

Care Worldwide (London) Limited

Colin Garden Lodge

Inspection report

67 Colin Gardens
London
NW9 6EP

Date of inspection visit:
28 September 2018

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05 November 2018

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

Colin Garden Lodge 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.

The service is registered to provide accommodation and personal care for up to three people. There were three people using the service at the time of this inspection. The service specialises in the care and support of people with learning and physical disabilities.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service has a registered manager, which 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.

At our last inspection in January 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People, their relatives and community professionals all praised the service and its staff and manager. We found people were treated with kindness, respect and compassion, and that they were given emotional support when needed.

The service empowered people to express their views and make decisions about their care and support. Risks to people were managed appropriately, balancing people's autonomy with safety considerations. The service was following the principles of the Mental Capacity Act in terms of assessing and following-up on people's capacity to consent to decisions.

The service supported people to follow their interests in the community and in-house, and was exploring new activities for people to try. It supported people to develop and maintain relationships that mattered to them, and to follow their faiths.

There were positive relationships between people and members of staff, and there was a small team of staff who consistently worked at the service. This helped build trusting relationships and meant staff understood people's needs, preferences and communications better.

The service promoted a positive and inclusive culture that aimed to achieve good outcomes for people. It worked in co-operation with other organisations to deliver effective care and support, including for people's health, medicine and nutritional needs.

The premises was small but clean and reasonably decorated, with some adaptations to support people's individual needs.

Staff received the training and support they needed to meet people's needs.

Quality assurance systems were in place to help drive improvements at the service. This included through engagement with people using the service, their representatives and staff.

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 remains good.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well-led.

Colin Garden Lodge

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 28 September 2018, was unannounced, and was undertaken by one adult social care inspector.

Before the inspection, we checked for any notifications made to us by the provider, any safeguarding alerts raised about people using the service, and the information we held on our database about the service and provider.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the visit, we spoke with the three people using the service, two staff members and the registered manager. We observed support being provided in communal areas of the service, and looked around parts of the premises.

We looked at care and medicines records for the three people using the service, recruitment records of two staff members, and a range of management records such as quality audits, incident records and staffing rosters. We also received feedback from the relatives of two people, and two community professionals.

Is the service safe?

Our findings

People using the service and their relatives had no concerns about the service's safety. Records showed staff received training on how to recognise and report incidents of potential abuse. Staff knew what constituted abuse and the procedures to follow if they were required to report any concerns. The registered manager said there had been no safeguarding cases since our last inspection.

Risks to people were managed appropriately, balancing people's autonomy with safety. Each person had comprehensive risk assessments in place, for example, around environmental risk in the premises and aspects of community safety. This helped guide staff on how best to support each person safely but in a way that promoted their independence where possible. Staff and the registered manager could tell us of specific safety risks applicable to each person, and how these were overcome as far as possible. These explanations matched what was in people's care plans.

Risks within the environment were well managed. For example, recent staff meeting minutes showed discussions on health and safety around the premises for people using it. Management team audits showed that professional safety checks such as for portable electrical appliances were up-to-date. They also showed that in-house checks such as for fire safety and drills were taking place regularly, and that the service's fire safety risk assessment was up-to-date.

There were enough suitable staff working at the service to keep people safe and meet their needs. Records showed that staff recruitment practices were robust, to help ensure staff were of good character. Staffing rosters and our visit showed two care staff were on duty during the day, with one sleeping at the service at night. Where additional staffing was needed, the registered manager told us of acquiring support from the provider's other local services. However, there was seldom cause for this in practice.

The service supported people to take their medicines as prescribed. One person told us staff did not forget medicines. There were detailed guidelines and medicines records for each person. These indicated people were supported to take their medicines safely and on time. Records and feedback from staff showed there was low and appropriate use of any medicines prescribed for people to take if anxious. There were clear guidelines available on the use of any such medicines. Where someone had a cold recently, there was appropriate use of another medicine for treatment of the symptoms. One person confirmed staff provided pain relief medicines on request.

The service protected people by the prevention and control of infection. Our checks of the environment, including people's rooms, found good standards of overall cleanliness. A relative confirmed this was their experience. The service had been rated four-star, meaning good overall standards, by the local food hygiene agency. Staff were diligent at reminding people to wash their hands where appropriate, which reflected people's care plans. Personal protective equipment was available for staff to support anyone with personal care where needed.

The service learnt lessons and made improvements when things went wrong. Records showed that any

incidents and accidents were reported in detail. The registered manager reviewed each case, to help ensure appropriate action was taken to minimise the risk of reoccurrence. Actions included discussions at staff meetings, in staff supervisions and meeting involved community professionals.

Is the service effective?

Our findings

People told us they were happy with the service. Their comments included, "I like living here" and "I love it." Community professionals praised the service, one describing it as 'excellent.' Relatives' comments included, "It's a very good service" and "The service is fine. It's not perfect but it's as good as we can expect." Relatives said they would recommend it.

