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Camden Lodge Residential Care Home

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

Summary of findings

Overall summary

This inspection took place on 19 April 2017 and was unannounced. At our last inspection in December 2015 the service was rated 'Requires Improvement'. We identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to quality assurance, medicines management and staff training. At this inspection we found that the registered provider had addressed these breaches.

Camden Lodge Residential Care Home is a privately owned care home for older people in Enfield. The home is registered to accommodate 24 older people, most of whom are living with dementia. On the day of our inspection there were 23 people residing at the home.

There was a registered manager in post. 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.

People told us they felt safe at the home and risks to people's safety and been identified, acted on and, where possible, were being reviewed with the person.

Staff knew the signs to look out for that may indicate someone was being abused and they knew who to contact if they thought anyone was being abused.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

Staff were positive about how the service was run and the leadership by the registered manager.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us they liked the food and staff knew about any special diets people required either as a result of a clinical need, personal preference or cultural requirement.

People had regular access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff demonstrated a good understanding of peoples' likes, dislikes, needs and preferences.

People told us that the management and staff listened to them and acted on their suggestions and wishes.

People told us they were happy to raise any concerns they had with any of the staff and management of the home.

People we spoke with confirmed that they were asked about the quality of the service and had made comments about this.

Systems were in place to monitor and check the quality of care provided. People told us the service took their views into account in order to improve.

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.

Risks to people who used the service were identified and managed effectively.

Staff were aware of their responsibilities to keep people safe from potential abuse.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

Staff understood their role and responsibilities for maintaining high standards of cleanliness and hygiene.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills necessary to support people properly and safely.

Staff understood the principles of the MCA and knew that they must offer as much choice to people as possible in making day to day decisions about their care.

People told us they enjoyed the food and staff knew about any special diets people required either as a result of a clinical need or a personal preference.

People had regular access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

Is the service caring?

Good

The service was caring.

Staff treated people with respect and kindness.

Staff knew about the various types of discrimination and its

negative effect on people's well-being.

Staff understood people's likes, dislikes, needs and preferences and people were involved in developing and monitoring their care provision.

Staff respected people's privacy.

Is the service responsive?

Good

The service was responsive.

People's care was individualised and people told us that the management and staff listened to them and acted on their suggestions and wishes.

People were happy with the increase in activity provision at the home as we saw this had a positive effect on their well-being.

People told us they were happy to raise any concerns they had with any of the staff and management of the home.

Is the service well-led?

Good

The service was well-led.

Systems were in place to monitor and check the quality of care provided and people told us the service took their views into account in order to improve.

People we spoke with confirmed that they were asked about the quality of the service and had made comments about this.

Staff were positive about the registered manager and the support they received from him and the other managers at the service.

Camden Lodge Residential Care Home

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 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 unannounced inspection was undertaken on 19 April 2017.

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 also reviewed information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people using the service.

This inspection was carried out by two inspectors and an 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.

We spoke with nine people who used the service and six people's relatives. We also observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being.

We spoke with eight staff, the registered manager and the service manager.

We looked at six people's care plans and other documents relating to their care including risk assessments and medicines records. We looked at other records held at the home including staff meeting minutes as well as health and safety documents and quality audits.

Good

Our findings

At our last inspection of this service in December 2015 we had concerns about how medicines were being managed at the home. We identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After the inspection the registered manager wrote to us describing the actions they would take in order to become compliant with this regulation.

At this inspection we found that the registered provider had complied with the breach in relation to the management of medicines.

We checked medicines and saw satisfactory and accurate records in relation to the receipt, administration, storage and disposal of medicines at the home.

We saw records that staff who administered medicines had received medicines training. We were informed that all staff who managed medicines at the home had undertaken an observed competency by the assistant manager to check they were following correct policies and procedures.

These observed competency assessments were not currently being formally recorded and the registered manager told us that, from now on, these would be recorded as part of staff supervision.

People we spoke with said they were satisfied with the way their medicines were managed at the home. One person we spoke with told us "My medication is given to me on time."

People told us they had no concerns about how they were being supported at the home and that the staff treated them kindly.

One person told us, "Everything here is perfect. I've been here for many years. I like them all. I feel safe and well cared for and wouldn't want to be anywhere else." Another person said, "I do feel safe here."

A relative commented, "I feel happy when I leave, knowing that my husband is being well looked after."

Some people told us they had been worried by another person who was living at the home who, due to their cognitive impairment, was disruptive. This person had now moved to a more suitable service and people were relieved about this. We spoke with the registered manager about this and he told us he would ensure the pre-assessment process was robust enough to make sure the home did not admit anyone who's mental

health needs could not be met.

