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Camden Lodge Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 04 December 2015 and was unannounced. When we last visited the home on 09 September 2014 we found the service was not meeting all the regulations we looked at. We found that people were not always protected from the risk of from unlawful or excessive control as the provider had not made suitable arrangements to address this by assessing people's capacity to consent to care and having guidance on the when restraint could be used. The provider sent us an action plan telling us how they would address this.

Camden Lodge is a residential care home for up to 24 elderly people, some of whom may also have dementia.

The home does not have 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. An acting manager is currently in post.

Summary of findings

We found a number of breaches of regulations at this inspection. Medicines were not being managed safely and this was putting people at risk. People were not supported effectively as staff did not have all the necessary skills and knowledge to meet their needs. The provider did not have effective systems to monitor the quality of care and support people received.

One area for improvement was also identified. People were not consistently supported to engage in meaningful activities.

Staff understood people's rights to make choices about their care and the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards. Enough staff were available to meet their needs.

People were kept safe from the risk of abuse. Risks to people were identified and staff took action to reduce those risks. People were provided with a choice of food.

There were systems in place to ensure that people consistently received their medicines safely, and as prescribed.

Care was planned and delivered in ways that enhanced people's safety and welfare according to their needs and preferences. Staff understood people's preferences, likes and dislikes regarding their care and support needs.

People were treated with dignity and respect. There was an accessible complaints policy which the registered manager followed when complaints were made to ensure they were investigated and responded to appropriately. People and their relatives felt confident to express any concerns, so these could be addressed.

People using the service, relatives and staff said the acting manager was approachable and supportive.

At this inspection there were breaches of regulations in relation to safe care and treatment, staffing and good governance. You can see what action we told the provider to take at the back of the full version of the report.

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 not always safe. The provider was not managing medicines properly and this was putting people at risk.

Staff were available in sufficient numbers meet people's needs.

Staff knew how to identify abuse and the correct procedures to follow if they suspected that abuse had occurred.

The risks to people who use the service were identified and managed appropriately.

Requires improvement



Is the service effective?

The service was not always effective. People may be at risk of receiving unsafe care as staff did not have all the skills and support they needed to meet people's needs.

Staff understood people's rights to make choices about their care and the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards.

People received a variety of meals.

People's healthcare needs were monitored. People were referred to the GP and other healthcare professionals as required.

Requires improvement



Is the service caring?

The service was caring. Staff were caring and knowledgeable about the people they supported.

People and their representatives were supported to make informed decisions about their care and support.

People's privacy and dignity were respected.

Good



Is the service responsive?

The service was not always responsive. People were not always supported to engage in meaningful activities.

People's care was planned in response to their needs.

People and their relatives were supported to raise concerns with the provider as there was an effective complaints system in place.

Requires improvement



Is the service well-led?

The service was not always well-led. The provider had not carried out regular audits to ensure that people's care was managed safely.

Requires improvement



Summary of findings

<p>The provider promoted an open and transparent culture in which good practice was identified and encouraged.</p>	
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Camden Lodge Residential Care Home

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 14 December 2015 and was unannounced.

The inspection was carried out by an inspector, a pharmacist inspector, a specialist professional advisor who was a nurse with knowledge of older people's needs and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we held about the service. This included information sent to us by the provider, about the staff and the people who used the service. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with the local safeguarding team obtain their views.

During the visit, we spoke with four people who used the service, two visitors, four care staff, the cook and the acting manager. We spent time observing care and support in communal areas.

We also looked at a sample of 10 care records of people who used the service, 20 medicine administration records, five staff records and records related to the management of the service.

Is the service safe?

Our findings

We looked at 20 Medicines Administration Records (MAR). People's allergy status was not recorded on their MAR charts. While People's allergy status to medicines was recorded in their care plans this information would not be available to GPs when they prescribed medicines for people. There is a risk that GPs may prescribe medicines that people were allergic to as they would only use the MAR charts when changing people's medicines and these did not record information about people's allergy status.

People were prescribed paracetamol as required for pain and at the time of the inspection supplies had run out for six people. This meant that for a week at the end of the medicines cycle they received no pain relief. Staff had recorded on people's MAR charts that they had been receiving pain relief twice a day or up to four times a day. The home did have a supply of household paracetamol and we noted that one person had been offered this on a few occasions.

