

The Camden Society (London) Hotel in the Park

Inspection report

Social Services Hostel
130 Sewardstone Road
London
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Tel: 02089831394

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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

About the service:

Hotel in the Park is a seven bedded short breaks service which offers respite care for adults with a learning disability or those with autism spectrum disorder. At the time of our visit there were five people using the service.

People's experience of using this service:

- People told us they felt safe using the service.
- The provider had appropriate risk assessments in place with guidance for staff about how to mitigate these.
- The provider supported people to take their medicines safely.
- The provider maintained a clean and tidy home.
- The provider met people's nutritional needs and people told us they liked the food on offer.
- People were supported with their physical and mental health needs and care records contained information on these.
- People gave good feedback about their care workers and told us they were kind and caring.
- People's choices were respected in relation to their care and care staff supported people to be as independent as they wanted.
- People's privacy and dignity was promoted.
- People's complex care needs were appropriately met.
- People and their family member's told us they were involved in the formulation of their care plans.
- The provider had an appropriate complaints procedure and people told us they would feel comfortable raising a complaint if needed.

Rating at last inspection: At the last comprehensive inspection in January 2018 the service was rated as Requires Improvement. We went back in June 2018 to do a focused inspection and check that they had made the necessary improvements. We were satisfied that the improvements had been made and the service was rated as good. (Report published 23 July 18)

Why we inspected: This was a planned comprehensive inspection based on the previous comprehensive inspection rating.

Follow up: We will continue to monitor information we receive about the service until we return to visit per our re-inspection guidelines. We may inspect sooner if any concerning information is received.

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

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Hotel in the Park

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: Two adult social care inspectors conducted the inspection.

Service and service type: Hotel in the Park is a seven bedded short breaks care home which offers respite care for adults with a learning disability or those on the autism spectrum. 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.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced on the first day. We told the provider we would be returning on subsequent days.

What we did before the inspection:

We looked at information we held about the service. This included details about incidents the provider must notify us about, such as allegations of abuse and serious accidents and incidents. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the

public.

During the inspection:

- We spoke with two people who use the service and five family members who spoke on behalf of a relative.
- We spoke with the registered manager, the project manager, the deputy manager and two project workers.
- We reviewed five people's care records
- We reviewed the recruitment and training records of four care workers.
- We looked at maintenance records for the building and quality assurance records related to all aspects of the management of the service.

After the inspection: We spoke to 3 health and social care professionals who worked in partnership with the service to plan, arrange and commission care for people who used the service.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Family members we spoke to said they were confident that the service was keeping their relative safe and would keep them informed when anything important happened. One family member said, "If anything happens they phone and tell me... If they didn't there would be hell to pay."
- Policies in relation to safeguarding and whistleblowing were in place and staff continued to receive training in this area. Staff received regular safeguarding training and showed a good understanding of safeguarding procedures when we spoke to them. They knew who to inform if they had any concerns about abuse or safety and how to escalate their concerns if they were not satisfied they were being taken seriously.
- The registered manager was aware of their responsibility to report safeguarding concerns to relevant organisations including the local authority and CQC.

Assessing risk, safety monitoring and management

- People told us they felt their care was safe and the staff had the skills and experience to support them safely.
- We received positive feedback from health and social care professionals who worked with the service. One professional said, "From my knowledge of the service I feel that the management respond well to risk and ensure vulnerable clients are well supported."
- The service identified, assessed, and regularly reviewed risks and supported positive risk-taking to maximise people's independence and experiences. Risk assessments covered areas such as, behaviour that challenged, travelling in the community, personal care and moving and handling. Everyone using the service had a personal emergency evacuation plan (PEEP) which described how much help they needed to leave the building safely in the case of an emergency such as a fire. They also risk assessed the environment to identify and mitigate risks to staff and people receiving care.
- Equipment was serviced regularly to ensure it was safe and all staff had received training to ensure they were able to use equipment safely.
- The registered manager did regular audits of the safety of the service and developed an action plan to ensure issues were rectified in good time.

Staffing and recruitment

- Recruitment practices continued to be of good quality. People were employed based on previous skills and experience and personal values.
- There was a system in place to ensure that all pre-employment checks were completed before staff started work. Checks included people's right to work in the UK, employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions.

- Staffing levels were adjusted based on the number of people using the service, their needs and any associated risks. This included people who had been assessed as needing one-to-one support. We checked the rotas and could see that staffing numbers changed according to how many people were receiving a respite service at any one time. We observed there were enough staff during our inspection to care for the people using the service.

