Care Quality Commission

One Housing Group Limited

Camden Park House

Inspection report

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Date of inspection visit:
02 March 2016

Date of publication:
12 April 2016

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

We carried out an unannounced inspection on the 2 March 2016. At our last inspection on 12 September 2014, we found the standards inspected were met.

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 13 people using the service.

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.

We found that the registered manager and staff worked in partnership with local mental health and social care teams to provide a person-centred service that encouraged independence. There was strong emphasis on social inclusion through organised activities as well as supporting people on a one to one basis in order that they were able to lead purposeful and meaningful lives and thus enhancing wellbeing.

Throughout the course of our inspection we observed staff treating people in a respectful and dignified manner. Staff as well as people themselves managed to create a homely and safe environment and people told us they very much considered it their home.

Staff received training on equality and diversity and aspects of peoples unique needs relating to this were included in peoples care plans, including race, sexual orientation and beliefs

There were systems in place to safeguard people and staff had a good understanding of the different types of abuse and how they would look out for signs of abuse.

Risk assessments formed part of the person's agreed care plan and covered risks that staff needed to be aware of to keep people safe.

People had a Personal Emergency Evacuation Plan on their record (PEEP). Their PEEP identified the level of

support they needed to evacuate the building safely in the event of an emergency.

Recruitment practices ensured staff were appropriately checked prior to employment to ensure they were suitable to work with the people using the service.

Medicines were stored, administered and recorded appropriately by staff who had undertaken relevant training.

There was sufficient mandatory training available to staff to support them with their role as well as the provider offering a number of specialist training courses for example, mental health, dementia, self-harm and diabetes.

Staff understood the principle of the Mental Capacity Act 2005 (MCA) and the Depravation of Liberty Safeguards (DoLS) and had received regular training.

People were supported to eat drink and maintain a balanced diet and were actively involved in menu planning as well as assisting in the kitchen. They received the food they liked and requested.

People were supported to keep well and had access to the health care services they needed. Care plans which identified their assessed needs and set out how to support them appropriately.

A copy of the complaints procedure was on display on the notice board at the service. Staff knew how to support people appropriately to make a complaint.

There was evidence of regular audits and surveys undertaken to ensure the service was providing high quality care and support.

There were opportunities for people's voices to be heard. Regular house meetings were organised for people to share there views and contribute to change.

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. Staff knew how to report concerns or allegations of abuse to ensure appropriate procedures were followed to keep people safe.

Individual risk assessments were undertaken with people and measures put in place to minimise the risks of harm.

There were sufficient staff available to meet people's needs.

There were suitable arrangements for the safe recording, storing and administering of medicines, in line with the provider's medicines policy.

Is the service effective?

Good

The service was effective. Staff received induction training and mandatory training to ensure they had the appropriate skills and knowledge to support people effectively.

People had access to their own GP as well as on-going healthcare support.

People were supported to eat drink and maintain a balanced diet. They were actively involved in menu planning and received the food they liked and requested.

Staff had a good understanding of the Mental Capacity Act 2005 and how to support people using the principles of the Act.

Is the service caring?

Good

The service was caring. Staff understood people's individual needs and supported people in a dignified way.

Staff were very knowledge able about how to support people effectively and were particularly sensitive in their approach.

Staff had received training on 'Equality and Diversity' and aspects of peoples unique needs relating to this were included in peoples care plans.

Is the service responsive?

Good

The service was responsive. People received personalised care that met their needs.

People were involved in care planning, to ensure care and support was appropriate to them and delivered safely.

People's voices were heard through a number of ways including house meetings between staff and people using the service. Feedback was considered and acted upon.

Information regarding how to make complaints was available to people using the service.

Is the service well-led?

Good

The service was well-led. The service promoted a positive culture and the home was well run.

There was a clear management structure in place and people who used the service and staff were fully aware of roles and responsibilities of the registered manager and staff and the lines of accountability.

There were effective audits and checks to assure quality and identify any potential improvements to the service being provided.

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Camden Park House

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 inspection took place on 2 March 2016 and was unannounced. The inspection team included one inspectors and a specialist advisor in mental health social work.

Before the inspection, the provider completed 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 also reviewed the information we held about the service including people's feedback and notifications of significant events affecting the service.

During the inspection we spoke with four people who used the service. We spoke with four members of staff including the cook and the registered manager. We also gained feedback from health and social care professionals and local commissioners.

We reviewed four care records, three staff records as well as policies and procedures relating to the service. We 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.