We found the service achieved effective outcomes for people. For example, the registered manager told us of liaising with one person using the service, their relatives and community professionals to work out ways of maintaining regular family contact and enabling the person to safely have enough money for them to spend as they pleased. They said that one person had less behaviour that challenged the service this year, and showed us records of minimal use of an as-needed medicine in support of this. This was corroborated by a psychiatrist's letter on the person's file.

The service supported people to maintain a nutritious and balanced diet which reflected their individual nutritional needs and cultural backgrounds. There was a range of food and drink available in the service. "The food is really good," one person said. A relative told us, "The food seems to be good there." People told us menus were set following house meetings, which records confirmed. Menus displayed a range of home-cooked meals. Staff and the registered manager told us of working with one person and their family to collectively help the person better understand nutrition and possible health consequences that a GP had advised them of. Records showed people's weight was kept under review.

The service supported people to have access to healthcare services and receive ongoing healthcare support. One person confirmed staff supported them to see a dentist "from time to time." A relative told us of their family member seeing the GP and dentist with support from the service. Staff and the registered manager could describe in detail people's different health needs and the community professional support recently received. Records showed people received health professional input for routine matters such as dentistry, and for matters that were specific to their needs such as medicines reviews.

The whole service worked in co-operation with other organisations to deliver effective care and support. Community professionals told us this was the case, one citing "very good communication" with staff and the registered manager. There were hospital passports in place to assist each person with any hospital attendance, for example on what the person's current medicines were and how they communicated. Staff knew where these were kept. The registered manager could give examples of liaising with people, their relatives and healthcare professionals in support of acquiring the best practical quality of life outcomes in response to professional advice. For example, one person took a sleeping tablet once a week, to avoid potential addiction but with the aim of their sleep pattern gradually adjusting.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service had assessed each person living there and made DoLS applications where

needed. Where DoLS were granted, the registered manager showed that they were kept under review and re-applied for before the DoLS elapsed. Where one person's DoLS had conditions that the service needed to act on, records and feedback from the registered manager showed the conditions had been appropriately attended to.

Where people appeared to lack the mental capacity to make specific decisions such as for management of finances, the service recorded a detailed and individualised assessment of their capacity in respect of the decision. There were then records of best interest decisions that included the person and their relevant representatives. The decisions were kept under review. This indicated the service was following the principles of the MCA.

The adaptation, design and decoration of premises supported people's individual needs to be met. The premises was small but reasonably spacious and decorated. Additional rails were in place in some areas of the building including the stairs, to help one person get around better. Doors to people's rooms locked when shut but staff could override the lock in an emergency. There were window restrictors in place in case anyone attempted to climb out of windows, and hot water was thermostatically controlled to prevent scalding.

Staff received the training and support they needed to meet people's needs. Staff told us of good training and support to do their job effectively. They spoke of completing online training courses, but that the small size of the service meant the registered manager provided much support and guidance in practice. One staff member described this as "daily supervision." Records and staff feedback showed there were also formal supervision meetings from time to time, and annual appraisals, for staff to discuss any concerns or development needs.

The provider's oversight records of training for each staff member showed they had recently completed mandatory courses such as for fire safety, equality and diversity, and infection control, along with courses relevant to the needs of people using the service. The registered manager and a staff member told us the provider also supported some staff to take a national qualification in care.

Is the service caring?

Our findings

The service ensured that people were treated with kindness, respect and compassion, and that they were given emotional support when needed. Everyone told us that they were supported by caring staff who were described as 'good' and 'nice.' People confirmed that staff listened to them. One person said that staff were kind towards them if they had worries. A relative said, "Staff understand and respond" to their family member. Community professionals praised the service's staff, describing them as 'kind', 'nice' and 'dedicated.'

There were positive relationships between people and members of staff. Throughout our visit staff interacted with people in a warm and friendly manner. People knew the staff working with them, and appeared to be comfortable in their presence. Rosters showed the same set of staff worked consistently at the service. The registered manager told us the newest staff member had been at the service for well over a year. This all helped build trusting relationships and meant staff understood people's needs, preferences and communications better.

Staff members were positive about the people they supported. One said, "All the staff care about people here." We saw this in how staff interacted with people and in people's care records. For example, when one person had a cold recently, staff made them a lemon and ginger drink with honey as well as providing pain-relief medicines.

The service ensured people's privacy and dignity was respected and promoted. A community professional said that was the case. We saw staff treating people respectfully. For example, staff responded to people promptly and patiently. People were supported with their appearance where needed. A staff member told us of supporting people to buy seasonal clothing, which showed proactive care.

Staff told us they had received training in equality and diversity. They said this helped them, for example, respect and support people's religious and cultural needs. They explained the different support each person had for attending places of worship. This was based on the religion, the person's abilities and wishes, and how involved people's relatives were.

The service empowered people to express their views and make decisions about their care and support. This was evident from the way staff and the registered manager interacted with people. For example, one person went out earlier for a planned lunch as they were ready and keen. Another person was ready but indicated they were happy to wait. Staff told us of ways in which people made their views known, for example, around meals and community activities, which staff supported as far as possible. In respect of decisions made in the service such as watching TV or meals, someone using it said, "We negotiate." We saw that occurring, with the person using the service ultimately making the decision for themselves.

