

Christ The King Residential Care Homes Limited







Christ the King

Inspection report

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Date of inspection visit: 22 December 2015
Date of publication: This is auto-populated when the report is published

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	

Overall summary

This unannounced inspection took place on 22 December 2015. Christ The King provides personal care and accommodation for people with mental health needs. Six people were using the service at the time of the inspection.

The service has a registered manager who has been in post since 2010. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 previous inspection of the service took place on 20 July 2014. The service met all the regulations we checked at that time.

People received safe care and support at the service. Staff knew how to identify and act on any concerns about

Summary of findings

abuse or neglect to keep people safe. Staff assessed risks to people's health and managed these appropriately. People received their medicines safely. There were enough staff to meet people's needs.

Staff had the relevant skills and knowledge to effectively support people. The registered manager supported staff in their role to deliver care to people. People were treated with kindness and compassion. Staff were respectful of people's dignity and privacy. People's views were taken into account on how they wanted to be supported. People consented to the care and support they received. People had a choice of healthy food.

People's needs were assessed and support plans were put in place. People received care and support as planned. People's preferences and choices were known and respected. People were supported to pursue their hobbies and follow their interests.

Checks were made on quality of the service and improvements made if necessary. The registered manager asked people and staff for their views about the service. Incidents were recorded and appropriate action was taken to protect people from harm and minimise recurrence.

The service worked closely with the community mental health team to effectively support people. People had access to appropriate health care services for their mental and physical needs.

Summary of findings

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 safe. Staff identified risks to people's health and had plans in place to protect them. Staff knew how to identify abuse and neglect and the action to take to ensure people were kept safe.

People received their medicines safely as prescribed. There were sufficient numbers of staff to meet people's needs.

Good



Is the service effective?

The service was effective. People were supported by staff who knew them well and understood their needs. Staff felt well supported. They had relevant skills and knowledge to undertake their role.

People received food and drink which met their nutritional needs. People's healthcare needs were met.

People consented to the care and support they received. Staff supported people in line with the principles of the Mental Capacity Act (MCA) 2005

Good



Is the service caring?

The service was caring. People told us staff were polite and caring. Staff treated people with respect. Staff upheld people's dignity and privacy.

People were involved in planning for their care and support. People's preferences and choices were known and respected.

Staff supported people to maintain relationships with their friends and family.

Good



Is the service responsive?

The service was responsive. People's needs were assessed. Staff involved people and their relatives in planning and delivery of people's care.

Staff reviewed people's needs regularly and updated their support plans on the care they needed.

The registered manager asked and responded to people's views of the service. Complaints were heard and resolved appropriately.

Good



Is the service well-led?

The service was well-led. People were happy with the service. People and staff said the registered manager was approachable and valued their views.

The service worked well with the community mental health team to ensure people received appropriate support.

The registered manager carried out checks to monitor the quality of the service and make improvements.

Good



Christ the King

Detailed findings

Background to this inspection

We carried out this inspection of Christ The King under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. It 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 unannounced inspection took place on 22 December 2015 and was carried out by a single inspector.

Before the inspection, we reviewed the information we held about the service including any statutory notifications received and used this to plan the inspection.

During the inspection we spoke with five people who use the service. We also spoke with the registered manager, a deputy manager and three members of care staff. We reviewed five people's care records and their medicines administration records (MAR) charts. We viewed five records relating to staff including training, supervision, appraisals and duty rotas. We looked at monitoring reports on the quality of the service. We made general observations of the care and support people received at the service.

After the inspection we spoke with a social worker who supported people who use the service.

Is the service safe?

Our findings

People were safe in the service. One person told us, “I am happy here. It’s safe for me here”. Another person told us, “Staff look after us well. They remind us to keep safe”. A relative told us, “[My relative] is secure here”.

