The Camden Society

Hotel in the Park

Inspection report

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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

Overall summary

This inspection took place on 23 and 27 November 2014. The first day of the inspection was unannounced and we told the acting project manager we were returning on the second day. At our previous inspection on 19 August 2013 we found the provider was meeting regulations in relation to the outcomes we inspected.

Hotel in the Park is a seven bedded respite care home for adults with a learning disability or autistic spectrum disorder, who ordinarily live with their families. The service is also registered to provide care and support for people with an additional physical disability, sensory impairment or mental health need. Two of the seven bedrooms can be used for double occupancy and the service can accommodate a maximum of two wheelchair users at any time. At the time of this inspection there were 59 people who used the service for stays of up to 21 nights, which could be taken flexibly in accordance with the needs of family carers. There were three people staying at the service on the first day of our inspection and an additional person had arrived for a stay when we returned for the second day.

There was a registered manager in post, who has managed the service for several years. A registered manager is a person who has registered with the Care

Summary of findings

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 daily management of the service is carried out by an acting project manager, who had been working at the service in this role for over 18 months.

We found there were policies and procedures in place to protect people from harm or abuse and staff were able to describe the actions they would take to protect people. Records showed that staff had attended relevant safeguarding training. Risk assessments were present in the four care plans we looked at. The risk assessments covered a range of issues, including guidance about how to support people to maintain their safety when out in the community for activities, and how to support people with behaviour that may challenge the service. We found that there was enough staff available to provide people with one-to-one and two-to-one support as required, and to take people out to places of their choice including pubs, the cinema and parks. Medicines were stored, administered and disposed of appropriately. Staff had relevant training and were able to explain their responsibilities in regard to the safe management of medicines.

People were supported by staff who had regular training and supervision, and an annual appraisal. People were offered choices about their food and drinks and staff were aware of any specific dietary needs. The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and to report on our findings. DoLS are in place to protect people where they do not have capacity to make decisions and where it is regarded as necessary to restrict their freedom in some way, to protect themselves or others. We found that staff had received training and were able to explain why two people using the service had their freedom restricted.

We saw that people had cheerful and relaxed relationships with staff, who showed their understanding and knowledge of people's individual and sometimes complex needs. Staff knew about people's interests, likes and dislikes, as well as their day to day lives at home with their families. People were spoken with and treated by staff in a positive and respectful way, and the importance of their privacy was promoted. For example, people were asked by staff if they were happy for us to observe their activities planning meeting, which took place on the first day of the inspection.

Care plans reflected people's needs and interests and had been developed by consulting with people and their representatives. The service also gathered information from health and social care professionals involved in people's care and support. Staff had guidance about how to support people with known healthcare needs, for example if a person needed to have a prescribed cream applied. There were protocols in place to respond to any medical emergencies or significant changes in a person's well-being.

Relatives of people using the service told us they thought the service was well managed, and we observed the acting project manager interacting well with people who used the service and staff.

There were arrangements in place to continually assess and monitor the quality and effectiveness of the service and use these findings to make ongoing improvements.

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 had received safeguarding training and knew how to identify the signs of abuse, and keep people safe from harm. Risks to people's well-being, safety and health had been assessed and plans put in place to manage these risks. There were sufficient staff and they had been properly recruited to ensure they were safe to work with vulnerable adults. Medicines were properly stored and administered by staff who had received training for this responsibility.

Good

Is the service effective?
The service was effective.

People were supported to enjoy fulfilling activities and develop their independence by staff with appropriate training and skills. People received a balanced diet which took into account their preferences and any special dietary needs. Staff knew how to meet people's personal care, social, behavioural and healthcare needs.

Staff understood the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA), which meant they could take the correct actions to ensure the protection of people's rights.

Good

Is the service caring?
The service was caring.

We saw positive communication between people using the service and the staff. People and their relatives told us how much they enjoyed their respite stays and looked forward to coming back. Staff encouraged people to make choices and pursue meaningful activities that developed their confidence and skills.

People's privacy and dignity were respected.

Good

Is the service responsive?
The service was responsive.

We found that the service assessed people's needs and recorded suitably detailed guidance and information so that staff knew how best to meet these needs. The planning of care and support took into account the wishes of people using the service and their families. People were supported to access a wide range of activities within the home and in the local community.

Some people using the service were able to explain to us how they would make a complaint and people were given information about how to access independent advocacy support if they needed or wanted assistance to complain.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

People and their families were asked for their views about the quality of the service through questionnaires. The provider had held group meetings for families to find out what they needed from the service.

