

Care Worldwide (London) Limited

Colin Garden Lodge

Inspection report

67 Colin Gardens
London
NW9 6EP

Date of inspection visit:
24 June 2021

Date of publication:
04 August 2021

Ratings

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

Summary of findings

Overall summary

About the service

Colin Garden Lodge is a residential care home registered to provide accommodation and personal care for up to three people in one adapted building. There were two people using the service at the time of this inspection. The service specialises in the care and support of people with learning disabilities.

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

We received positive feedback from people and their relatives. Relatives had no concerns around the safety of their loved ones living at the home. There was a suitable and consistent team of staff who maintained good relationships with people. The home had systems in place to manage people's risks and to ensure they receive their medicines as they should. Staff were well aware of the risks related to COVID-19 and had measures in place to prevent the spread of infection.

The service had effective training systems in place to ensure staff were competent and skilled to provide care centred on people's assessed needs and preferences. The home was well decorated and people were supported by staff to express their preferences. People were also able to choose what they would like to eat and drink. Staff supported people to maintain healthy lifestyles and have regular access to appropriate healthcare.

There was a pleasant atmosphere in the home where people and staff felt included and valued. Relatives felt the home was well managed and staff told us they received all the support they required to do their work. The manager and staff were clear about their roles and responsibilities.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of safe, effective and well-led, the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

People were comfortable to express their views and make choices in their day to day lives. They were involved in making decisions about their care and staff supported them to be as independent as they could. Staff built positive relationships with people and provided them with individualised care while respecting their dignity, privacy and human rights. Management ensured staff were given the right support to promote

a culture where people felt safe and able to live meaningful lives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 5 November 2018).

Why we inspected

This was a planned inspection based on the previous rating where we focused on the key questions Safe, Effective and Well-led. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained the same. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Colin Garden Lodge

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 was carried out by two inspectors.

Service and service type

Colin Garden Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection the service had a manager who was in the process of being registered with the Care Quality Commission. This means that, once registered, they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of publication of this report, the manager had successfully completed their registration.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 the two people who used the service and observed their interactions with staff. We spoke with four members of staff including the regional manager, manager and care workers.

We reviewed a range of records. This included two people's care records, medication records and management related records including policies and procedures. We also looked at three staff recruitment files.

After the inspection

We spoke with two relatives by telephone about their experience of the service and another care worker. We continued to seek clarification from the provider to validate evidence found. We requested for further information to be sent for review including training data, quality assurance records, risk assessments, policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had systems and processes in place to safeguard people from abuse. One person said, "I feel nice and safe in this house." Relatives had no concerns about the safety of their loved ones.
- Staff demonstrated good knowledge of how to recognise, respond to and report incidents of abuse.
- The manager said there had been no recent safeguarding cases but understood their responsibility to promote a safe environment and report concerns to relevant authorities.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The service identified and managed risks associated with people's care, behaviour and environment to keep them safe.
- The manager produced and updated personalised risk assessments as part of people's care plans to ensure staff had the right guidance to support those individuals safely. This included risks associated with challenging behaviour, accessing the community, personal hygiene and COVID-19.
- The home carried out safety checks on the environment. These included checks on electric, gas, water and fire safety and equipment within the home. People had individual evacuation plans in place highlighting the level of support needed for each person in the event of an emergency.
- Staff had a clear understanding of how to report accidents and incidents. The manager ensured outcomes of accidents and incidents were reported to relevant agencies and shared with the whole staff team.
- Staff felt able to report concerns to the manager and were confident they would be acted on.

Staffing and recruitment

- There were enough staff to keep people safe and meet their needs. We observed staff spending time with people without feeling rushed or under pressure. The manager explained they had staffing arrangements in place for cover in case of emergencies.
- The home had robust recruitment systems in place to ensure only those staff who had been assessed as safe to work with vulnerable adults were recruited. Checks included inviting staff for interviews, confirmation of identity, conduct in previous employment and criminal records.
- The service had a consistent staff team who knew people well and understood how best to support them. One relative said, "The staff are loving and caring. They have so much patience and are wonderful people."

Using medicines safely

- People received their medicines safely and as prescribed. Policies were in place and guidance provided personalised information on people's medication needs such as reasons for the prescription of medicines, doses and any possible side effects.

- The home stored medicines securely. Medicines administration records were clear and had no gaps. Where people received medicines as and when required, protocols were in place to guide staff on how and when to administer these medicines.
- Staff who administer medicines had been trained and had their competency assessed by the manager. They also carried out daily counts to ensure medicines stocks corresponded with administration records.