We observed friendly and kind interactions between staff and the people they were supporting which was having a positive effect on people's well-being.

Staff could explain how they would recognise and report abuse. They knew that they could report any concerns to outside organisations such as the Care Quality Commission (CQC) the police or the local authority.

Any potential risks to people's safety were assessed, reviewed and the required actions were recorded so staff knew how to mitigate any identified risks. Risk assessments were proportionate and centred around the needs of the person.

Staff we spoke with were able to tell us the potential risks to people in relation to their everyday care and treatment. These matched the risks recorded in people's care plans. Where this was possible, care plans also detailed people's understanding of the risks they faced. We saw that risk assessments had been developed in relation to people's mobility, nutrition and pressure care management.

Falls risk assessments had been completed. The risk assessment listed information on how to mitigate the risk of falls and also, where required, listed items such as walking aids to be used. Moving and handling assessments had been completed that provided information on how to transfer people safely and also recorded people's mobility levels.

Skin integrity was assessed using Waterlow charts to determine risk levels. Waterlow charts are a tool for assessing the risk of developing pressure ulcers. Records showed that the charts had been completed and the level of risks was being determined correctly. Action plans and risk assessments had been created for people at risk of pressure ulcers. Records showed one person recently had a pressure ulcer, which had healed. There was a plan in place to minimise the risk of the pressure ulcers returning, which provided information on areas of the body that staff would need to monitor and apply cream. The person also had pressure relieving equipment including a pressure mattress.

Environmental risk assessments, including a fire risk assessment had been completed and were accessible to all staff. Weekly fire tests and regular evacuation drills were being carried out. Risk assessments and checks regarding the safety and security of the premises were completed. There was a weekly fire safety checklist, which included checking escape routes, emergency lighting and evacuation equipment.

Personal Evacuation Emergency Plans (PEEP's) had been completed for people which provided information on how to evacuate each person safely. Fire evacuation slide mats had been installed near the stairs. There were instructions on how to use the mats. A person living on the top floor was at risk due to smoking in their room and we noted that a fire evacuation mat had not been installed on that floor. We were informed that this would be installed. There was a fire grab bag available that contained PEEPs, the register, a torch and high visibility jackets that were to be taken during an emergency.

Checks on hot water taps in people's rooms were being completed regularly to ensure the temperature was within acceptable limits. However, records showed that these limits had been exceeded in some sinks and the water temperature was over the acceptable limits. We tested the hot water temperature with the registered manager and observed that in one person's room the temperature was very hot and not within a safe temperature. Two days after the inspection the registered manager sent us evidence that all thermostatic valves had been checked by a qualified heating engineer and a number of valves replaced as a

cautionary measure.

People using the service and their relatives did not raise any concerns with us about staffing levels. One person told us, "On the whole the staff are very good. They get a bit flustered sometimes, but that's to be expected." A relative commented, "The capacity of 24 people is just about right as more time can be spent with each person." We observed staff were not rushed and were able to spend time with people between care tasks.

We checked a selection of five staff files to see if the service was continuing to follow appropriate recruitment procedures. Records showed the provider collected two references from previous employers, proof of identity, criminal record checks and information about the experience and skills of the individual. Staff members were not offered a post without first providing the required information to protect people from unsuitable staff being employed at the home.

All parts of the home were clean and there was no malodour detected anywhere in the building.

People were very positive about the cleanliness of the home and the staff who kept it clean. One person commented, "It's very clean here." A relative commented, "The cleaning is getting better as there have been some problems in the past."

Good

Our findings

We asked people if they thought the staff were well trained and good at their work. Responses were positive and one person told us, "Staff do a good job." A relative commented, "My husband has been here 18 months; another home couldn't manage him as he was too active for them. Camden Lodge has settled him in well. They accept his behaviours and deal with it. Staff treat him well."

At our last inspection of this service in December 2015 we had concerns about how staff were supported at the home through on-going training and regular appraisals.

We identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After the inspection the registered manager wrote to us describing the actions they would take in order to become compliant with this regulation.

At this inspection we found that the registered provider had complied with the breach in relation to supporting staff.

Staff confirmed they received regular supervision and yearly appraisals and we saw records of these in their files.

We checked the supervision records for five staff, which included two new staff and records showed that staff had received regular supervisions and had received a recent appraisal. During these supervisions, performance and training needs were discussed. The registered manager kept a supervision matrix that listed dates supervision was carried out, which enabled the registered manager to identify when the next supervision was due for each staff member.