Staff told us they felt the management culture was open and supportive. There were arrangements in place for monitoring and improving the quality of the service.

Hotel in the Park

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 checked 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 24 and 27 November 2014. The first day of the inspection was unannounced and we told the acting project manager we would be returning for a second day.

The inspection was carried out by one inspector. Before the inspection we looked at the information we held about the service. This included notifications of significant incidents reported to us and the last inspection report of 19 August 2013, which showed the service was meeting all the regulations checked during the inspection. We also looked at a Provider Information Return (PIR) we asked the provider to send us before the inspection. 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.

During the inspection we spoke with three of the four people staying at the service. We also spoke with three relatives after the inspection. We spoke with two members of care staff, the cook, the deputy project manager, the acting project manager, the registered manager and the area manager. We observed support and care delivered to people in communal areas and reviewed records. The records we looked at included five people's care plans, medicines records, staff records and records relating to the management of the service. We contacted health and social care professionals with knowledge about the service and received responses from a local authority contracts monitoring officer who carries out visits to the service, and an independent advocate who supports people with a learning disability.

Good

Is the service safe?

Our findings

People told us they felt safe and this was also the view of the three relatives we spoke with. One relative told us, "Although [family member] can't tell me they like staying at Hotel in the Park, I can see how happy they are to go there and they come home smiling and relaxed." Another relative told us they felt their family member was in a safe place as they looked forward to going for respite care and would be able to say if they didn't feel safe.

There were effective systems in place to make sure people were protected from the risk of abuse and harm. Staff were able to explain how they would identify and report abuse and the training records showed they had attended safeguarding training. This training was provided for new staff and existing staff updated their safeguarding knowledge every three years. The staff were aware of the provider's whistle blowing policy and could explain how they would raise any concerns about the service to the management team and to external authorities, if necessary. The service had reported three safeguarding concerns within a timely manner to CQC in the past 12 months and provided clear information about the actions they took to protect people.

Care plans which showed that individualised risk assessments were carried out, which included guidance about a range of risks such as how to manage behaviour that challenged the service, support people at risk of absconding from the service and manage a person's epilepsy. There were also risk assessments to support people to safely access the community. We spoke with the acting project manager and staff about a potential risk we observed in regard to one person's preferences and found that there was a balanced risk assessment in place, which recognised people's rights to make choices whilst also recognising the need to keep people safe. Staff had received training about how to support positive behaviours and how to physically intervene if a person was at risk of hurting themselves or another person. Staff told us they had never had to put the intervention training into practice as they used their communication skills to calm people if they became unsettled.

We looked at some of the maintenance and servicing records for the service. They demonstrated that equipment including fire safety equipment, first aid items, gas and electrical appliances and hoists had been regularly checked to make sure they were safe.

On the first day of our inspection three people arrived in the late afternoon for the first night of their respite stay. They were regular guests and knew each other from this service and other services within Tower Hamlets. We looked at the support plans for each person, which explained their dependency level. We saw there was sufficient staff on duty to meet their identified needs, which was also the case when we returned later in the week for the second day of the inspection. The service employed a cook to prepare and serve the evening meal, which meant that care staff could focus upon supporting people. We saw that staff had sufficient time to welcome people, offer refreshments and help them to settle into their rooms. The acting project manager told us there were vacancies and the provider was recruiting new staff. The service used regular bank staff when necessary. A member of staff told us, "We tend to pair up with bank staff for supporting people who need more intensive support or when we go out places, so the bank staff always work with experienced, permanent staff."

We looked at four staff files which all contained satisfactory information to demonstrate that staff had been recruited safely including criminal record checks. However, one employee had only one reference in their file. The acting project manager told us that the second reference was at the provider's head office and it was made available on the second day of the inspection.

We looked at the provider's medicines policy and staff training records for administering medicines. A member of the care staff told us how they checked in any medicines that people brought with them and these medicines were counted at every staff handover. At the time of this inspection the people staying at the service were not prescribed any medicines, so we were not able to check storage and recording. However, we were shown where medicines were stored and medicine administration records for people who had used the service recently. The acting project manager informed us that six medicines errors had occurred since the previous inspection. These errors had been investigated and action plans put in place

Good

Is the service safe?

to minimise the risk of reoccurrence, which included additional training for staff involved in medicines errors. All medicines were checked and administered by two members of staff.

Good

Is the service effective?

