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 19 October 2015 and was unannounced. The last inspection of this service took place on 24 November 2014. At our last inspection we found that the provider was meeting all of the regulations we checked.

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. People were able to have stays, which could be taken flexibly throughout the year in accordance with the needs of family carers.

There were six people staying at the service on the first day of our inspection, four of whom were out when we visited.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People who used the service told us they felt safe. Their relatives made similar comments. Staff were trained in safeguarding procedures and knew how to protect people from harm. Risks to individuals were assessed and safely managed. People received their medicines safely as and when they needed them. They were cared for by a good skill mix of staff who were sufficient in numbers to meet their needs.

Many people who used the service used the respite service regularly and staff knew and understood their individual needs and preferences well. People were encouraged and supported to maintain good health and nutrition. Staff worked well with other health and social care professionals to support people in maintaining their health needs and people had access to healthcare services when they needed.

People who used the service and their relatives said staff were friendly, kind and caring. People's views, preferences and diverse needs were taken into account when planning and delivering their care. People told us they were happy with their activities and that they engaged in leisure, social and educational activities of their choice.

People who used the service and their relatives said they received a service that met their needs. People were supported to be independent and received appropriate support where needed.

Staff knew how best to respond to behaviours that challenged the service. Staff reviewed and monitored changes in people's needs and adapted the service to ensure the service continued to meet their ongoing needs. A complaints procedure was in place and there were no ongoing complaints. The provider responded promptly to address any issues raised.

People who used the service, their relatives and staff said the service was very well managed. Staff said they were well supported and that the management team was always available and listened to their views.

There were systems in place to monitor the quality of the service and how it was delivered. Shortfalls and areas for improvement were identified and addressed.

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?

Good

The service was safe. People who used the service told us they felt safe and knew what to do if they did not feel safe. Staff were trained and knew how to protect people from harm.

Risks to individuals were assessed and safely managed. People received the medicines they needed when they needed them.

Staff were appropriately vetted and recruited and were sufficient in numbers to meet people's needs.

Is the service effective?

Good

The service was effective. People and their relatives had positive experiences of using the service. Staff knew and understood their individual preferences, care and support needs.

Staff were trained and well supported to carry out their duties and responsibilities effectively.

People were encouraged and supported to maintain good nutrition. Staff worked well with other professionals to ensure people maintained good health and had access to healthcare services when they needed.

Is the service caring?

Good

The service was caring. People who used the service and their relatives said staff were friendly, kind and caring.

The views and preferences of people who used the service were taken into account when planning and delivering their care. People engaged in leisure, social and educational activities of their choice.

Is the service responsive?

Good

The service was responsive. People who used the service and their relatives said they received a service that met their needs.

People were supported to be independent and received appropriate support where needed.

Staff responded well to people's changing needs and behaviours that challenged the service.

A complaints procedure was in place and there were no ongoing complaints. The service responded promptly to address any issues raised.

Is the service well-led?

Good

The service was well-led. People and relatives who used the service and staff said the service was managed well.

Staff said they were well supported and that management was always available and listened to their views.

There were systems in place to monitor the quality of the service and how it was delivered. Shortfalls and areas for improvement were identified and addressed.

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 was? 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 30 September 2015 and was unannounced. It was carried out by one inspector. Before the inspection took place, we looked at the information the Care Quality Commission (CQC) held about the service. This included notifications of significant incidents reported to CQC within the past 12 months.

To carry out this inspection we spoke with three people who used the service, four staff including the project manager, deputy manager and two support workers. We also spoke with three people's relatives after the inspection visit. We looked at three files of people who used the service, three staff files, and other records and documents relating to the management of the service. We attended a staff handover meeting and also observed the interaction between staff and people who used the service.

Good

Is the service safe?

Our findings

People told us they felt safe and this was also the view of the relatives we spoke with. Relatives told us they knew their family members were in safe hands and would have a good stay. One relative said, "I have never had any doubt in my mind that [my family member] is safe." Another told us, "My daughter is very safe and happy so that means I am happy."

There had been one police incident reported to CQC. Whilst this incident did not take place at the service, we could see that staff from Hotel In The Park took appropriate action to ensure the person was safe and reassured.

