

# London Borough of Croydon

## Freeman Court

### Inspection report

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London  
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### Ratings

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

# Summary of findings

## Overall summary

### About the service

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

Freeman Court provides personal care and support to people living in self-contained flats located in a single building. This is known as extra care housing and is operated by an independent housing provider which also happens to be London Borough of Croydon. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of this inspection there were 22 people being provided with personal care and support by the service.

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

People were safe at the service. Staff had been trained to safeguard people from abuse. Staff understood identified risks to people's safety and wellbeing and the action to take to support people to keep safe. Staff made sure people's flats and the general premises were clean and hygienic. They followed current practice when providing personal care and when preparing and handling food which reduced infection and hygiene risks.

There were enough suitably skilled and experienced staff to support people and meet their needs. The provider carried out recruitment and criminal records checks on new staff to make sure they were suitable to support people. Staff received relevant training and supervision to help them meet people's needs. Staff were well supported by managers and were encouraged to learn and improve in their role. Senior staff carried out checks on staff to make sure they were carrying out their duties appropriately and to a high standard.

People were involved in planning their care and support and could state their preferences for how this was provided. People's records reflected their needs and preferences. People were satisfied with the care and support they received from staff. People's choices for how this was provided were respected and staff delivered this in line with their wishes.

Staff were kind, caring and knew people well and understood how their identified needs should be met. They respected people's rights to privacy and to be treated with dignity. People were supported to be as independent as they could be with daily living tasks. People's wishes for the support they wanted to receive at the end of their life had not been routinely recorded. The provider was taking action after the inspection to improve this.

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.

Where the provider was responsible for this, people were supported to take their prescribed medicines and staff made sure people could access support from healthcare professionals when needed. Staff encouraged people to eat and drink enough to meet their needs.

People were supported to undertake activities and interests that were important to them. Relatives were free to visit their family members if they wished. The provider was looking at ways to support people to be more active and included in events involving the local community.

People had less positive experiences about the quality of the premises. Although this was out of the scope of this inspection we saw senior staff worked closely with the housing provider and informed them promptly of any issues or concerns relating to the environment and premises.

The provider had systems in place to obtain people's feedback about how the service could be improved. The provider undertook checks at regular intervals, to monitor, review and improve the quality and safety of the service and addressed any issues found through these checks.

There were arrangements in place to make sure any accidents, incidents and complaints would be fully investigated and people would be involved and informed of the outcome. Staff worked proactively with healthcare professionals involved in people's care and acted on their recommendations to deliver care and support that met people's needs.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

This service was registered with us on 3 January 2020 and this was the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We also looked at infection prevention and control measures under the safe key question. We look at this in inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Freeman Court

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team:

The inspection team consisted of one inspector.

#### Service and service type:

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the CQC. 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 announced. We gave the provider 24 hours' notice because people are often out and we wanted to be sure there would be people at home to speak with us. Inspection activity started on 8 March 2022 and ended on 10 March 2022. We visited the location's office on 8 March.

#### What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We reviewed statutory

notifications submitted by the provider. Statutory notifications contain information providers are required to send to us about significant events that take place within services. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection:

We spoke with five people using the service, two care support workers, the registered manager and the operations manager. We observed interactions between people and staff. We reviewed a range of records including three people's care records, medicines administration records and arrangements for two people and other records relating to the management of the service.

After the inspection:

We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received feedback from a healthcare professional. We continued to speak with the registered manager and operations manager and sought clarification about the evidence gathered. We also reviewed additional documentation relating to staffing and the management of the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe at the service. A person told us, "I feel safe here. Because someone would be here to help me." Another person said, "You feel safe here."
- People had stated how they wanted staff to support them to stay safe and secure at the service. This information was recorded in their records so staff would know how they should do this.
- Staff had been trained to safeguard people from abuse. They understood safeguarding procedures and when to report concerns to the appropriate person or authority.
- The registered manager understood their responsibility to liaise with the local authority when a safeguarding concern was reported to them.
- When safeguarding concerns had been raised, the registered manager took prompt action to make sure people were safe from further risk of abuse.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were managed well. A person told us staff understood that their healthcare conditions put them at risk and had taken appropriate action to keep them safe when they became unwell. They said, "I have had major illnesses and the support I got was excellent."
- People's records contained current information about identified risks to their safety and wellbeing and the measures staff should take to manage these risks to keep people safe.
- Staff gave us examples of action they took to support people to stay safe. We observed staff were vigilant when people were using communal areas and made sure people were safe when moving about.
- Staff had been trained to deal with emergency situations and events if these should arise.
- Senior staff made sure the premises were checked on a regular basis for any health and safety concerns. Issues identified through their checks were reported promptly to the housing provider.