Our findings

People using the service told us they liked coming for respite and enjoyed their stays. One person told us, "What's good here, we go to the Bubble Club and we make cards." Another person said, "I told [my relative] that this service is so good and now she keeps telling me that she will pack a suitcase and come along too for a rest." We looked at some remarks from people who used the service, which they had written in their questionnaires. Comments included, "I feel fabulous, I feel relaxed and free" and "I would move in here permanently if I could, I love it and the activities we do." The relatives we spoke with all gave positive opinions about the service. One relative said, "They give very good care."

We spoke with staff about their training. One staff member told us, "I feel privileged to do so much training. We get sent a brochure and can ask for training other than the mandatory training. I've done training about epilepsy." We looked at the staff training records for four staff of varying grades and found that they had attended induction training, mandatory training and also training specific to the needs of people using the service, such as how to support people with autism and understanding sexuality for people with learning disabilities. The acting project manager told us that staff could apply to the provider for funding to do additional training and we saw that one employee had completed a course that was not mandatory for their role but was useful for their professional and personal development.

Staff told us they usually had one-to-one supervision every month and an annual appraisal, which was confirmed when we looked at staff records. Staff told us they felt supported by the acting project manager and the registered manager. One staff member said, "We are given the right level of training and I feel supported. Everyone is able to discuss things in their one-to-one meeting and the team meeting, I don't feel afraid to speak up."

We saw that people were asked for their consent. For example, staff compiled an inventory of the clothes and other items that people brought in, so that there were proper records in case people's property went missing. We saw that staff asked people for their consent to open up their suitcases and carry out the inventories. Staff told us they always checked that people consented to being supported with their personal care and information was recorded as to whether people consented to receive personal care from a care worker of a different gender.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The acting project manager told us that she spoke with staff about MCA and DoLS in order to support their understanding and knowledge. This meant that staff understood how to protect people's rights. Two people were subject to DoLS authorisations at the time of our inspection and both the acting project manager and the registered manager were aware of the need to inform CQC.

People said that the food was nice. One person told us, "I like the hot and spicy food here as it's what mum cooks too, but it's nice to have other things too for a change." We joined people in the dining room when they had an evening meal on the first day of our inspection. The mealtime was relaxed and people chatted with staff, who could also sit with people and have a meal at the same time. We saw that people could choose their beverages and have second helpings if they wanted to. People's support plans showed that their nutritional needs and preferences were known and understood. Staff told us it was important to help people to feel settled and happy by ensuring they were offered food they liked. One staff member told us that they ordered a meal for people for dinner on the first evening of their stay and then people took part in the menu planning for the rest of their stay. The staff member said, "I know what people like, so I am ordering a mix of Caribbean and Asian food as the people coming later today have given us their feedback about preferred foods." After each respite stay the service sent a short report to people's families which provided information about their stay, including how their nutritional needs were met. This meant that families could contact the service if they felt the service needed to provide different meals, snacks and/or beverages to meet any new needs or preferences.

The care plans we looked at contained information about people's healthcare needs and how to meet these. People's needs were originally assessed by a local authority social worker and the service carried out its own further

Good

Is the service effective?

assessments. Where applicable, the service had asked families to provide copies of letters or instructions from people's medical and healthcare professionals. Some people who used the service had previously used a local respite service for children and younger people, which is managed by a different provider. We saw that staff had obtained information from the other respite scheme, which meant people were supported with their transition to an adult social care service.

Some people had hospital passports and the service was developing these documents for all of their guests. Hospital passports are brief guides that people with a learning disability can take into hospital with them, as it provides important information about their needs to enable hospital staff to provide a more personalised approach. People's files contained contact telephone numbers for people's relatives and additional family contact numbers if the relative(s) they lived with was on holiday. There were also contact numbers for GPs and social services staff.

Good

Is the service caring?

Our findings

One person using the service told us, “It’s fun here, [staff member] is very funny.” We read some questionnaires filled in by people who use the service. Comments included, “Staff listen to me all the time, I am happy with everybody” and “Staff are amazing and lovely”. Relatives told us they either heard or observed from their family member that they felt happy and welcomed at the service. A social care professional told us they knew many people who used the service and said staff presented as being caring and professional.

We observed people taking part in a musical session with staff, playing instruments such as drums and tambourines. People enjoyed the sessions and there was pleasant banter and laughter. Staff encouraged people to enjoy themselves but also to achieve a sense of accomplishment by creating music. We saw positive interactions between people and staff on both days of the inspection, with people approaching staff when they needed assistance or wanted company.

