One Housing Group Limited

Camden Park House

Inspection report

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London
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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

Summary of findings

Overall summary

What life is like for people using this service:

People told us they were happy with the service they received and they felt safe with staff who supported them. The registered manager and staff told us they aimed to support people to live an independent life as much as possible. We saw that people were encouraged to make an active contribution and decisions on how they would like staff to support them.

We identified some issues related to cleanliness of the service. This had been addressed shortly after our visit.

There were numerous systems in place to ensure people were safe and protected from harm from others. There were relevant and up to date risk assessments in place to guide staff on how to provide safe care. The procedures around medicines management were in line with current national guidelines, and staff had ensured people received their medicines safely. Appropriate recruitment procedures protected people from unsuitable staff.

There were enough staff deployed to support people to ensure people's needs had been met with no unnecessary delay.

New staff had received appropriate induction to the service and their role before they started supporting people unsupervised. All staff were provided with regular training and supervision to help them to support people safely and effectively.

People were asked for their consent and encouraged to make decisions about their care and treatment. People's voice had been heard across all areas of the service delivery. The staff team believed this was crucial in ensuring care and support provided was relevant to people and accepted by them.

People's needs were assessed regularly and formed the base of their risk assessments and care plans which were referred to as goals. People's goals were person centred and reflected matters that were most important to them. People said they could discuss any matters in regular meetings with their care workers.

We observed that staff when supporting people were kind and caring and people told us they felt respected. Staff knew people's needs well and encouraged people's independence at the same time respecting if people chose to turn down the support.

People, relatives and external stakeholders were encouraged to give feedback about the service they received, this was done through discussions in individual meetings, regular customers meeting, a suggestion box or a complaints procedure. We saw that complaints had been dealt with promptly.

The service was described by staff as well led. Staff told us the registered manager was supportive and encouraged professional development and participation in the service delivery.

There was a range of monitoring systems in place used by the registered manager to ensure the service had been provided effectively.

More information is in Detailed Findings below

Rating at last inspection: Good (report published 12 April 2016)

About the service: Camden Park House provides accommodation and personal care for up to 13 people who need support to maintain their mental health. At the time of our inspection there were 12 people using the service.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor the home and we will revisit it in the future to check if they continue to provide good quality of care to people who use it.

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 findings below.

Is the service effective?

Good

The service was safe

Details are in our findings below.

Is the service caring?

Good

The service was safe

Details are in our findings below.

Is the service responsive?

Good

The service was safe

Details are in our findings below.

Is the service well-led?

Good

The service was safe

Details are in our findings below.

Camden Park House

Detailed findings

Background to this inspection

The 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.

Inspection team: This inspection was carried out by two inspectors, and one 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.

Service and service type: Camden Park House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager in place at the time of the inspection. 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.

Notice of inspection: This inspection was unannounced.

What we did when preparing for and carrying out this inspection:
Before the inspection, we asked the provider to complete 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 reviewed the completed PIR and previous inspection reports before the inspection. We reviewed other information we had about the provider, including notifications of any safeguarding concerns or other incidents affecting the safety and wellbeing of people.

What we did during the inspection:
An inspection site visit activity started on the 9th and ended on the10th October 2018. It included speaking to the registered manager, the area manager and 4 staff members. We also spoke with five people who use

the service on one relative. During the inspection we reviewed seven people's care records, which included care plans, risk assessments and Medicines Administration Records (MRS). We also looked at four staff files, complaints and quality monitoring and audit information.

What we did after the inspection:
Following our visit, we contacted a number of health and social care professionals who worked regularly with the agency. We received feedback from one of them.

Good

Is the service safe?

Our findings

Cleanliness and Preventing and controlling infection

• Some areas of the home were less clean than others. The kitchen and communal areas were well maintained. However, toilets and bathrooms on the upper floors and the laundry room where not cleaned thoroughly. Therefore, infection prevention and control could be affected. The home had been cleaned daily by a cleaning company. However, there were no records available from the company to confirm what they had cleaned. We found there were no comprehensive cleaning schedules which set out what needed to be cleaned, at what frequency and who was responsible for cleaning. This meant some cleaning tasks had been missed. We discussed this matter with the registered manager who agreed that improvements were needed to ensure the home was cleaned thoroughly throughout. Following our visit, the registered manager informed us that they met with a cleaning contractor to address identified issues. The provider told us that clear contractual arrangements had been agreed to ensure the home was cleaned diligently and to appropriate infection control standards. Further we were advised, that a thorough deep clean of the home had been agreed and would take place shortly.