Staff were clear that they could not force people on what they considered essential care such as taking prescribed medicines. They explained strategies to encourage if a person was refusing, and said they would inform the registered manager if they had concerns for the person's welfare. This indicated an appropriate

balance of autonomy and safety.

The service supported people to develop and maintain relationships that mattered to them. People and their relatives confirmed this was the case. One person told us of their next trip out with a relative. A relative said, "She's always willing to go back home after visiting us." Staff told us of the different visiting and phone-call arrangements made with people's relatives, both in the service and elsewhere.

Is the service responsive?

Our findings

The service enabled people to receive personalised care that was responsive to their needs. Staff were aware of people's specific needs and how to respond appropriately. People's care plans contained sufficient specific information about their needs and preferences, along with a summary 'pen portrait.' These guided staff on what the person could do themselves and what support the person needed. They generally matched what staff told us of people's support needs. We also noted there were regular goals and progress updates within people's files, showing attention as paid to the person's development and quality of life.

One person's care plan was dated October 2017, and so had not been reviewed and updated in line with the provider's six-monthly policy expectation. It did not therefore include some advice from a dentist visit earlier in the year. Another person's care plan did not update on how staff were providing evening support following changed needs. Staff and the registered manager spoke in detail about the changed support, so it was clear the service was responding to people's individual needs in practice. The registered manager undertook to ensure people's care plans reflected this.

The service supported the communication needs of people with a disability or sensory impairment. Good communication is key to reducing feelings of frustration of not being understood. Staff and the registered manager clearly knew the people they were supporting and adapted their communication to meet people's individual needs. They were patient with people and gave them the time they needed to say what was on their mind. They told us of knowing people well, interpreting body language, and recognising that there were occasions where what someone said may not be what they meant and so exploring further with them. The registered manager said that sometimes you had to "read between the lines" to understand someone's communication. They also described attempts at using assisted communication equipment such as symbols with some people, but this had not enabled better communication. Records showed Speech and Language Therapist referrals had been made where appropriate.

The service supported people to follow their interests. People were engaged in board games and puzzles in the service during our visit. They took part in a number of different activities in the community. They told us of imminent and recent trips out including to the cinema and for meals. Staff told us of the different activities people liked, both in the service and when going out. We therefore found different people had visited the local RAF museum, attended college classes, enjoyed train journeys, visited country parks, and gone on daytrips to coastal towns. This matched some plans made in house meetings for people using the service. Staff and the registered manager also spoke of planning holidays for people in the next few months.

People and their representatives knew how to complain if they were not happy and felt that the registered manager would take appropriate action if they did complain. There were systems in place to record complaints but the last one was dated 2015. The registered manager confirmed there had been no complaints since then. Records showed most staff had recently completed training on complaints handling. One person told us of regular house meetings. Records and staff feedback confirmed this, staff for example telling us that the meeting included checks on any concerns people had and "if they are happy here."

Is the service well-led?

Our findings

The service's manager had been in post for many years. They had been successfully registered with us for that role, indicating appropriate capability, qualifications and experience. They were well informed about what was happening in the service regarding people using it and staff.

People's relatives praised the service's management. One said, "The manager understands [their family member] as well as anyone." Another told us the service was run "pretty well" and that the registered manager was approachable. Community professionals also praised the management of the service.

The service promoted a positive and inclusive culture that aimed to achieve good outcomes for people. The registered manager told us of constantly striving to improve people's quality of life. The service was therefore looking at alternative community activities for people, so they could experience different things and see if they enjoyed them or not. Staff showed us a list of potential activities that they were discussing with people, and told us of starting to follow these.

Staff told us of good support from the management team. A staff member said they could raise concerns about people's care with the registered manager, and that they would be responded to. Staff also referenced good team work. One staff member said they were proud that "the whole team are always trying to improve people's lives." The registered manager told us of discussing people's support and service operation with staff daily, to help ensure good outcomes for everyone.

Staff meetings were held in support of maintaining a positive and empowering culture. Fortnightly meeting records included consideration of the ongoing support needs of people using the service, lessons learnt from any accidents and incidents, and planning ahead for supporting individuals to go out.

Quality assurance systems were in place to help drive improvements at the service. These included some staff team checks such as for health and safety matters. The registered manager had devised a quality audit to oversee that many aspects of the service were up-to-date and working well. This included when each person last had health checks, that people's looked-after money was accurately accounted for, and that safety matters such as individual fire evacuation plans were in place. These helped to highlight areas where the service was performing well and any areas for development.

Members of the provider's quality team undertook occasional audits of the provider's services including this one. The most recent audit shown to us was on 9 January 2018. It indicated generally good standards across the services.

The provider engaged with and involved stakeholders in the development of the service. Survey feedback from people using the service, their relatives and community professionals the service worked with had been acquired in the last year. Findings were generally positive but with suggestions. The registered manager told us of responses to these, for example, setting up reminders to phone people's relatives monthly to keep them more updated. There were plans to simplify the survey for people using the service, to

make it easier to understand. There were also numerous positive responses to staff surveys, but again the registered manager explained making minor adjustments in response to suggestions.