Using medicines safely

- People's medicines were managed safely.
- Family members told us they were confident that the service managed medicines safely. One family member said, "Everything is checked thoroughly, they always count the tablets."
- All staff had received training on medicines administration.
- There was a system in place to ensure medicines were checked by staff when people arrived at the service and regularly during their stay as part of the handover procedure.
- The project manager and registered manager also audited medicines and took action when errors were found.

Preventing and controlling infection

- Staff managed infection control well and the environment was clean and hygienic during our inspection.
- Family members agreed that the service was clean and hygienic. One person told us "It's always very clean."
- The service had an up to date infection control policy and staff were aware of how to put this into practice.
- Staff told us they had access to personal protective equipment to prevent the spread of infection such as gloves and aprons.

Learning lessons when things go wrong

- There was a system in place for staff to record all accidents and incidents when they occurred.
- The project manager and registered manager reviewed all accidents and incidents and took action to try and ensure that incidents did not reoccur.
- The service regularly analysed and reviewed all accidents and incidents and safeguarding events to look for trends or patterns. At the time of our inspection the service had not identified any trends as there were not many accidents or incidents recorded.

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

Good: 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

- Assessments of people's needs were carried out by a social worker and a manager from the service and clear outcomes were identified for each person. Care and support was reviewed regularly in consultation with people and their relatives.
- The service had good knowledge of people who used the service. Staff could demonstrate a good understanding of people's likes, dislikes and personal preferences and adapted the care and support to meet individual needs.
- One family member said, "Yes they know [my relative's] needs very well, they have got to know [her/him] and understand the triggers which is important."
- Another family member told us that staff ensured their relative felt at home and could choose to socialise or be on their own in their room, just as they did at home. The family member said, "I am happy as long as they understand [her/his] needs. If they have any questions they phone and ask me."

Staff support: induction, training, skills and experience

- Staff were experienced and knowledgeable and had received training to ensure they were competent to care for people with learning disabilities. There was a comprehensive training package in place and new training was provided where required to meet the needs of people who used the service.
- New staff were given a comprehensive induction and regular supervision and appraisal to ensure they continued to develop in their role.
- Staff we spoke with said they felt supported by their manager and could go to them at any time for guidance and support. One staff member said, "They are always there for us when we need them, not just during our supervision."

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

- People spoke highly of the quality of the food available at the service.
- We saw the evening meal being prepared and sampled two of the dishes and found them to be tasty and nutritious. People who used the service were able to choose meals and take part in shopping for groceries at the local supermarket.
- There was a written record of what people had to eat at the service. On family member said "They always put down what [relative] has had to eat, he eats everything. Another person told us "[Relative] eats better here than they do at home."

Staff working with other agencies to provide consistent, effective, timely care

- The service worked in partnership with social workers and local commissioners to assess and review care needs for people using the service.

- We saw evidence that the service made referrals to other professionals such as speech and language therapists and occupational therapists.
- One health and social care professional told us they were "aware the service made the necessary referrals to other agencies and professionals as appropriate, particularly around safeguarding and training to meet complex client's needs."

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

- The environment was suitably adapted so that people with limited mobility could use the service. Adaptations included hoists in bedrooms and bathrooms and all the rooms and garden were on one level.
- One person using the service regularly used their own specially adapted bed that was kept at the service and used whenever they stayed.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access appropriate healthcare services when needed.
- We saw evidence that staff had contacted a range of health care professionals where there were concerns about people's health to ensure their needs were met.
- Hospital passports had been developed for everyone using the service. Hospital passports contain detailed personal and health information about people which can be shared with hospital staff if they are admitted to hospital. This document was reviewed regularly with input from family members to ensure they contained relevant and up to date information. One person told us "They do a review with us, of all the information like the hospital passport. They know everything inside out."
- Staff also told us how they would seek advice from family members or NHS services when they had concerns or queries about someone's health.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The service had made all the necessary applications where people needed to be deprived of their liberty as part of their care and support. At the time of the inspection none of the applications had been authorised as the local authority was experiencing a back-log of these types of applications. However, we could see evidence that staff had taken steps to alert the relevant people of the delay.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said they experienced a compassionate and caring service. Family member's spoke highly of the caring approach the staff took with their loved one. One family member told us, "They are kind, they are all really nice. If they weren't [relative] wouldn't be here."
- Many family members told us that their relative looked forward to their stay at the service and enjoyed spending time there and taking part in the activities on offer.
- Staff ensured that people's individual needs were met. For example, the service provided culturally appropriate food for people of the Muslim faith.
- We also saw evidence that people's individual communication methods were identified and used by staff to ensure effective communication. Details included whether people could communicate verbally or not, what signs they used to express themselves and whether staff should use pictures or body language to support verbal communication.
- Most people were offered the same room when they stayed at the service based on the equipment in the room or personal preference so that they felt at home.