Many people were not able to express their needs and we saw no PRN (as required) protocol in place so that staff knew how to recognise the person was in pain and how often they should have their pain relief. The acting manager showed us a proposed template for a protocol at the time of the inspection. We looked at one care plan for a person not receiving their as required paracetamol and who had previously been given it twice a day and we saw no detail of monitoring for giving her any pain relief in the daily notes. People were prescribed creams and ointments and there was no detail of where to apply them on the MAR chart or in the care plan we viewed.

The home's GP visited weekly and saw that notes of their visits were recorded in the care plan. We saw no evidence of review of pain relief and also noted that five people were prescribed the hypnotic zopiclone (a medicine to help them to sleep in the night) and saw a review of this for only one person. We also could not see from the MAR or care plan what time the hypnotic was administered.

Appropriate arrangements were not always in place to ensure that people's medicines were managed safely. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at training records and saw that the staff received training in the current medicine management

system in July 2015. We were told that competency assessments were to be implemented. The new manager had carried out his first audit of medicines optimization in November 2015 and he informed us that these would be continued weekly.

The home had a medicines policy, although it was undated. Medicines were stored securely and at the right temperature. All people in the home had a medicines profile and records of their currently prescribed medicines on their MAR. This meant that staff knew what medicines were prescribed for people. MAR charts were completed with no omissions observed in the recording of receipts, administration or disposal. Medicines were supplied in a dosage system and we could see that all were given as per the recording charts.

People told us that enough staff were available to meet their needs. One person said, "Staff are always available when you need them." The registered manager explained that as part of people's assessment before they used the service it was agreed with them how much staff support they needed. Staff told us that there were enough staff available to meet people's needs. When people requested support from staff they were responded to promptly. One person told us, "They came very quickly when I used my call bell." The registered manager showed us the staffing rota for the previous week. This reflected the number of staff on duty on the day of the inspection. The rota showed that the numbers of staff available was adjusted to meet the changing needs of people.

Safe recruitment procedures were in place that ensured staff were suitable to work with people as staff had undergone the required checks before starting to work at the service. The four staff files we looked at contained criminal record checks, two references and confirmation of the staff's identity. We spoke with one member of staff who had recently been recruited to work at the service and they told us they had been through a detailed recruitment procedure that included an interview and the taking up of references.

Appropriate arrangements were in place to protect people from the risk of abuse. We spoke with people who used the service and their relatives; they told us that they were safe and could raise concerns with staff. One person said, "Yes, I feel safe here." Another person told us that if they had concerns, "Staff would always help me." The safeguarding

Is the service safe?

policy was available in the service, relatives were aware of the policy and knew how to raise concerns. People and their relatives said that they could talk to staff if they were worried about anything.

Staff understood the service's policy regarding how they should respond to safeguarding concerns. They understood how to recognise potential abuse and who to report their concerns to both in the service and to external authorities such as the local safeguarding team and the Care Quality Commission. Staff had received training in safeguarding vulnerable adults. Professionals involved with the service told us that staff responded to any concerns they raised. The manager showed us that where there had been recommendations from safeguarding investigations these had been addressed. For example, changes to how information was recorded about people's health needs and how these were responded to.

Risk assessments were in place that ensured risks to people were addressed. Relatives confirmed that the risk to people had been discussed with them. There were detailed risk assessments covering common areas of potential risks, for example, falls, pressure ulcers and nutritional needs. These were being reviewed monthly and any changes to the level of risk were recorded and actions identified to lessen the risk were highlighted. Staff were able to explain the risks that particular people who use the service might experience when care was being provided. Risk assessments identified the action to be taken to prevent or reduce the likelihood of risks occurring. Where necessary professionals had been consulted about the best way to manage risks to people.

Is the service effective?

Our findings

People were not supported effectively as staff did not have all the necessary skills and knowledge to meet their needs. People told us that they felt staff knew how to meet their needs. However, training records showed that not all staff had completed all mandatory areas of training. The training matrix which had been updated in November 2015 showed that of the 17 staff working at the home, five had not completed safeguarding and first aid training. Nine staff had not completed fire emergency training, and 10 staff had not had manual handling training in the last year. The majority of people who used the service had dementia. However, not all staff had completed training in dementia care. The training matrix showed that six staff had not been trained in providing dementia care to people. The training matrix did not show when training needed to be updated. The acting manager told us that this training was going to take place shortly.