Staffing and recruitment

- There were enough suitably skilled and experienced staff to support people. People told us staff turned up on time for their scheduled care calls.
- Staff undertook a welfare check on people every day to make sure they were safe and well. A person told us, "They make sure I'm alive! They come once a day."
- If people needed urgent assistance outside of their scheduled care call there were staff on duty to attend to people and provide the necessary support.
- The provider operated safe recruitment practices. They carried out appropriate checks on new staff to make sure only those suitable were employed to support people.

### Using medicines safely

- Where the provider was responsible for this, people received their medicines safely and as prescribed. People's records contained information about their medicines and how staff should support them to take them in a timely and appropriate way.
- Our checks of medicines stocks, balances and records showed people consistently received the medicines prescribed to them.
- Staff had been trained to administer medicines. Senior staff undertook competency checks on staff and audits on people's records to make sure staff administered medicines safely. Staff were required to refresh their skills and knowledge at appropriate intervals.

### Preventing and controlling infection

- Risks associated with infection control and hygiene had been well managed. A person told us, "When we had an outbreak (COVID-19) they managed this really well and kept us informed and updated and made sure we were tested. You felt safe."
- Staff followed current guidance to keep people safe from risks associated with poor infection control and hygiene. They used personal protective equipment (PPE) appropriately.
- Staff made sure people's flats were clean and hygienic to prevent the spread of infection.
- Visitors were given clear information to help reduce the risk of them catching and spreading infections.
- The provider's infection prevention and control policy was up to date. The provider had plans in place to manage an infection outbreak at the service.
- Staff had been trained in food safety practices to help them reduce hygiene risks to people when preparing and serving food.

### Learning lessons when things go wrong

- Learning from accidents and incidents was used to reduce safety risks to people. There were systems in place for staff to report and record accidents and incidents.
- The registered manager investigated accidents and incidents. They took action when this was needed to reduce the risks of these reoccurring, to keep people safe.
- The provider analysed accidents and incidents to check for any trends or themes to help them reduce the risk of these happening again.
- Learning from investigations was shared with staff to help them improve the quality and safety of the support provided.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care and support needs were met by the service. Senior staff undertook assessments of people's needs prior to them using the service to make sure these could be met and delivered in line with current practice and guidance.
- People and others involved in their care, for example relatives and healthcare professionals, had been involved in these assessments. These took account of people's life and medical history, healthcare conditions, their care needs and the outcomes they wished to achieve with support from the service. Senior staff used all this information to plan and deliver care and support people required.
- People had been able to state their choices about how and when support was provided and this information had been included in their care and support plan.

Staff support: induction, training, skills and experience

- Staff received relevant training to help them meet the range of people's needs. Training was refreshed at regular intervals so that staff stayed up to date with current practice. Staff told us they were up to date with their required training.
- Staff had regular supervision with senior staff to support them in their role and to identify any further training or learning they might need. A staff member told us, "We have regular supervision and it's quite meaningful from my perspective. It's used by my manager to progress my learning and development." Another staff member said about supervision, "It gives me a chance to say how I feel and the manager listens."
- Staff were encouraged to achieve relevant qualifications in health and social care to support their professional development. A staff member told us, "I have registered for leadership development training and that starts soon. I would like to be a manager for care services."

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

- Where the provider was responsible for this, people were supported to eat and drink enough to meet their needs. People's records set out their dietary requirements and any specific support they needed with these. Staff understood people's preferences and dietary needs and took this into account when supporting people at mealtimes.
- Staff recorded what people ate and drank at each care call. This helped senior staff monitor people were receiving appropriate support as well as identify any issues people may be having with their fluid or nutrition intake. Appropriate support had been sought for people in these instances.