Supporting people to express their views and be involved in making decisions about their care

- People and their representatives were regularly involved in the planning and reviewing of their care. Care staff told us how they regularly consulted people and their family members on day-to-day aspects of their care.
- Care plans were reviewed regularly with people using the service, their representatives, and managers within the service.
- The provider had different ways of requesting feedback from people and their family member's and was working on improving the feedback process. One family member told us "They have family meetings about once a year. There are also meetings to review the care plan."

Respecting and promoting people's privacy, dignity and independence

- People were treated as individuals and with dignity and respect.
- Care plans were written using respectful language and focused on the personal attributes of the person. There was a written record of people's history, likes and dislikes and personal interests and hobbies.
- Care staff spoke about people in a dignified way and could show how they promoted privacy and dignity by ensuring they respected people's personal space, knocking on their door before entering, and ensuring that doors were closed whenever they helped people with personal care.
- People regularly took part in everyday activities such as grocery shopping and cooking to help them gain living skills and exercise choice and control. One family member told us that their relative was supported to cook and take part in a range of activities which helped build their independent living skills.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were happy that the care delivered was personalised and met their needs. Care plans we checked had details of people's history, background and likes and dislikes.
- Care staff knew people well and had built up a rapport with them and their relatives. They explained how they gave everyone choice and control when delivering their care.
- The service was flexible and changed things to suit people as their needs or circumstances changed. One family member told us "The management is very good, they try to accommodate if you've got an emergency they will try to sort something out to fit you in."
- The service offered a range of internal and external activities based on personal preferences and feedback gained from satisfaction surveys.
- Family members told us that the service planned people's stay with personal preferences and interests in mind.

Improving care quality in response to complaints or concerns

- There was a system in place to respond to complaints from people who use the service.
- The service had a complaints procedure in an easy read format which was made available to everyone who used the service. Family members told us that the service had listened to them and resolved their issues whenever they had raised concerns. At the time of our inspection there had been no complaints since the previous inspection.
- Staff felt able to make suggestions for areas of improvement or new activities to the management. One staff member said, "I have no concerns but they do listen to us, they are very responsive and help you plan things if you make suggestions."

End of life care and support

- The service did not provide end of life care and support at the time of our inspection.
- The service had an end of life policy that described what they would do if someone at end of life wanted to use the service.
- There were written guidelines in place for what to do in the event of an emergency or fatality of someone whilst they were at the service.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Relatives and professionals, we spoke to were confident in the planning, management and delivery of care and support. On professional told us "My conversations with management indicate that they take a person-centred approach to planning activities, meals and day trips; including service users being provided with appropriate levels of support and being encouraged to have independence."
- The registered manager was the organisational lead on Positive Behaviour Support (PBS). PBS is a way of working with people who may display behaviours that challenge. The registered manager delivered PBS training to the staff team so that all staff were consistent in how they supported people.
- The service communicated well with relevant family members and professionals. One family member said, "They are brilliant, I am able to call whenever I want, they will always get back to me to give me the information I want. I have never had to complain yet."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff understood their role and were clear about when they would need to seek guidance and support from their manager. There were systems in place to identify and address issues or areas of concern.
- Staff were fully supported to carry out their role and had the appropriate supervision and training.
- Managers regularly observed staff carrying out their duties and gave them feedback, support, and advice where necessary.
- The registered manager did regular quality assurance audits of the service and developed an action plan to ensure issues were rectified.

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

- The provider regularly requested feedback from people using the service and their close relatives. Feedback about the service was consistently positive.
- Family members told us they were regularly invited to family meetings where they could discuss the ongoing plans for the service and make suggestions for improvement.
- The provider was also working in partnership with a local learning disability school. The service shared the building and the facilities with pupils so they could learn life skills such as cooking and gardening.

Continuous learning and improving care

- The registered manager did regular quality assurance audits of the service which identified areas of

improvement in health and safety, medicines procedures and person-centred care and support. The service had developed a project plan with the staff team which identified goals and aspirations for improvement for the year. Goals included improvements to support plans and risk assessments for people using the service, staff training objectives and feedback from people using the service.

Working in partnership with others

- The service worked in partnership with other agencies and organisations to ensure people's needs were met in good time.
- We spoke with three health and social care professionals who gave positive feedback about the organisation and the care provided.
- Professionals we spoke with said the service was transparent, communicated well and provided relevant information in a timely manner whenever there were concerns around safety. One health and social care professional told us "I find communication from Hotel in the Park is generally very good, particularly when they are aware of ongoing safeguarding work."