Good

Our findings

People told us they felt safe and relatives we spoke with said they thought it was a safe service. One person told us how they suffered with anxiety but felt very settled after being at Camden Park House for a short time. They said, "Staff are friendly and the other people here are friendly as well."

Staff recently held a safeguarding workshop for people to ensure they were aware of their rights to raise safeguarding concerns should they arise. People we spoke with were able to recall the workshop and had an understanding of their rights to raise any concerns, whether about safeguarding or any other complaints about the service. They also had a leaflet explaining what to do if they were worried about anything at the home.

Training records confirmed that staff had received training in safeguarding adults. The training was provided by the provider and the local authority training service. Staff were able to describe the process for identifying and reporting concerns and were able to give example of types of abuse that may occur. One care worker told us they were aware of the need to comply with confidentiality of reporting and would seek consent from people. They were also aware that the issue would need to be raised with the local authority and with the relevant key worker from the mental health team. There was a safeguarding folder which contained the safeguarding policy for the service and other policies and procedures relating to reporting and recording. A whistleblowing policy was in place and the staff we spoke with were able to tell us how and when to use it.

The registered manager understood their responsibilities for reporting safeguarding concerns and was able to tell us they would report any issues to the local authority safeguarding team and undertake preliminary investigations. They were also clear that the local authority were the lead agency for coordinating safeguarding investigations and that they should also report concerns to the Care Quality Commission.

There were comprehensive risk assessments on each of the care records we looked at. These assessments were specific to the individual. For example we saw on a risk assessment and risk management plan that where a person's mental health had deteriorated they would be supported to see their mental health workers at the local recovery team and where others were prescribed antipsychotic drugs, they were prompted to attend a local clinic for regular blood tests to monitor for any side effects.

Risk assessments were reviewed quarterly or when there had been a change in a person's condition, in line with the policies and procedures at the service. We saw a recent example of this after a person had been involved in a fall outside of the home and the risks around them mobilising had changed. Risk assessments

were updated to reflect this. There were also regular care programme approach reviews for some people that included managing risks and usually involved an allocated care coordinator as well as staff at the service to assist a person with planning their support and keeping safe.

People had a Personal Emergency Evacuation Plan on their record (PEEP). Their PEEP identified the level of support they needed to evacuate the building safely in the event of an emergency. We saw one person choosing to remain in their room and were smoking quite heavily. They used a metal waste bin as an ashtray as well as fire retardant bedding to minimise the risk of fire. This was detailed on their risk assessment.

Rotas demonstrated there were sufficient numbers of suitable staff to meet people's needs and keep them safe. Staff told us about recent changes to staffing levels following a re-organisation that led to less staff being on duty during the day. Although they expressed that this posed increased challenges for staff, requiring more planning to undertake individual support with people, staff felt that the safety of staff and people was not compromised. We discussed this with the registered manager who told us that two people had personal care provided by an external care provider and that this assists with ensuring there was more staff time for people during the day. She told us that staffing was linked to dependency levels therefore requests could be made for more staff if there was a need.

Medicines were being administered correctly to people by trained care workers. The majority of medicines were administered to people using a monitored dosage system supplied by a local pharmacist. We spoke with a care worker during the inspection and they told us that staff were trained in medicine administration and competency assessments were conducted annually to ensure their practice was safe. This was evidenced on training records we saw. Medicine checks were carried out each night by night staff and audits were carried out weekly by senior staff.

There were effective recruitment and selection processes in place. Documentation was in place to support this and included an application form, interview and written assessments. We noted in staff files we read that references had been checked. Appropriate checks were undertaken before staff began work. Checks on people's references, eligibility to work, Disclosure and Barring (DBS) had also been undertaken to ensure they were fit to work.

The bathrooms and communal areas were clean and infection control measures were in place. We saw colour coded cleaning equipment and there was a cleaner on duty during the visit. Soap and towels were at hand basins and hand wash signage above some sinks. The home was clean and cleaning was on going throughout the morning. We saw from the rota that a cleaner worked at the home every day.

Good

Our findings

People we spoke with told us they thought the service was effective. One person when asked about the service said, "I've been here 7 years, so it must be ok." They went on to say that whenever they had any concerns they got dealt with very quickly by staff.

Staff had the knowledge and skills to enable them to support people effectively. Staff told us they received training and support to help them carry out their work role and this was confirmed in the training records we saw. Most staff had completed a National Vocational Qualification (NVQ) level three and all new staff was expected to complete the Care Certificate and level three diplomas in health and social care. Staff told us they had received an induction programme over a two week period and that it included working with staff on the floor shadowing them and also covered training topics such as fire, manual handling, COSHH, infection control and safeguarding.