People were supported to be as independent as they could be. We saw that one person cleared up the tables after the evening meal and told us they liked to do the washing up. One of the care plans we read identified that a person particularly liked to get involved in gardening projects and did some gardening at the service. People’s diverse needs were understood and supported. We saw examples or read in care plans that people were provided with diets that met their cultural needs and one person was supported to sing a traditional Bengali romantic song which they particularly liked. One member of staff joined in with the singing and explained about the song to people not familiar with it.

We saw that staff ensured people were given their privacy and treated with dignity. People were supported with their personal care away from the communal areas, in either their bedroom or a bathroom. We observed that staff spoke discretely to a person who needed to leave a communal area to receive personal care support.

During this inspection all of the people we met were able to communicate verbally and make their needs known to staff. We observed an activities planning meeting, which was an opportunity for people to choose activities for the remainder of their stay. We saw how each person was encouraged to offer ideas and staff listened to them. The activities programme reflected what people said they wanted and staff made sure that people were happy with the schedule drawn up. Some of the activities were joint activities but there were also individual ones, so that each person’s interests were met. Activities included visits to the pub, a cinema trip, manicures and time spent at a park. Staff told us that they used other methods of communicating with people where necessary, such as signing and using pictures.

People were able to access independent advocacy, which was confirmed to us by an advocacy service. This meant that people could get independent support if they did not have the capacity to make their choices known.

Good

Is the service responsive?

Our findings

People told us they liked how the service met their needs. One person told us about the skills they had learnt at home, which included making drinks and snacks, cooking breakfast and ironing clothes. Staff told us that it was important for the person to put this learning into practice when they came for respite stays, and staff responded to this need. Another person liked to dress with specific accessories and staff ensured that their wishes were acknowledged and properly supported.

Through observing people, speaking with staff and reading care plans, we found that staff supported people with behaviours that challenge the service. We saw that the acting project manager and the staff closely observed for any changes in people's behaviour so that they could be offered calming activities and reassurance to minimise any episodes of agitation or distress.

Care plans at explained about people's needs and how their needs should be met. Staff told us they checked care plans regularly as families sent in new information and people had reviews with their social worker, which meant there could be changes in regard to people's needs.

There was a pictorial complaints guide for people and a written guide for families. People told us they would tell their families if they were worried about anything. The relatives we spoke with told us they knew how to make a complaint and thought that any complaint would be taken seriously by the acting project manager and the registered manager. One relative told us they had complained about some items of clothing not being sent back with their family member and thought the service had now improved how it managed people's clothing. We looked at the complaints log, which showed that the service had received three complaints within the past 12 months. All of these complaints had been investigated and concluded. We spoke with the acting project manager about the background of these complaints and saw that the service had taken actions to take to make sure these issues did not arise again.

Good

Is the service well-led?

Our findings

We saw that people frequently approached the acting project manager and talked with her in a relaxed and friendly manner. One person who used the service but was not booked in for a stay called in to collect an item they had left behind during a previous stay. We observed that they felt comfortable coming into the acting project manager's office and stopping for a while for a sociable chat. Relatives told us they were happy with how the service was managed and found the manager and staff helpful and polite.

The acting project manager told us she felt well supported by her line manager, who is the registered manager. She told us that as well as receiving monthly formal one-to-one supervision, the registered manager came to the service once or twice a week and could otherwise be easily contacted for any advice and support. The acting project manager showed us her training and development plan, which included training courses about managing teams and working effectively with CQC. The registered manager told us that the provider was considering changing its management structure so that the acting project manager would also apply for CQC registration as a manager.

We looked at the complaints log, which showed that the service had received three complaints within the past 12 months. All of these complaints had been investigated and concluded. We spoke with the acting project manager about the background of these complaints and saw that the service had taken actions to take to make sure these issues did not arise again. The service had received 17 complimentary messages. We looked at the feedback from surveys completed by people who use the service and relatives, which was predominantly positive. The acting project manager said she had regular opportunities to find out what families thought of the service because family members telephoned her to book or rearrange people's next respite stay.

The service had received a monitoring visit by the local authority contracts monitoring team in March 2014. We discussed the outcomes from this monitoring visit with the acting project manager during the inspection and also received comments from the contacts monitoring officer, who confirmed that there were no current concerns. We saw that the service had an action plan in place to address the shortfalls identified by the contracts monitoring team. The acting project manager carried out audits to check different practices within the service, for example there were medicines audits, record keeping audits, and health and safety checks. The provider carried out monitoring visits and we saw that the acting project manager responded to any recommendations.