Staff were positive about the support they received in relation to supervision and training. One staff member told us, "The training helped me a lot."

The registered manager showed us a training matrix which detailed the training undertaken by staff. We noted that there were a few gaps in this training record and the matrix did not identify when training was due to be refreshed. We discussed this with the registered manager who agreed that recording the date that any refresher training was due to expire would be useful in planning future training.

Records showed that the service supported people with diabetes, people at risk of pressure ulcers and with

behaviours that may challenge. We saw that not all staff had undertaken training in challenging behaviours. The registered manager told us that staff had received training in pressure care and diabetes which had been delivered by the deputy manager, who had a nursing qualification. We were unable to see any records to support this. The registered manager told us that he would ensure that any in house training would be recorded from now on.

Two days after the inspection the registered manager sent us confirmation that the required training, as noted in the gaps we saw in the training matrix, had now been booked for all staff.

Staff were positive about their induction and we saw records of these inductions which included looking at the philosophy of care of the service and shadowing more experienced staff until they felt confident to support people on their own.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf for 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.

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager understood and had followed the relevant policies and procedures in relation to the Deprivation of Liberty Safeguards (DoLS).

Care plans made it clear to staff to make sure they always offered choices to people. Staff had received training in and understood the principles of the Mental Capacity Act and told us that, even though people may have dementia and not be able to make big decisions about their care, they were usually able and encouraged to make day to day decisions such as what they wanted to wear or what they wanted to eat.

We observed staff asking people for permission before carrying out any required tasks for them. We noted staff waited for the person's consent before they went ahead. People told us that the staff did not do anything they did not want them to do.

A person told us, "I normally make my own decisions and the manager has been very helpful." Another person commented, "I am self-sufficient, but they do consult me on everything."

People told us they liked the food provided at the home. People's comments about the food included, "The food is excellent and they cater to my dietary requirements", "The food portions could be bigger, but the meals are tasty with a varied choice and a good balanced diet" and "The food is very good."

The cook was aware of the people that needed a special diet because of a particular health requirement such as diabetes or if someone had a swallowing problem. We saw information about each person's likes and dislikes in their care plans and the cook was aware of people's individual preferences.

We sat with people during lunchtime, which was relaxed and sociable. The cook was helping serve the meals and received feedback from people about how they were enjoying their lunch.

People were appropriately supported to access health and other services such as GP's, dentists, opticians and chiropodists when they needed to. Each person's personal records contained documentation of health

appointments, letters from specialists and records of visits. One person we spoke with told us they were unhappy about their GP and we asked the registered manager to look into the issues this person had raised with us.

Everyone had an up to date 'hospital passport' which was a document that would be sent with the person if they had to go to hospital. This document contained important information about the medical and healthcare needs of the individual so staff at the hospital knew how best to care for that person.

Good

Our findings

People told us they liked the staff who supported them and that they were treated kindly and with dignity. One person told us, "The staff look after me well." Another person said, "They know me well enough here and staff are very respectful." A relative commented, "I am very happy with staff who are very supportive, and I feel happy that he is safe."

We observed staff interactions with people throughout our inspection. We saw that people were very relaxed with staff and it was clear that positive and supportive relationships had developed between everyone at the home.

Staff knew people well and responded to them in a caring way and in line with guidance from their individual care plans.

We saw that people had commented and had input in planning their care and support where possible and where they wanted this input. We saw that care plans had been reviewed and updated where required and had been signed by the person or their family to indicate they agreed with the care plan.

One person we were speaking with told us, "They involve me in everything." A relative commented, "Nice people here. Things are always improving. Family members get involved. They're doing a lot of conversations here and they're doing very well considering what a difficult job they have."

We saw that people were able to express their views and make choices about their care on a daily basis. Throughout the day we observed staff offering choices and asking people what they wanted to do.

Staff told us they discussed people's cultural and spiritual needs and preferences with them and we saw this information had been recorded in people's care plans. One person told us, "I see a Priest now and then, and I get guidance from him."

Staff had a good understanding of equality and diversity issues within the service and told us they made sure people at the home were not disadvantaged in any way.

Staff gave us examples of how they maintained and respected people's privacy. These examples included keeping people's personal information secure as well as ensuring people's personal space was respected. One person told us, "My privacy is respected here."

We saw a few of the men living at the home were wearing jogging pants rather than more traditional trousers. We asked the registered manager to make sure this was because they wanted to wear these and not because staff might find jogging pants easier to use as part of people's continence management. The registered manager told us that he would discuss this at the next staff and residents meetings.