Supporting people to live healthier lives, access healthcare services and support; staff working with other

agencies to provide consistent, effective, timely care

- People were supported by staff to maintain their health and wellbeing. People's records contained information for staff about their health and medical conditions and how they should be supported with these.
- Staff understood people's conditions and followed their care plans to help people achieve positive outcomes and reduce the risk of people's conditions deteriorating. They prompted people to attend their scheduled healthcare appointments when required. A healthcare professional told us, "The staff there have always seemed very attentive to their resident's health and social needs."
- Staff were observant to changes in people's health and wellbeing. They sought advice and support when people became unwell. A person told us, "I had a medical incident and I was very well supported by the manager and she helped me a lot."
- Staff worked well with healthcare professionals and followed their recommendations to help people achieve positive outcomes in relation to their healthcare needs. We saw a good example of this for one person who had become unwell after losing significant weight. Senior staff involved the person's GP and a dietician and followed their advice to support and encourage the person to eat well and reach a more healthy weight.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had capacity to make and to consent to decisions about specific aspects of their care. They were free to leave and return to the service with no undue restrictions.
- Systems were in place to assess people's capacity to make and consent to decisions about specific aspects of their care and support. Where people lacked capacity to make specific decisions, there were processes to involve people's representatives and healthcare professionals to ensure decisions would be made in people's best interests.
- Staff had received training in the MCA and associated codes of practice. The registered manager understood their responsibilities under this Act.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People said staff looked after them well. A person told us, "I am happy here and it's a nice atmosphere and very lively. The staff treat me fine." Another person said, "I have nothing but praise for the people that work here. I enjoy living here. I get treated like a human being. The staff are good to me." Another person told us, "The staff are kind and caring." A healthcare professional said, "I can't really find a fault with their care in my experience. There have even been a few occasions where I've witnessed the staff going above and beyond."
- Staff were friendly, patient and knew people well. During our inspection, staff were facilitating a tea and coffee morning session with people in the communal lounge. Staff engaged people in conversations and encouraged people to talk about things that were of interest or important to them. The atmosphere was lively and chatty and it was clear people were relaxed and comfortable, laughing and joking with each other and staff.
- Staff spoke about people with warmth and kindness. A staff member told us, "I have such a passion for the job. It's the caring aspect for me. I just love to care for people...when people have good outcomes that is the motivation I need to keep going." Another staff member said, "I enjoy my job. I want to make sure people are ok. I think their care is paramount and I have a duty of care to them."
- People's specific wishes in relation to how their social, cultural and spiritual needs should be met were recorded so staff had access to information about how people should be supported with these.
- Staff actively supported people to meet these needs by arranging special events and occasions to openly celebrate these in an inclusive way, for example religious services and festivals, cultural heritage days and a 'Dignity Day' to help people learn more about each other and be accepting of each other's differences and identities.
- Staff received equality and diversity training as part of their role. This helped staff understand what discriminatory behaviours and practices might look like to help them make sure people were always treated fairly.

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

- People had been supported to express their views and be involved in making decisions about the care and support they received. People's care plans reflected their individual preferences.
- Senior staff obtained people's feedback at regular intervals to make sure the care and support they received was continuing to meet their needs. A person told us, "I have had three care plan reviews and I can have a say in what happens. They always ask if there is anything they can do better for me."

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as they could be. A person told us, "Here I am more

independent and can make my own decisions." A staff member said, "A lot of people have done so well since coming here. One person couldn't do much for themselves. Now they can prepare their own meals and wash up...they told me it makes a difference being here."

- People's records prompted staff to support people to undertake as much of the tasks of daily living as they could. Staff only stepped in to provide people with support if they could not manage a task safely.
- Staff respected people's privacy and dignity. They sought people's permission before entering their flat. Before supporting people they sought people's consent to do this and respected their choices and decisions about this. Staff were respectful when in people's flats and made sure these were kept the way people wanted.

# Is the service responsive?

## Our findings

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

This is the first inspection for this service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People had choice and control about how they wanted to receive care and support from staff. A person told us, "They are flexible on my care calls so if I don't want one I can say so."
- People's records contained information about their preferences for how care and support should be provided to meet their needs. Staff understood people's needs and gave us examples of how they provided care and support to people in the way people preferred.
- Staff recorded the care and support they provided to people. This helped senior staff check and monitor staff were providing the care and support planned and agreed with people.

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

- Staff encouraged people to take an active role in planning activities and events of their choice at the service. People's suggestions had led to socially and culturally relevant events taking place such as celebrating Independence Day in Jamaica with a local steel band. At the time of the inspection people were working with local faith based organisations to plan an Easter fete at the service to help raise funds for local charities. This helped people become engaged and involved with others and the wider local community to help build meaningful relationships.
- People's suggestions about other activities they would like to do at the service had been supported and delivered by staff and included exercise classes, movie nights and pyjama days. A person told us, "[Registered manager] has introduced exercises for us. I like the music they play here. It feels like a family."
- People received support to maintain relationships with the people that mattered to them. People's friends and family were free to visit with no unnecessary restrictions. Staff made sure visits were undertaken safely to reduce risks posed by COVID-19.
- When friends and family were unable to visit, staff made sure people could still maintain contact with them through video and telephone calls.