• The infection control risk assessment was reviewed in June 2018. This ensured staff were provided with up-to-date information on how to reduce the risk of infection. There was an Infection Control Policy. However, we noted the policy had been due for review in October 2017. The registered manager informed us the provider was in the process of reviewing the policy and they provided us with a draft version of the new document. Since our previous inspection the home had one incident of a serious infection control matter where external services were involved. Records showed that the registered manager had worked closely with external health services to ensure people were safe from cross-contamination. The registered manager had sent regular updates to the CQC. Therefore, we were assured that appropriate action had been taken by the home to ensure people and staff were safe.

• Staff had received infection control training. We saw that measures were in place to reduce the risk of the spread of infection. This included staff being provided with personal protective equipment (PPE), i.e. gloves. and antibacterial wipes and gel.

Supporting people to stay safe from harm and abuse

• People told us they felt safe at the home. They said, "Yes, I feel safe, the staff talk to me and they listen" and "I feel safe because I can lock my door."

• Staff received training in safeguarding people and safeguarding had been discussed in staff meetings. Staff we spoke with knew what action to take if they thought a person was at risk of harm.

• Staff had supported people to manage their money and the provider had systems in place to ensure this had been done safely. A range of regular checks had been carried out to ensure people were protected from financial abuse.

• Safeguarding had been discussed during regular customers' meetings to help people increase their awareness of potentially harmful situations or relationships.

• The registered manager had systems in place to record and monitor all safeguarding concerns raised at the service. Records showed that the registered manager worked alongside the local authority and respective professionals, including the CQC, to ensure people were protected.

Assessing risk, safety monitoring and management
• We saw comprehensive risk assessments in each file we looked at. Staff had detailed information on possible hazards to people's health and wellbeing and how to support people to minimize them. We noted the information on people's current risks reflected people's care needs and personal preferences assessment, which had been updated frequently. This ensured, they were personalised and reflected specific risks and risk management strategies for each individual.
• Staff discussed matters around people's risks in daily handovers, staff meetings and individual supervisions. This made sure all staff were aware of any new risks to people and how to manage them.
• Records showed that people participated in the risk assessment process. Staff told us, and records confirmed that people's voice was vital in assessing risks accurately. This meant that people were supported in developing awareness of behavioural patterns and environmental triggers so they could manage their risks better.
• Regular health and safety checks had been completed to ensure people lived in a clutter free environment. Any maintenance issues had been reported and responded to promptly. Emergency plans were in place to safeguard people in the event of a fire.
• There was a system in place for the management of accidents and incidents. Staff completed an accidents and incidents form, which was reviewed by the registered manager and the senior management team to analyse if there was a specific pattern or trend. Records showed that the outcomes were discussed in staff team meetings.

Recruitment and Staffing levels
• Appropriate recruitment checks had been in place to safeguard people from unsuitable staff.
• There were enough staff deployed to make sure people's needs had been met. Staffing levels fluctuated to respond to the service needs for each day. If people needed to be accompanied to appointments or were going out for day trips more staff were deployed to ensure these activities could take place.
• Shifts were staggered throughout the day to respond to the changing level of people's needs at various times of the day. Staff said that they felt that this worked well and this meant that there were more staff available during busy times.

Using medicines safely
• We saw that medicines were managed safely. People said they received medicines as part of their daily routine and they had no concerns around it. They said: "For my medication, I go into the office and I am given a small cup to take my medication" and "I take my medication at 8am,10am, 12 noon, 4pm and 8pm. They give me a knock on the door when I am sleeping."
• Staff received training in medicines management. Records showed, the registered manager had checked staff competencies before they administered medicines unsupervised. All staff we spoke with had a good knowledge and understanding of medicines management procedures at the home.
• All medicines administration had been recorded on Medicine Administration Record (MARs). We saw that all MARs had sufficient information on what medicines were prescribed to people and how they should receive it. All MARs we saw were completed correctly with no gaps and with a correct use of codes to describe any medicines not administered.
• Procedures around receiving, storing and disposing of medicines were clear and staff had followed them. We counted a sample of medicines for four people against the amount of medicines administered to them. We saw that the numbers matched indicating people received their medicines as prescribed.
• We saw there were daily, weekly and monthly medicines checks carried out by members of the staff and the management team. This ensured medicines were managed safely and as required.

Good

Is the service effective?