There had been no safeguarding concerns at the service, however social care professionals had raised four safeguarding alerts in connection with people's treatment by staff in other services they had used. As the people were known to or were staying at Hotel In The Park, staff worked well with the safeguarding authorities, keeping good records of contact with them to keep people safe.

We found that there were balanced risk assessments in place, which recognised people's rights to make choices whilst also recognising the need to keep people safe. Care plans included guidance about a range of risks to individuals, such as how to manage behaviour that challenged the service, how to support people at risk of absconding and people who had particular health conditions. There were also risk assessments to support people to safely access the community.

During our inspection one person arrived for the first night of their respite stay. Like most other people who used the service they were a regular guest and staff knew them well. We looked at their support plan, which explained their dependency level, as did the plans of the other people who used the service. This meant that staff were aware of the extent to which people needed support to keep them safe.

There were enough staff to meet people's identified needs. The deputy manager explained how staff numbers were planned according to who was coming into the service. As stays were booked weeks or months in advance, staffing was also organised in advance in a way to ensure people's needs were met. The provider employed a cook to prepare and serve the evening meal, which meant that care staff could focus on supporting people. The provider used regular bank staff when necessary. Staff said that bank staff always worked with experienced, permanent staff. They paired up with bank staff for supporting people who needed more intensive support or to accompany people when they went out.

We looked at recruitment records in staff files. We were satisfied that all staff went through a robust recruitment process so that only suitable staff were employed to work with people who used the service. Each of the files contained documents to verify the identity of staff and essential information, including criminal record checks, full employment history, proof of identification and two references.

We looked at the provider's handling of 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. Handover records we saw confirmed this. Medicine administration records were accurately recorded. One person who used the service was assessed as being able to take their own medicines. The medicines were kept safely locked in the office. Staff observed and signed the record sheets when the person took their medicines. Following a medicine administration error, the recording procedures had changed and improved to prevent this type of incident from reoccurring. Wherever possible two staff were required to sign medicines administration records and we saw two signature entries recorded in the administration logs.

The provider maintained health and safety procedures in relation to safety of equipment and of the premises. We looked at maintenance and servicing records for the service. Fire equipment, first aid items, gas and electrical appliances and hoists had been regularly checked to make sure they were safe. The health and safety record folder showed that weekly water temperatures were taken in each room. Where temperatures exceeded recommended safety limits, they were reported to the repair team. Equipment checks were completed and signs of damage or wear and tear recorded. A range of certificates were available, for example, for water, gas and electrical equipment, showing that their safety tests were current.

Good

Is the service effective?

Our findings

People using the service enjoyed their stays and had their needs met by staff who were familiar with them. One person told us, "I like the staff." The relatives we spoke with gave positive feedback about the service. One relative whose family member had been using the service for many years told us, "They all [staff] seem to be well trained. They know how to look after people and we've never had any problems." Another relative told us, "[My family member] is happy and I'm happy if they are happy. They talk to me about [my family member] and how to look after him/her. Staff give me good ideas about what I can do with him/her." We looked at the views of people who used the service, expressed in pictorial form in their questionnaires. These were all positive about the service and about the staff who supported them.

Staff told us they usually had one-to-one supervision every month and an annual appraisal, which we saw confirmed in staff records. Staff told us they felt supported by the project manager and the registered manager. One staff member said, "I feel very well supported. If you have any ideas you will be listened to and not ignored."

We spoke with staff about their training and support, who told us that they had received relevant training. We saw evidence of mandatory training and could see that refresher courses were due for some of these training courses. The project manager told us that the provider's human resources team were responsible for planning and arranging staff training. Staff confirmed they had attended induction training, and also training specifically linked to the needs of people using the service. For example, the deputy manager told us that staff felt they needed more knowledge and skills in how to support someone who needed percutaneous endoscopic gastrostomy (PEG) feeds. This is a medical procedure in which a PEG tube has been passed into a person's stomach through the abdominal wall, to provide a means of feeding when oral intake is not adequate. Management listened to staff and arranged for them to have this training, which was delivered by two nurses. Staff said training was available when they needed it.

