessons were enjoyed by all. During our inspection we observed people preparing for activities, going to the coffee shop or out for a walk. Each person's activities for the day were clearly marked on a board in the living room and these included, walking, gardening, indoor games and karaoke. A new deputy manager had recently joined the service and staff told us they had discussed some new ideas for activities that people might enjoy. This included pampering days, bingo and outings, the deputy was keen to give people options of different activities to see if they wanted to try anything new. Activities were discussed during weekly resident's meetings and people were asked what they wanted to do.

People were able to provide feedback about their experiences during weekly residents meeting and regular surveys. Each person had a copy of the complaints procedure in their room and this was also available in an easy read and pictorial format for those that needed this. The registered manager confirmed there had been no complaints in the last year but any complaint would be taken seriously, thoroughly investigated with outcomes and learning noted in line with the provider's policy. All complaints were reported and monitored at provider level.

The service had been working with a local hospice to increase staff knowledge in the end of life and palliative care program. This helped give staff the tools they needed to help people and if appropriate, their relatives, discuss and record their wishes for end of life care. This was to ensure people had a choice about what happened to them in the event of their death and that staff had the information they needed to make sure people's final wishes would be respected. Staff told us the training had been useful and showed us the new tools they were using, for example, a pain assessment scale to help people identify when they are in

pain and the intensity of the pain and a way to record people's deterioration in mental and physical health so changes in people's conditions could be better understood and treated.

Is the service well-led?

Our findings

There was a registered manager in place at the time of our 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.

The registered manager was also responsible for three other locations but was well supported by her deputy managers in place at each service. The deputy manager at Sylvanhurst House was newly appointed but was knowledgeable and experienced.

People knew the registered manager and the deputy manager well and were comfortable approaching them. Throughout our inspection we observed people approaching them to tell them something or speak about their day.

There was a strong focus on continuous learning at all levels. The registered manager explained they valued all feedback and was always looking at ways to improve the service for people. They told us they felt very supported both by the provider and her staff team. She told us, "I am supported in all ways, I have an excellent deputy manager and very good staff, we work as a team and I am very happy." We saw regular surveys were conducted and results were analysed to identify those areas where the service was performing well and the areas that needed improvement.

Regular staff meetings helped to share learning and best practice so staff understood what was expected of them. Minutes included guidance to staff for the day to day running of the service including safeguarding, food safety, mental capacity assessments and record keeping. Staff also used a communication book, shift handover and daily planners to keep informed about any changes to people's well-being or other important events.

The service worked closely with the local safeguarding team to report and investigate any alleged abuse. Whistleblowing telephone numbers were displayed so staff could report concerns anonymously if they felt they needed to. Records confirmed accidents, incidents and safeguarding concerns were monitored by the registered manager and these were reviewed to ensure the continued improvement of the service.

There were arrangements in place for checking the quality of the care people received. These included daily, weekly and monthly health and safety checks, reviews of fire drills and daily inspections such as fridge and freezer temperature checks, water temperature checks, weekly medicine audits and infection control audits.

The registered manager understood their responsibilities in line with the requirements of the provider's registration. They were aware of the need to notify CQC of certain changes, events or incidents that affect a person's care and welfare. We found the registered manager had notified us appropriately of any reportable events.