Staff understood how to recognise signs of abuse and neglect and knew the actions they would take to protect people from harm. One person told us, “I would tell the manager if something nasty happened. However, staff here are very nice”. Staff understood the service’s safeguarding procedures to report any abuse to the registered manager to take appropriate action. Staff said they would report their concerns of abuse to external agencies such as the local authority safeguarding team and CQC when necessary to protect people. A member of staff told us, “I would whistle-blow if I felt the manager had failed to fully address concerns of abuse”.

The service kept records of people’s belongings and how they spent their money to protect them against the risk of misuse. People were supported with budgeting and managing their own finances. People told us they had keys to their rooms and lockable drawers to protect their belongings.

Staff supported people to take their medicines to help maintain their mental health. One person told us, “My medicines are important for my health. Staff remind me to take them”. People’s medicines were regularly reviewed to ensure they were still effective for their mental health.

People had received their medicines safely as prescribed. During the inspection we saw a person ask a member of staff for their lunch time medicines. The person told us, “I have my medicines at the same time every day”. Medicine Administration Record (MAR) charts were accurately completed. Medicines were stored securely and disposed appropriately. People had consistently received their medicines at the prescribed time and right dosage.

Staff supported people to maintain their mental health and general well-being. They had assessed risks to people’s health and safety. Staff had guidance on how to manage the identified risks appropriately. For example, a person’s records stated they were at risk of cuts when they used knives in the kitchen. Staff knew how to support the person to keep safe. For example, staff had encouraged the person to use a blender which reduced the risk of cuts. The person was happy with this arrangement which enabled them to enjoy cooking in a safe manner.

Care records included up to date information on risks to people’s health and safety to ensure they were still effective. The registered manager carried out regular reviews of people’s risk management plans. Staff had worked closely with the community mental health team on people’s risk assessment reviews. People’s risk management plans had sufficient information for staff on how to deliver support safely.

The registered manager ensured there were enough staff available on duty to meet people’s needs. One person told us, “There is always staff around to help when needed”. There were sufficient staff to support people to attend hospital appointments and outings. Staff absences and sickness were always covered.

The provider had used robust recruitment procedures and ensured new staff were suitable to support and care for people at the service. The registered manager had carried out recruitment checks which included reference requests, employment history and criminal checks. New staff had started to work at the service after the return of the checks.

Staff told us they knew how to deal with a fire or any emergency in the service to keep people safe. One person told us, “I know the sound of a fire alarm and where to go to wait for help”. Staff had carried out regular weekly fire alarm tests and fire drills. They had recorded response times to fire drills and discussed with people the importance of following the evacuation protocols to keep safe. Appropriate fire equipment were in place.

Is the service effective?

Our findings

People told us they received the care and support they needed. One person told us, “Staff help me with my travel arrangements”. Another person told us, “I like to wake up mid-morning. Staff leave me to have a lie in”.

Staff understood their responsibilities under the Mental Capacity Act (MCA) 2005. People consented to the care they received. People told us staff respected their decisions and choices. Care records showed a person’s family and professionals who knew them well were appropriately involved in making decisions in their ‘best interest’. This had only happened as a mental capacity assessment had shown the person was unable to make certain decisions themselves. People enjoyed their freedom in the service. Staff understood people’s freedom would only be restricted if authorised by the court of protection or by a supervisory body under the Deprivation of Liberty Safeguards (DoLS). No person at the service was under DoLS.

People were supported by staff with appropriate skills and knowledge. Staff had attended relevant training which included mental health awareness, safeguarding, health and safety and medicines management. The registered manager had supported staff to attend training provided by the community mental health team (CMHT). Staff explained how they had put this learning into practice to ensure people received appropriate support.

The registered manager supported staff to carry out their work role effectively. New staff had undergone an induction process to ensure they understood their responsibilities. Induction records showed staff had read people’s records and discussed with the registered manager how to provide support to them. People met the staff before they had started to receive support from them. A member of staff told us the induction had included ‘shadowing’ experienced senior members before working independently. They said this ensured they got to understand how people liked to receive their care. The registered manager had monitored staff performance during probation and put a learning plan after they had identified their training needs.

Staff had received regular support to undertake their role. Records of regular one-to-one supervision notes showed staff had discussed their role and their performance in relation to the care and support they provided to people.