We attended a staff handover meeting where outgoing staff discussed the day's events and people's needs with incoming staff. Staff discussed the needs of one person who was displaying certain behaviours and potential reasons for this. They said they would communicate their needs with the family. Both sets of staff knew the needs of people well and how best to support them. They knew what activities people were doing and other people they would be coming into contact with. Staff completed and signed daily handover sheets as part of the handover process, so that incoming staff were updated and aware of, for example, the whereabouts of individuals using the service, planned activities or appointments; support needs and any changes or incidents. The shift leader decided which staff member was responsible for actions to be completed at that shift.

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 DoLS. We saw that staff had discussed mental capacity issues in a team meeting earlier in the year. The project manager told us that she also spoke with staff about MCA and DoLS in order to support their understanding and knowledge. Staff understood about capacity issues and how to protect people's rights. No one was subject to a DoLS at the time of inspection, however the project manager advised about people who had been subject to DoLS previously, describing the responsibilities they had in relation to their care. Staff discussed examples in their daily practice , such as the different ways that people expressed their choices and how staff supported them to do this.

People said that the food was nice. Support plans showed that peoples' nutritional needs and preferences were known and understood. During the inspection one staff member took a person out to a shop which stocked their preferred ethnic foods so they could purchase the food they wanted to have that day. Staff members knew and recorded what food people liked through their feedback. This was given by people throughout their stay and in a short questionnaire sent to them and their families after each respite stay. This meant that relatives could contact the service in advance if they felt their family members needed to be provided with different meals, snacks and/or beverages to meet any new needs or preferences.

The provider worked jointly with other health and social care professionals to meet people's needs. The care plans, including health action plans, contained information about people's healthcare needs and how to support them. There were copies of assessment reports, professional guidance

Good

Is the service effective?

to staff and correspondence from medical and healthcare professionals in case files. All the files we looked at had essential contact details of relatives and professionals involved in the care of people using the service. Some people had hospital passports and the service was developing these documents for all of the people who used the service. 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.

Good

Is the service caring?

Our findings

People using the service and their relatives told us that staff were kind and caring. One person who used the service told us, “Staff are amazing. I give them ten out of ten.” Another said, “Staff are nice. Staff are kind.” A relative told us, “It’s a very friendly environment.” We read some questionnaires completed by people who used the service and their relatives, who had similar views. The questionnaire for people using the service was in a picture format to make it more accessible to them. One relative had thanked staff for doing, ‘Such a good job caring for [him/her].’ They described how much they valued the service. Another relative thanked staff, ‘for taking care of [their family member] and for keeping in consistent communication with us throughout [his/her] stay’.

We saw positive interactions between people and staff. Staff engaged respectfully with people who approached them when they needed assistance or company. Staff were patient and gave sufficient time and opportunity for people to communicate their needs and wishes and responded to each in a way that best suited the individual’s needs.

The views and preferences of people who used the service were taken into account when planning and delivering their care. People pursued their preferred leisure interests, such as going out for walks or to the cinema, watching DVDs, bowling, taking part in community groups and educational activities. A relative told us that staff were good at doing activities that their family member liked doing. Another said their family member was looking forward to visiting again to take part in the activities.

People’s diverse needs were understood, recorded in their care plans and supported. One person we spoke with said they would like to talk with staff who spoke their first language. The deputy manager told us that the management team had recently discussed the possibility of employing staff from the person’s ethnic background to meet this request. We read examples in care plans of people’s diverse needs being met, for example, being provided with diets that met their cultural needs.

We saw that staff ensured people were given their privacy and treated with respect. People were supported with their personal care in the privacy of their rooms away from communal areas. During the inspection one of the two people who were available during the day was able to communicate with us verbally. We saw how staff listened carefully to them and interpreted what they were saying to help facilitate further communication with us. Staff were able to use a number of methods of communicating with people where necessary, such as signing and using pictures. They also used an independent advocacy agency for people to get independent support if they did not have the capacity to make their choices known.

Good

Is the service responsive?

Our findings

People who used the service made it clear in surveys and meetings that the service met their needs. One person we spoke with said staff would help them if they needed anything. They said, "I have no complaints. They do what I want." Another said, "It's nice. I like it and get to have a rest." Relatives made similar comments, for example, one saying their family member really enjoyed their stay and another said their family member wanted to go back again soon as they liked the company of staff.