Preventing and controlling infection

- The provider had policies and procedures in place to prevent and control infection. The premises looked clean as staff adhered to a daily cleaning rota. Staff said they had constant access to Personal Protective Equipment (PPE) such as face masks, gloves and aprons.
- The home performed COVID-19 tests on staff regularly as per government guidance. Because people found the COVID-19 testing procedure difficult, staff assisted them with extra daily tests such as temperature, blood pressure and oxygen saturation checks to monitor their health. The manager also carried out individual COVID-19 risk assessments for people to ensure they receive safe care while staff encouraged them to use hand sanitiser and wear face masks when going out in the community.
- The home had effective procedures in place to enable safe visits in line with government guidance which included rapid testing, temperature checks and use of PPE.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The service completed an initial assessment of people's needs before they moved into the home. This included working with families and local authorities, as well as arranging transition visits prior to the move to reduce people's anxiety around the changes taking place.
- The manager, with support from staff and families, created a personalised care plan covering all the needs of the person including health, activities, communication, community support and behaviour. The manager reviewed care plans every six months or whenever there were changes to people's circumstances.
- We saw evidence of regular reviews of people's needs which were clearly documented in their care plans.

Staff support: induction, training, skills and experience

- The service had systems in place to ensure staff were competent, knowledgeable and carried out their roles effectively. Staff received regular training courses specific to the needs of the people they support.
- New staff went through an induction programme covering matters such as communication, COVID-19, interaction with people and food preparation, led by the manager. They also worked under the supervision of experienced staff before they were able to work unsupervised.
- Although we did not see records of regular supervisions, staff told us they felt fully supported by the manager. One staff said, "The manager is available day and night if anything happens, always listens to staff." We discussed this with the manager who showed us a plan of how they intended to carry out regular supervisions.

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

- The home supported people to maintain a healthy lifestyle by providing a variety of food choices including fresh fruits and vegetables.
- Staff always asked people what they liked when placing their shopping orders. We saw large colourful pictures of meals which promoted choice. One person came into the kitchen for breakfast and asked for one slice of bread with peanut butter and coffee with sweetener. Records showed people did not always eat the same meals.
- People's care plans contained detailed information around nutrition and preferences, including assessments of risks associated with eating and drinking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access a range of healthcare services. Records showed appointments with the GP, optician, dentist, podiatrist and psychiatrist.

- People's care plans included specific guidance around foot care, eye care and oral health. Healthcare outcomes together with any changes in people's care were also clearly documented.
- The manager ensured staff received relevant training in areas such as diabetes and epilepsy to support people's health needs efficiently. One relative told us the service usually informs them whenever their loved one has to attend any appointments.

Adapting service, design, decoration to meet people's needs

- The home was bright, well ventilated and had a homely feel. We saw people were comfortable to move freely from their rooms to the kitchen and other communal areas.
- We observed people's rooms were personalised with photos and decorative objects. People had access to a spacious garden.

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The service was compliant with the MCA. The manager carried out mental capacity assessments for people where capacity was lacking which were reviewed regularly and documented in care plans.
- Where people were being deprived of their liberty, referrals had been made to the local authority to ensure this was done lawfully and in the least restrictive way.
- Care staff received regular training in MCA and DoLS, and demonstrated knowledge around people's mental capacity and how to support them to make decisions about their care.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture within the service, which empowered people and staff. People received care from a stable and consistent team of staff who were supported to provide person centred care, achieving positive outcomes for people
- People were comfortable to initiate conversations and express their feelings. We saw one person being supported by staff to get ready to visit their family. They were looking forward to the visit and were eagerly asking staff to prepare their things.
- Staff told us they were comfortable to speak up and felt listened to by the manager. One relative said, "[Person] is really happy there, their eating habits and the way they speak have improved so much."

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; Working in partnership with others

- The manager was aware of their responsibilities in relation to the duty of candour. They were also clear of the requirement to notify CQC of all significant incidents and concerns.
- The service worked in partnership with a variety of health and social care professionals from different agencies. We saw evidence of this in people's records.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The manager and staff were clear on their roles and responsibilities and were passionate about providing the best care and support to people. Staff felt confident to carry out their role effectively, knowing they had the support of the manager.
- The manager understood their responsibilities and identified areas needing improvement. As well as having already implemented changes to improve the service, they submitted an action plan detailing the additional work they intended to do in the coming months.
- The provider carried out internal audits to ensure the service was meeting quality standards which covered areas such as people's safety, adherence to regulations and governance. Senior staff, with the oversight of the manager, carried out regular checks such as medicines and petty cash audits. Outcomes and learning from audits were shared with the rest of the team in the form of electronic communication and face to face meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- There was a pleasant atmosphere in the home where we saw positive interactions between people and staff. People were moving freely in the home and having friendly conversations with staff.
- The home conducted regular residents' meetings to gather their views and what is important for them. The team respected how people wanted to describe themselves and one person described their religion in a very specific way, which was clearly mentioned in their care plan.
- The home carried out satisfaction surveys to get the views of relatives and professionals. Feedback was analysed by the team and actions followed up by the manager. Staff felt included and one member said, "I feel happy, it's a nice place to work, I enjoy the company of the residents and vice versa."