Our findings

People's care, treatment and support achieved good outcomes, promotes a good quality of life and is based on best available evidence.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's needs had been assessed before they moved in. A further needs assessment took place two weeks after people moved in, to ensure the home was suitable to support people's needs. These assessments had been reviewed again after three months or earlier if people's needs had changed.
• Information gathered in needs assessment formed the basis for people's risk assessments and care plans which were referred to as "Goals".
• Records showed that people took an active role in assessment of their needs and discussions on how they would like the care to be provided. The registered manager told us, "We need to have people involved in assessments as they need to see it as relevant to them."

Staff skills, knowledge and experience
• People felt staff had skills and competencies to support them effectively. They told us, "The staff know their job" and "The staff know what they are doing. They do their job properly."
• Records showed that new staff received a comprehensive induction that included introduction to the service, mandatory training and shadowing of more experienced colleagues. We saw that staff competencies had been checked before working with people unsupervised. Staff felt that the induction was a supportive process and they were able to discuss any concerns they had with their manager as they were going through it.
• All staff had received regular refresher training to ensure their skills and competencies had been up to date.

• Records demonstrated that staff were provided with regular supervision and appraisal of their skills.

Eating, drinking, balanced diet (food and drink)
• People were supported to have sufficient food and drink and maintained a nutritious diet. People could eat meals prepared by staff at the home, or they were supported to prepare their own food or eat in the community if they chose to.
• People were asked to contribute to a menu and were able to pick one meal every two weeks to ensure that everyone got to pick a favourite meal that everyone could eat. There were alternatives available if people changed their mind or did not like the meal on offer. The home was in the process of recruiting a part time chef to improve the provision of meals at the home.
• Where people had any dietary needs or recommendations, staff supported people to improve their eating habits and eat food that was beneficial to them. For example, in one person's file we read that staff were to encourage and prompt the person to have three meals a day. This was to ensure the person had a well-balanced diet so they did not become unwell.
• People told us, "If it is time for meal, they call us. Most people would eat together but there is a couple that eat later" and "We have meetings and I say what I want. For example, I buy my own [food] and keep it in my locker."

Healthcare support
• People were supported to access healthcare services for both physical and mental health.
• When people's health suddenly deteriorated, staff took prompt action to ensure external health professionals had been alerted and people received help quickly.
• Staff discussed health concerns with people in their regular key-working sessions and customer meetings. Staff promoted healthier lifestyles such as taking care of personal hygiene and drinking more water. People were supported to access services, such as, podiatrists and chiropodists to take care of their feet and nails. Some people did not want to utilise these services and the staff respected this.
• People confirmed staff supported them in maintaining their good health. They said, "I attend appointments myself with the staff, they support me at the GP", "When I am not well, I go to the office and talk to them. They check my medication and help me book an appointment with the GP" and "I went to hospital the other day; they called ambulance for me."

Adapting service, design, decoration to meet people's needs
• The home was made up of two connected buildings forming one service across three floors. The premises had sufficient number of bathrooms and communal areas to ensure people were supported well.
• We saw that although action had been taken to create a homely environment the home's décor was dated and needed refreshing. We discussed this with the registered manager. They informed us, the provider had already been in the process of arranging refurbishment of the home. While the exact date had not yet been agreed, the registered manager said the improvements would take place in the near future.
• People could move freely around the home and can exit or enter their home as they pleased. We saw staff ensured entrance doors were closed and it was staff who opened the door for guests. This was to ensure people were protected from unwanted visitors.

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 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. The application procedures 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.

• Staff had received training in the MCA and they understood the principles of the Act.
• Records showed that people were actively involved in decisions about their care and treatment and their choices had mattered. During assessments and care reviews staff recorded whether people were able to understand the questions or had the capacity to answer. Staff had not made assumptions about what people wanted or thought. They ensured that the feedback and any changes made to people's care plans as a result were solely based on what people said.
• Records showed that when staff had concerns around people's capacity, appropriate action was taken to ensure mental capacity assessments had been carried. At the time of the inspection there were no DoLS authorisations in place.
• Records showed that people gave their written consent to care and support provided at the home.

Good

Is the service caring?