The registered manager ensured all staff had annual appraisal of their performance. Appraisal notes showed the registered manager had reviewed a member of staff’s performance. They had agreed with them a need for further training on communication to improve their interaction with people. Records showed the member of staff had attended the training which they said had enabled them to carry out their role effectively.

People told us they had a choice of suitable and nutritious food which they enjoyed. One person told us, “I like the food here. I also get to choose what I eat”. Staff held regular meetings with people and discussed what food they wished to have for the following week. Records confirmed the discussions and menu plans reflected people’s choices. Staff supported people to make a healthy lifestyle choice when planning their menu. They encouraged them to have fresh vegetables and fruit. Drinks and snacks were available in the service and people could help themselves at any time if they wished.

People told us they received food which met their individual needs. Care records contained the information and staff knew how to support people. For example, a person told us, “I do not eat certain foods because of my religious beliefs. Staff are aware and make sure I have an alternative dish”. The service had identified people’s dietary needs and supported them as they wished. Another person told us, “I enjoy the mild curries staff make”.

People received appropriate care and support in relation to keeping healthy. Staff monitored people’s health and took action when necessary. They worked closely with the community mental health team to ensure people received appropriate support. For example, staff had made a referral to the community health team in relation to supporting a person whose behaviour challenged the service. Staff had followed guidance received to support the person effectively. People told us they saw their GP when necessary. The registered manager received daily reports on people’s health and ensured staff took appropriate action to address their needs.

People received appropriate urgent care when needed. Staff told us they knew to call for emergency services if a person became seriously unwell. Records showed staff had appropriately involved a person’s community psychiatrist

Is the service effective?

nurse when their mental health had suddenly deteriorated. The registered manager had contacted the care coordinator for follow up action to ensure a review of the person's needs and support.

Is the service caring?

Our findings

People told us the staff were kind and caring. One person told us, “Staff are helpful and polite to everyone. It’s feels homely here”. Another person told us, “I like living here. Staff are lovely”. A relative told us, “The registered manager and staff are good with people. They are caring”.

People told us they had the privacy they needed. One person told us, “Staff knock on my door and wait to be invited in”. Another person told us, “I can go to my room for a rest when I want to”. We observed staff gave people the support they needed discreetly in a way that supported their dignity. For example, they quietly asked people if they wanted any help with their personal hygiene in such a way other people could not overhear. Staff were respectful of people’s privacy and dignity.

People found it easy to communicate with staff about what they wished to do. People made choices about their day to day lives. For example, people told us they decorated and arranged their bedrooms as they wished. People had furnished their rooms with family photographs and ornaments of sentimental value to them. People told us the service had their rooms painted in colours of their choice.

Staff knew people well and understood their needs. Staff knew people’s backgrounds and their preferences. Records showed some people who had lived at the service for long received support from the same staff. People told us they had developed positive relationships with staff over the period. They said they felt comfortable to receive their care and support from them. One person told us, “I have known most of the staff for a long time. I trust they will do their best for me”.

People received the support they required when needed. One person told us, “Staff are supportive and will help when asked”. For example, staff supported a person to go out in the community regularly as they requested. We observed staff interacted with people in a friendly and polite way whilst supporting them.

Staff supported people to express their views when they met with healthcare professionals. People had meetings with staff and community mental health team (CMHT) about their health and the supported they needed. A member of staff told us they valued people’s contributions and supported them as they wished.

Is the service responsive?

Our findings

People told us they were happy with the support and care they received in the service. One person told us, “Staff are supportive and help me work towards my goals”. A relative told us, “[My relative] continues to thrive in the service”.

People told us they received care and support which met their individual needs. One person told us, “Staff remind me about my hygiene”. Staff encouraged people to be as independent as possible. Records showed people carried out tasks they could do as stated in their care plans. For example, staff encouraged people to do their laundry and clean their rooms. Staff recorded the support they had given to people. People had received the care and support they required.