Staff told us that they had received regular supervision from the deputy and acting managers. The seven training and development records we looked at showed that these staff had received supervision every two months which was in line with the provider's policy. However, only one of the staff member had received an appraisal in the last two years. Staff said they had not had an appraisal in the last year. People may be at risk of receiving unsafe care as staff did not have all the skills and support they needed to meet people's needs.

This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf for 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 lacked 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. The application procedure for this in care homes and hospitals 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.

At our inspection in September 2014 we found there were some restrictions on people's freedom and ability to come and go from the home because of their safety. Arrangements had not been put in place to care for people under DoLS where necessary. Following the inspection the provider sent us an action plan detailing how they would make improvements by make sure that people capacity was assessed. At this inspection people said staff asked them for their consent before they supported them. People said they were able to make choices about some aspects of their care. We observed staff asking people what they wanted in terms of their support. The registered manager and the staff we spoke with had a good understanding of the principles of the MCA. They told us they always presumed that people were able to make decisions about their day to day care. They said some of the people who used the service had been diagnosed as having dementia and they took extra care when communicating with them to involve them in making decisions.

Staff had received training in the MCA and DoLS. Staff were able to describe people's rights and the process to be followed if someone was identified as needing to be assessed under DoLS. Staff understood people's rights to make choices for themselves and also, where necessary, for staff to act in someone's best interest. The majority of people who used the service had a DoLS authorisation in place. DoLS were reflected in people's care plans and risk assessments which identified how staff should respond to people's varying capacity to make decisions regarding their care and support.

People's nutritional needs were assessed and when they had particular preferences regarding their diet, these were recorded in their care plan. One person said, "There are very good meals here, but if you don't like something, they would try and do something else" and "we can have a drink at any time." The cook was able to explain the dietary needs of people who had diabetes or were on low or high fat diets. One person, who ate very little, said that the cook had talked to them to find out what they would like to eat.

People told us they enjoyed their meals. One person said, "The food is nice." People had a choice of dishes for each meal. Some people were offered choices at lunch time if

Is the service effective?

they didn't want to eat or drink what they had originally requested. At lunchtime staff were available to assist people to eat and drink when they needed support to do this. We saw staff supporting and assisting people with meals taken in their own rooms. Staff sat next to each person and supported or fed them in an unhurried and respectful way, encouraging people to be as independent as possible and chatting to the person in an appropriate manner. Staff supported people to take their time to enjoy their meals.

If people refused a meal we heard staff offering an alternative. Snacks were also available throughout the day. Staff told us if someone had a reduced dietary intake, or concerns about their nutrition were identified, food and fluid charts were put in place to monitor the amount of food or drink they consumed. Where necessary we saw that

people had been referred to the dietitian or speech and language therapist if they were having difficulties swallowing. People's weight was being monitored and recorded in their care plans.

People were supported to access the health care they needed. They told us that they were able to see their GP when they wanted. One person said, "You get to see the doctor when you need to." Relatives told us that when they asked staff to contact the GP this was done quickly. Care records showed that the service liaised with relevant health professionals such as GPs and district nurses. Care plans also showed that other health professionals, for example, dentists, opticians and chiropodists had been consulted about people's needs. Copies of discharge letters from the hospital were kept in people's care records.

Is the service caring?

Our findings

People told us that they were treated with respect and staff responded to their views regarding how they wished their needs to be met. One person said, Staff are really good, they understand, they watch and know how people are feeling.” People and their relatives had been consulted about how they wished to be supported. Relatives had been involved in decisions and received feedback about changes to people's care. One relative said that staff were, “Willing and helpful.”

Staff understood people's needs with regards to their disabilities, race, sexual orientation and gender and supported them in a caring way. Care records showed that staff supported people to practice their religion and attend community groups that reflected their cultural backgrounds. One person said that they had communion once every six weeks and a minister came in once a month for prayers. They felt this supported them to practice their religion.

Staff provided care and support in a gentle and caring manner, listened to what people had to say and involved them in decisions regarding their care. We observed that staff asked people's permission before providing any care and support for them. Discussions with people and

relatives were discreet and were not conducted in a loud voice in a communal room. People had the choice of leaving their bedroom doors open or closed. People and their relatives were able to discuss any issues that concerned them regarding how care was being provided with staff.