Our findings

The service involves and treats people with compassion, kindness, dignity and respect

Treating people with kindness, compassion, dignity and respect
• People told us, "The staff are very nice; the aura is good. They are kind and treat me with respect", "The staff treat me well" and "They (staff) are alright but I think sometimes they don't understand my mood. In this case, I retreat to my room." A family member said, "The staff are fantastic and polite. Any worry; they talk to you. They are not doing only the job, they show that they always care."
• During our inspection we saw a lot of positive interactions between staff and people who lived at the home. The atmosphere seemed relaxed as people spent their time in the communal areas relaxing, having their meals, watching TV, reading or approaching staff with various day to day matters. We saw staff engaged with people chatting and laughing together but also addressing different queries with no delay.
• The provider had an equality and diversity policy in place which sets out the commitment of the organisation to equality and diversity we saw that staff received training and support to access resources in relation to equality and diversity. There was a calendar of festivals and special days for 2018 which included religious festivals such as Ramadan, Diwali and Christmas as well as days such as Mother's Day and Father's Day. The provider had produced a diversity strategy in September 2018. Aims of the strategy included building links with local faith groups and LGBT organisations. There was a directory available of local support groups and organisations such as African well woman clinic, East European resource centre and Age UK for staff to access or support people who used the service to access them. Records showed appropriate arrangements, such as additional staff or transport, were available to enable people to attend such group. However, if people chose not to use these resources, this was also respected by staff.

Supporting people to express their views and be involved in making decisions about their care.
• People were supported to express their views and make their preferences known.
• Each person had a key-worker. A key-worker was an allocated staff member who supported them with various aspects of day to day support, regularly met with then to discuss care needs and review people's goals. In their one to one meeting people could share their concerns and other matters not included in their formal care planning.
• There were regular customer meetings where people could express their views about the home and the service provided. They could contribute to the service development by choosing activities they would like to have organised, meals to be cooked or any other matters related to the service provision. From the meeting minutes we also saw that this forum had been used to update people about various service changes and developments. This indicated the staff understood people needed to be aware of any goings-on at the home and could share their opinion about this if they wanted to.
• People told us, "We have meetings and say what we want to see happening. I also tell my key worker" and "I have one-to-one meeting to discuss about living here in general". People also told us they were introduced to new staff as soon as staff commenced their employment at the home.

Respecting and promoting people's privacy, dignity and independence
• Staff respected people's privacy. People told us, "For my privacy, they knock on the door first and wait for

me to open the door before entering" and "The staff ask for permission first before giving me personal care". We observed that staff knocked on the door before entering people's rooms and explained why they were entering it and when they were leaving they stated if they were going to come back. This indicated that people's right to their personal space was respected.

• Staff supported people's dignity by promoting personal care to them and acting when people were prone to self-neglect. Records showed that when appropriate, this had been a standard item in people's care plans, daily care records as well as records of one to one discussions with people.

• Health and safety records showed that regular individual room cleaning sessions had been scheduled to help people to live in a nice environment. We also noted that people's wishes and preferences in maintaining their environment had been respected. For example, staff accompanied people in cleaning of their room. However, if people did not wish to receive the support this had been accepted. Further discussions had been carried out with people to advertise benefits of living in a fresh environment and possible health and safety implication if this had not been done from time to time.

Good

Is the service responsive?

Our findings

People received personalised care that responded to their needs.

Personalised care
• Staff provided care and support that was person centred. Staff we spoke with had detailed and up to date information about people they supported. This meant they could provide the support that was most relevant to people at the time.
• Each person had a care plan that was referred to as "Goals". Goals were based on people's current risks, care needs as well as people's personal motivations and things they wanted to achieve. The goals were reviewed every three months. People participated in the reviews and their voice was clearly heard in each care plan we saw. The copy of the review had been offered to people so they could revisit it when they wanted. We saw that some people preferred not to keep a copy and this was accepted.
• We saw that goals were focusing on things that were important to people at the time of the review. This was to encourage their participation and motivation to achieve the objectives they had set. The registered manager told us, "We do not focus on things that happened 20 years ago but on current issues. This helps people to identify with their care plans as relevant today."
• People were supported to access the local community and do things they enjoyed doing. These included accompanying them to community centres, libraries and other community amenities. Staff also supported people in meeting their cultural and religious needs. For example, staff supported people in accessing places of worship and cultural gatherings and providing people with specific cultural meals Furthermore, staff organised various outings and activities outside of the home based on suggestions given by people. These were referred to as "Social inclusion" activities.
• There was a provision of activities at the home, such us cinema nights, watching sport events, coffee mornings, and art therapeutic sessions. People and relatives told us activities at the home could improve. People said, "We have arts once every two weeks, drawing and painting. I draw pictures and flowers. No outside activities" and "Staff ask whether I want to do things, but there hasn't been social inclusion for some time (such as going to the museum, art galleries and cinema)". A relative told us, "Staff could organise more activities to allow SU's be busy doing things; such as drawing, card games, board games.
• We discussed people's feedback with the registered manager and members of the staff team. The registered manager explained that more staff would be available when a new chef is employed. This would free staff, who currently prepare meals, to further engage people in various activities at the home and beyond. Staff also told us that at times people were not willing to take part in proposed social activities and this was respected.