People received appropriate care and support to meet their health needs. Staff assessed people’s needs and delivered care in line with their individual support plan. Staff had carried out assessments on people with the healthcare professionals who were involved in their care prior to their admission to the service. Staff had received input from the community mental health team on people’s health and support needs. Records showed information gathered included people’s physical and mental health needs and their preferences. Care plans showed how staff were to support people with their mental health needs. For example, a person’s care plan stated how staff encouraged them to prepare meals in the service to enhance their self-esteem. Records showed staff had delivered people’s support and care as planned.

People received the support and care they needed. Staff reviewed people’s health regularly and updated their care plans to reflect the support they required with their changed needs. Staff had worked with the mental health team for guidance on how to effectively support when people’s health needs had changed. People had met with healthcare professionals and staff for a review of their needs and progress towards personal development goals. For example, one person told us they had developed an interest in cooking and staff were supporting them with preparing meals. Their care record was up to date and

showed the person had received the support they required. People received appropriate care as their support plans contained up to date information about them and how they wished to receive support.

Staff knew and respected people’s preferences. People told us they were encouraged to pursue their interests and engage in social activities in the local community to promote their wellbeing. One person told us, “I enjoy my weekly shopping outings. Staff help me get ready”. Another person said, “I enjoy group outings. Staff help to organise the trips and go with us”. One person showed us photographs of the trips people had undertaken outside the service and they were happy about it. Support plans had guidance for staff on how to provide support to each person on the outings.

Staff supported people to develop their interests and skills. We observed staff engage people in activities in the service to promote their well-being. Staff spoke to people in a calm manner and patiently explained what they were doing. We saw staff had encouraged and supported a person lead a group activity which they had enjoyed.

The service valued people’s feedback about the service. The registered manager encouraged people and their relatives to give feedback about the service. Staff held regular meetings and discussions with people to obtain their views about the service. People were confident the registered manager would listen to them if they raised any concern about the service. People and their relatives completed questionnaires about their views about the support and care they received from the service. Their responses showed they were happy with the service provided.

People and their relatives told us they were aware of the service’s complaints procedure and knew how to make a complaint if they needed to. They were confident the registered manager would take their concerns seriously. Records showed the registered manager had responded appropriately with a written response to a complaint made by a person’s relative. The registered manager had carried out an investigation and the issue was resolved to the satisfaction of the person and their relative. The service had reflected on the complaint and used it to improve the service.

Is the service well-led?

Our findings

People were happy with the service. People told us the registered manager was friendly and approachable. The service had a registered manager who has been in post since 2009.

People and their relatives told us the registered manager valued their views and considered them. The registered manager held regular meetings with people and their relatives about the service. Minutes of the meetings showed people had made suggestions on outings and menu planning which the registered manager had organised and changed respectively. The registered manager carried out surveys with people and their relatives. Feedback from the last survey carried out in 2014 showed people were happy with the care and support they received in the service. The registered manager supported staff to undertake their roles. The registered manager ensured staff contributed their views about the quality of care through regular meetings. Records of meetings showed issues discussed included staff training and effective delivery of care and support to people.

The registered manager effectively liaised with healthcare professionals and ensured people received timely and

appropriate care and treatment. Records showed the involvement of the mental health team and social workers to ensure people's care and treatment reflected relevant guidance and best practice.

The registered manager undertook checks to monitor the quality of the service. Medicines management audits carried out ensured people received safe and effective care. Health and safety audits addressed maintenance concerns to make the premises safe for people and staff. The registered manager had reviewed care records to ensure they were fully completed and up to date. The registered manager had record keeping discussions with staff to improve the quality of written reports about the support and care people had received. The service had ensured the planning and delivery of people's care and support was subject to regular checks.

The registered manager kept a log of incidents in the service and took appropriate action to address concerns. Staff had followed the organisation's procedure to report and record incidents. The registered manager had discussed incidents with staff and lessons learnt. Staff had put plans in place to prevent a recurrence. The service had submitted appropriate notifications to CQC about incidents in the service.