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.

- People's communication needs had been identified, recorded and highlighted so that staff had access to relevant information about how they should be supported with these.

#### Improving care quality in response to complaints or concerns

- People had no issues or concerns about the support they received from the service at the time of this inspection. Comments we received included; "It's not bad living here. I do what I want. I go out and come and go as I please."; "We are looked after very well."; and, "I feel settled and got my flat set up how I like it."
- People were encouraged to raise concerns and when they did, we saw these were dealt with appropriately by the registered manager.
- There were arrangements in place to deal with formal complaints. People had been provided information about what to do if they wished to make a complaint and how this would be dealt with by the provider.

#### End of life care and support

- People were not routinely asked about their wishes for the support they wanted to receive at the end of their life. The registered manager and operations manager told us they would make sure this information was collected and recorded on people's records. This would help to ensure that staff would know what to do to make sure people's wishes and choices were respected at the appropriate time.
- None of the people using the service required end of life care and support at the time of this inspection.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Working in partnership with others

- People told us their main concerns at the service was the quality of the physical environment. People said they had been able to raise concerns about this but found the housing provider slow to take action when needed. One example provided was the maintenance of the grounds which people said had not always been appropriately maintained. People said this prevented them from using the garden as much as they would like which impacted on their wellbeing.
- This issue was out of scope for this inspection. CQC only inspects where people received personal care. However, because people said this issue was having an impact on their wellbeing, we checked senior staff were advocating on people's behalf to make sure the housing provider was taking appropriate action when required.
- We saw senior staff made the housing provider aware of any issues or concerns relating to the premises promptly. Senior staff told us the working relationship with the housing provider had improved since the service was first registered. They said the housing provider had become more responsive and were confident people would soon be able to see the benefits of this with more planned work being undertaken by the housing provider at the service in the coming months.
- Senior staff worked proactively with healthcare professionals involved in people's care. A healthcare professional told us, "The management team always greet me and explain what their particular concerns are and then the resident's personal carer will usually accompany me during the visit, which aids my assessment and helps not only put the patient at ease but is also important for continuity and good, safe patient care."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People spoke positively about the management of the service. A person told us, "As soon as I came here to view I said yes and got on with the [registered manager] straight away." Another person said, "The registered manager is friendly and approachable and someone I can talk to."
- Staff told us they felt well supported by the registered manager. A staff member said, "I feel well supported. It's awesome. They always come and talk to us and make sure we are ok. During the pandemic we had great support and they made sure we were well and safe."
- The provider had clearly stated objectives for the service that were focused on people experiencing positive outcomes. These objectives formed part of staff's personal work objectives.

- Staff understood their roles and responsibilities to people using the service. Staff knew people well, were focussed on meeting their specific, individual needs and helped people achieve positive outcomes. A staff member told us, "It's seeing people improve from when they first come in. One person came in and could barely walk and was a recluse. Now [person] comes into the lounge every day and mixes with the other tenants."
- The registered manager understood their responsibility for notifying CQC of events or incidents involving people. This meant we could check they took appropriate action to ensure people's safety and welfare in these instances.
- Senior staff undertook audits and monitoring checks of the service to make sure people were receiving safe, high quality care. Outcomes from these checks had been used to make improvements and changes when these were required.
- Senior staff were open about things that went wrong and proactive about putting things right. They investigated, accidents, incidents and complaints and made sure people were kept involved and informed of the outcome.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's voice was actively sought and their feedback was used to plan how the service could be improved so that people would experience positive outcomes in relation to their care and support needs. We saw a recent example of this where people had been able to give their views about the long term plans for the service. Senior staff told us people's views would help the provider make decisions about how the service was designed and developed moving forwards with the needs of people in mind.
- Senior staff also sought people's views about the service and their suggestions for improvements through regular meetings. They acted on people's feedback when improvements were needed. We saw activities suggested by people at meetings had been designed and delivered by staff and people said they had enjoyed these.
- Senior staff were looking at ways to support people to become more involved in the local community. Staff were in discussion with a local school to run a 'tuck shop' on the premises. Staff were also looking to invite people from local care homes to join in with events and occasions at the service. Staff told us these initiatives would help people and the wider community build and maintain positive relationships with each other and also help improve understanding and acceptance of the lives of people that use the service and the value they bring to the local community.