Improving care quality in response to complaints or concerns
• There was a complaints policy in place and people were made aware of it. There were also large print posters with information for people about how to make a complaint to the CQC or local authority.
• We reviewed four complaints from within the last 12 months. All had been investigated and responded to promptly. Action had been taken to try and prevent further concerns around the issues. There was a complaints log in place which the manager updated when new complaints came in.
• People told us, "If I have a compliment, I tell them" and "No complaints, but I can complain if I wanted to."

A relative said, "It is a wonderful place, 100% and this is a place I do not have anything to complain about."

End of life care and support

• The home was not providing end of life care. Staff carried out discussions with people who used the service on what their wishes and preferences were in case of a sudden passing. Staff told us these were difficult discussions and people did not always want to partake and this was respected.

• There was an End of Life policy and additional information available for staff to view. End of life training was also available from the provider.

Good

Is the service well-led?

Our findings

Leadership and management assured person-centred, high quality care and a fair and open culture.

Leadership and management
• The home was well led. A staff member told us, "The manager has such a positive influence on the home and customers. The communication is great" and "The manager is very inclusive to people and her doors are always open. She sees the full picture and respects staff confidentiality."
• Staff told us they felt supported by the registered manager. They said, "The manager is very thorough and proactive. She is definitely approachable" and "The manager is brilliant, organised and good with customers. She is good with staff and willing to support them."

Promotion of person-centred, high-quality care and good outcomes for people
• The registered manager was committed to providing person centred care that promoted good outcomes for people. They had good knowledge about each person using the service and how to support them. Regular quality checks and discussions with staff aimed to ensure the service was provided as it should be so people lived a dignified and comfortable life.
• Person centred approach was visible in all aspects of the service delivery. People were encouraged to be involved and make decisions about their care and support. They also could refuse it and this was respected. A staff member told us, "It is about personalisation of care. It's about asking people what they want, giving them choices and involving in running of the service."

Managers and staff were clear about their roles, and understood quality performance, risks and regulatory requirements
• We observed a clear chain of command at the home. Staff had allocated roles and responsibilities and they understood what was expected from them. We found the roles matched staff interests and skills and staff told us they were committed to maintaining and improving their areas of responsibility, i.e. medicines, activities, physical health. When staff were not comfortable in certain aspects of their role, the registered manager supported them. For example, not all staff felt comfortable with cooking and preparing meals to people. Therefore, the registered manager was in the process of recruiting a chef. This would enable staff to have more time for meaningful interactions with people.
• The registered manager understood their role and responsibility in relation to registration with the CQC. The home's rating has been clearly displayed so people and visitors could see it. Notifications and respective updates had been submitted as required by the law.

Engaging and involving people using the service, the public and staff.
• Staff were encouraged to give their feedback and be involved in the service development. They said, "The registered manager gives opportunities to share during meetings and she listens and asks how I feel in supervisions. She is good at making observations and gives positive responses and praise. She always gives feedback received from others" and "I do feel involved even if I am not part of the meeting. The manager is very inclusive and you feel as part of the team"
• There were various forums where staff could share their opinion about the service and provide ideas and

contribute to its development. In staff team meetings minutes, we saw the team talked about matters related to the management of the service, i.e. finances, complaints or safeguarding matters. They were also periodic best practice meetings where the team discussed various topics to improve the way they supported people. Records showed topics discussed included medicines, challenges in work with people who used the service, the MCA and room checks and possible barriers to room checks.
• There was ongoing communication between staff about day to day matters relating to caring for people. This included daily handover, email communication and informal ongoing conversations between staff on matters arising during the shift.
• People using the service were encouraged to share their opinion about the service they were receiving. There was a 2018 customer survey completed by people called 'Your opinion matters' and 11 people participated. It was recorded whether people were able to understand the questions or had the capacity to answer and assumptions were not made to ensure that the feedback was solely from the person being asked. People could also discuss any matters arising in their individual meetings with their key-workers as well as through a suggestion box available in the communal area.

Continuous learning and improving care
• There were systems in place to ensure a regular service quality monitoring. These included a range of audits i.e. medicines, health and safety, the general service audits as well as tracking tools, such us supervision or training to ensure the service was run as it should. We saw when any shortfalls had been identified, a service improvement plan was formulated and updated to ensure identified gaps in the service delivery had been dealt with. We saw that prompt action had been taken by the registered manager to address any issues. For example, during our inspection we discussed that some areas of the service were less clean than others. Following our visit, the registered manager had informed us that action had been taken and this issue was resolved.