Care plans showed that people and their relatives had been consulted about how they wished to be supported. Relatives had been involved in decisions and received feedback about changes to people's care. Staff knew the people they cared for well and understood their likes, dislikes and the best way to engage with them. Staff understood and respected people's individuality and it was clear when we spoke with them that they knew people well. We saw that people's care plans included clear description of dementia care needs where appropriate and described how to communicate using awareness of their visual signs and knowledge of their preferences and life experiences.

Meetings were held with people at which issues regarding the general running of the service were discussed. Minutes were written in a way that supported people who used the service to understand and participate in decisions. For example, people had made suggested options for the menu.

Is the service responsive?

Our findings

People were not consistently supported to engage in meaningful activities. People and relatives told us that activities were not always available. One relative said, “The staff do what they have to do, but there should be more activities, more stimulation.” Around 14 people were in the main lounge and dining room area in the morning. Though there was a detailed activities schedule, no activities were observed from 11.00 to 13.00 other than reading and most people who used the service did not participate in this. People in this sitting room were unoccupied for the majority of the time. The television was on, but it was not apparent that anyone was watching.

People had little stimulation or conversation even when carers were with them as we did not observe staff interact with them. On the day of our inspection people in the lounge spent the time sitting in one spot (where they also had lunch) with little staff interaction or stimulation. We saw that a member of staff tried to engage people in a game of dominoes, only one person participated in this for a short time before walking off.

The acting manager told us that they would be reviewing the provision of activities as they were planning in the future to increase the number of hours worked each day by the activities organiser (who was not duty on the day of our visit). This was to make more activities available for people who use the service.

People and their relatives had been involved with planning and reviewing their care. Any changes to people’s care was

discussed with them and their relatives where appropriate. Care plans were in place to address people’s identified needs. Care plans had been reviewed monthly or more frequently, for example, when a person’s condition changed, to keep them up to date. Staff explained how they met people’s needs in line with their care plans.

People and their relatives told us that they had regular meetings with staff to discuss their needs so that they could be involved in decisions about how care was delivered. People’s care records showed that they were regularly consulted about their needs and how these were being met. Staff supported people to make decisions about their care through discussions of their needs.

People were confident that if they made a complaint this would be listened to and the provider would take action to make sure that their concerns were addressed. One person said, “I would tell them if I had a complaint.” Copies of the complaints procedure were on display in the service. Staff told us that if anyone wished to make a complaint they would advise them to inform the manager about this, so the situation could be addressed promptly.

People and their relatives were confident they could raise any concerns they might have, however minor, and they would be addressed. The complaint records showed that when issues had been raised these had been investigated and feedback given to the people concerned. Complaints were used as part of ongoing learning by the service and so that improvements could be made to the care and support people received.

Is the service well-led?

Our findings

The provider did not have effective systems to monitor the quality of care and support people received. We asked the acting manager if they carried out any monitoring of medicines, training and care records they were not able to show us and the audits of these areas. While the forms and procedure for these audits were in place they had not been carried out. This meant that issues we had identified during the inspection regarding the administration of medicines and training had been identified by the provider's quality monitoring systems.

An annual questionnaire for people who used the service, their relatives and other stakeholders as well as regular meetings and monthly quality audits. One of the areas identified in this questionnaire was to improve the activities provided for people who used the service. We found that activities still needed to be provided that supported people and met their needs. People may be at risk of receiving unsafe care and support as the provider did not have effective systems to assess, monitor and improve the quality of care they received. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service did not have a registered manager. The acting manager had applied the Care Quality Commission (CQC) to become the registered manager for the service. The application is being processed by CQC. People using the service, their relatives and friends were positive about the acting manager and way the provider ran the service. People and their relatives knew who the acting manager was and said they were approachable and available.

Staff were positive about the management and told us they appreciated the clear guidance and support they received. Staff told us the acting manager was open to any suggestions they made and they had benefited from clearer communication from the acting manager about how they should prioritise their work.

Incident and accident records identified any actions taken and learning for the service. Incidents and accidents had been reviewed by the acting manager and action was taken to make sure that any risks identified were addressed. The provider's procedure was available for staff to refer to when necessary, and records showed this had been followed for all incidents and accidents recorded.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person was not protecting service users against the risks associated with the safe and proper management of medicines. Regulation 12(2)(g).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Service users may be at risk of receiving unsafe care as not all staff had received appropriate training and appraisal to enable them deliver effective care and support. Regulation 18(2)(a).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Service users may be at risk of receiving unsafe care and support as the provider did not have effective systems to assess, monitor and improve the quality of care they received. Regulation 17(2)(a).