Good

Our findings

Staff had a good understanding of the current needs and preferences of people at the home which matched information detailed in people's care plans.

People we spoke with were positive about how the staff supported them and how staff responded to any change in their care needs. One person we spoke with said, "Staff understand my needs." Another person commented, "If I ask a question or have a concern, things are explained to me."

A relative told us, "The home is responsive to our needs; in the last few months it has got better." Another relative we spoke with commented, "I like it here; anything that I'm not happy with, I've spoken to the manager and it's been dealt with."

The service was currently in the process of changing the format of care plans to ensure information was more person centred. These new care plans were personalised and person centred to people's needs and preferences. People's views about their care were recorded in the care plans and clearly evidenced that they had been involved in their development. We saw that each person's individual 'voice' came through in planning their care.

People's care plans were divided into areas which included eating and drinking, end of life decisions, mobility, night care and healthcare needs.

People's ability to communicate was recorded in care plans for staff to understand how people communicated. The plans also listed if people were able to use call bells and their health condition such as dementia that would impact on the way they communicated.

Reviews were undertaken regularly with people, which included important details such as people's current circumstances and if there were any issues that needed addressing. Where people's needs had changed, usually because someone had become more dependent, the service had made the necessary changes to the person's care plan.

At the last inspection of this service in December 2015 we were concerned that people were not being offered enough meaningful activities to keep them sufficiently occupied and engaged. As a result of our concerns the registered provider had employed activity coordinators to provide activities for everyone at the home each day.

We saw that people were much more engaged with staff, the environment and each other. This engagement was having a very positive effect on their well-being and we observed people smiling, laughing and enjoying each other's company.

Activity coordinators had developed individual activity profiles for each person which outlined people's preferences and abilities in relation to activities. There was also an activity evaluation form that was completed after different activities took place. The purpose of this was to review what went well and how engaged people were. This then informed the provision of more activities that the coordinators knew people enjoyed.

People were very positive about the increase in activities at the home. Comments from people using the service included, "I enjoy the activities", "If there's something I want, I let them know; they also offer activities and I decide whether I want to do them or not" and "The activities are good quality and I really enjoy and look forward to them."

Relatives told us they had seen the improvement in the provision of activities. Relative's comments included, "Activities are very good, in fact they are quite lovely", "Last Friday they hired a bus and took residents to Enfield. They're doing a lot more of this now" and "My father-in-law doesn't get involved in the activities, but he watches and he enjoys it."

People told us they had no complaints about the service but said they felt able to raise any concerns without worry. When we asked people who they would raise any complaints with, they told us they could speak to any of the staff or management and we saw information about how to make a complaint on notice boards in the home.

We checked the record of complaints to see how these were dealt with by the registered manager. We saw that they had taken any concern or complaint seriously and had investigated and dealt with them properly.

People's comments about making a complaint or raising a concern included, "Things are good here; I have no cause for complaints", "If I'm dissatisfied, I tell staff and they deal with it" and "If I have to complain, I am taken seriously."

Good

Our findings

Staff were positive about working at Camden Lodge and the support they received from the registered manager. Staff told us the registered manager was 'intelligent', 'well organised' and 'friendly'. One staff member said, "He's been very supportive."

People who used the service and their relatives were also very positive about the registered manager and the management of the home. One person told us, "The home is well run." Another person commented, "The manager has made a lot of changes for the better. I am very happy." A relative commented, "Staff are very good and managers are excellent."

People who used the service and their relatives told us the registered manager asked how they were and if there was anything they needed or any suggestions for improvements.

There were regular team meetings and we saw that staff were able to comment and make suggestions for improvements to the service. Staff told us that these meetings were a positive experience and they felt able to raise any concerns or suggestions.

There was a yearly quality monitoring survey that was given to people so they could give their views about the service. We saw that the results of the most recent survey were positive.

Recorded feedback included, "Everyone is open and transparent, very friendly and helpful", "Dad has come on leaps and bounds" and "Comments are listened to and taken on board."

There were regular residents meetings where people could give their views about the service and make suggestions for improvement. An action plan was then developed so these suggestions could be acted on. For example, we saw that some of the most recent actions included offering relatives meals when they visited at meal times and to continue to ensure that peoples' cultural preferences in respect to menus were provided.

Other quality checks included the regular auditing of medicines management and care plans. We saw that risk assessments and checks regarding the safety and security of the premises were taking place on a regular basis and records of maintenance and servicing of the building were satisfactory.

We spoke with the registered manager about developing an overall and continuous service improvement

plan that could be linked to all of the current quality assurance systems already in use at the home. They said they would look into this as a potential quality assurance tool.