People's needs were originally assessed by a local authority social worker and the service followed this up by conducting further assessments. Care plans were person-centred and detailed about people's needs and how these should be met. Staff regularly reviewed care plans and checked with family members to see if people's needs had changed. Care plans and file records were updated when changes were notified following feedback from relatives and reviews with social workers. Guidance from healthcare professionals provided further information about how to meet people's needs. Staff knew about and followed professional advice in people's files.

The provider helped to empower people to develop their independent living skills. Staff encouraged people to maintain and develop their skills and provided support where this was needed.[EP1]

Through speaking with staff and reading care plans, we found that staff supported people with behaviours that challenged the service. Staff were aware of these behaviours and worked with relatives and care professionals to identify potential triggers. One relative told us that they knew how much their family member challenged the service at times and said that they were relieved that staff were good at managing this.

Staff were experienced at observing any changes in people's behaviour and offered activities and reassurance to minimise any episodes of agitation or distress. We saw how staff discussed the changes in one person's behaviour on that day, the possible reasons why and ways to help settle the person. Staff were able to adapt the way they supported people, for example, leaving people to have time to themselves when needed, or the opposite, engaging them in conversations if they had a need to talk.

Care plans and other key documents such as the complaints guide were pictorial for people who used the service. Records showed that people were happy and did not have any complaints. The person we spoke with told us they had experienced a difficulty with one other person who used the service. They said they told a member of staff who acted to address their concerns. The person affected told us they were much happier since then and there were no further problems.

We looked at the complaints and compliments folder. There were no complaints made in the past 12 months. However, we saw that a relative had expressed concern about the personal appearance of one person who used the service. The registered manager spoke with staff about this and took action to ensure the issue was addressed. One relative told us, "They have improved the service in lots of ways for [the person]. He/she responds much better to them now. If there is a problem, they do respond straight away. I called them once [about an issue] and they had a word with the staff responsible and it was fine after that."

There were five compliments recorded. Feedback from people we spoke with indicated that there were more compliments given than had been recorded. We pointed this out to the project manager so that other compliments could also be captured and better reflected to staff and stakeholders by the provider.

Good

Is the service well-led?

Our findings

We saw that people were comfortable in approaching the project manager, who engaged and talked with people in a friendly and relaxed manner. A relative told us, "It is a very, very good service that we have been using for years. The way it is structured is very good. It is well managed." Relatives told us they were happy with how the service was being managed and that they found the project manager always listened and was polite and helpful to them.

The registered manager delegated responsibilities to the project manager and did not directly manage the service. The project and deputy managers told us they felt well supported by the registered manager. The deputy manager said, "[The registered manager] is very available. You can email and phone her anytime. She is a really good service manager. She listens to what you say and would look into any ideas you have. She knows the people who work here very well as she used to be based here." The registered manager visited the service on a regular basis and could be contacted any time for advice and support.

Support staff also told us they thought the service was well managed and the managers were always available when they needed. They said they would listen to their views and address any issues they raised.

We looked at the comments from surveys completed by people who used the service and their relatives. These were all positive. The project manager had regular opportunities to find out what families thought about the service because they telephoned her to book or rearrange people's next respite stay.

The service received visits from a local authority contract monitoring team. We looked at the latest report which confirmed there were no concerns or shortfalls. A Health and Safety audit inspection was carried out by the provider in June 2015. This showed when test records were completed and when they were due, for example, testing of the fire alarm and equipment, gas safety test and portable appliance test and when actions were completed. This meant there were good systems in place to manage this aspect of the service.

There were daily quality audits checks, looking at for example, health and safety matters, how people's medicines, finances and their petty cash was managed. The project manager was involved in these and other quality checks. We saw that they had checked individual files and identified where action was needed to address documents and records that were incomplete or missing, such as hospital passports or assessments that needed to be reviewed and updated. This showed the provider had thorough systems to monitor the quality of the service

The provider carried out additional monitoring visits. The registered manager visited the service every month to two months to carry out audits of different practices within the service, for example, care plans and risk assessments, records and health and safety checks. Staff said that the registered manager knew all the regular people who visited the service very well. They said this helped the registered manager to better monitor the needs of individuals at the service and their quality of care. It helped to ensure consistency when monitoring how staff responded to meeting their needs and what progress people were making. They said it was also helpful to identify any areas of practice which they thought staff could further improve and develop, which helped with maintaining the quality of service.