Certificates were retained on staff records to evidence the training they had done. Staff told us and we saw from the training matrix that there was sufficient mandatory training to support them with their role as well as the provider offering a number of specialist training courses for example, mental health, dementia, self-harm and diabetes.

Staff were well supported and had received supervision from the registered manager on a regular basis. Supervision records were kept on staff records and the topics discussed included training needs, individual progress/projects and service user feedback. Individual appraisals with staff were undertaken each year and we saw the documentation on file.

Care records contained signed consent forms including consent to care and treatment and sharing information with other professionals as required (communication consent forms) and consent for information to be retained.

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. When they lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff were familiar with the MCA and the need to obtain consent from those who used the service. One care

worker told us that people were very much in control of their lives and if they felt there was a concern around people's mental capacity to make decisions they would always involve the mental health team and follow the processes to make best interest decisions.

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

The registered manager and staff had received training in the MCA and the Depravation of Liberty Safeguards (DoLS) .They were able to describe people's rights and the process to be followed if they were identified as needing to be assessed under DoLS. At the time of the inspection there were no DoLS authorisations in place.

People were supported to keep well and had access to the health care services they needed. Advice from other healthcare professionals was incorporated in to care plans to ensure that people received appropriate care and treatment. For example, records confirmed people had seen their GP when needed as well as optician, dentist and other health providers where appropriate. Other specialists were consulted for specific medical support as required, for example the speech and language therapy team (SALT).

People were supported to eat drink and maintain a balanced diet. They were actively involved in menu planning and received the food they liked and requested. The cook had a good understanding of people's individual requirements regarding diet. For example people who were diabetic or people who had cultural preferences. The cook was very much involved in supporting people around nutrition at the service. People were encouraged to assist in the kitchen and also with planning events like garden parties and birthday parties. People we spoke with spoke highly of the cook and were happy with the food she prepared. We also saw that regular feedback was sought regarding meals and this was used to assist with menu planning and making improvements.

Good

Our findings

People told us staff were caring. One person said, "It feels like I'm at home" and another said, "Staff are reasonable and approachable and I have the confidence to go to them."

When we first arrived, several people were having breakfast before going to day services, or other appointments and were being supported with this by staff on duty at the time. One person commented that, "If I go out staff ask me to let them know when I will be back, especially if I will be late back, but I'm free to come and go." They went on to say, "I'm happy with the place; they always ask about my health." They told us they were on section but were not going to appeal as they were the happiest they had ever been since being at the home. They told us how staff supported them to visit their brother and how they used to go with them but now help them to go on their own.

Staff were very knowledgeable about ways to support people effectively and were particularly sensitive in their approach. They were warm and motivated to work in a structured and positive way with the people, who were at times resistive to intervention.

Throughout the course of our inspection we observed staff treating people in a respectful and dignified manner. The atmosphere in the home was at times noisy; with the television being on in the communal lounge and dining area. However, people we spoke with told us they had no problem with this, as they were free to go to their rooms at any time. People clearly had their preferred seating arrangements and a significant proportion of them appeared comfortable to spend time in communal areas, something which is not always easy for people living with serious mental health conditions. This was attributed to how staff and people themselves successfully managed to create a homely and safe environment.

There were signs of wellbeing with people engaging with one another and staff in a friendly and relaxed manner. One person told us that when she came to the service she had very little in the way of clothing and was too anxious to go shopping. Their keyworker engaged with them over several months, going through on-line shopping with them to understand their clothing preferences, sizes etc. The staff member then purchased clothing for them which they were very happy with and as well as improving their appearance it also enhanced their self-esteem. This had been positively commented on by their relative on subsequent visits. This person centred approach demonstrated a supportive understanding of individual's needs, which were well met through persistent and patient intervention.

Staff were aware of how to protect privacy and all said they knocked before entering people's bedrooms and

this was evident during our visit. People's choice was respected and staff seemed to have a good knowledge of the individual needs of people regarding privacy and social interaction, which was facilitated as appropriate.

Staff had received training on 'Equality and Diversity' and aspects of peoples unique needs relating to this were included in peoples care plans, including race, sexual orientation and beliefs. Staff told us this was an important part of supporting people and essential to ensuring their needs were met.

Good

Our findings

The care and support people received was responsive to people's needs. The care plans included information and guidance to staff about how people's care and support needs should be met. They also contained the person's life history, which included a wide range of information. Care plans were retained safely and kept in individual care records. The information was easy to locate, as the files were separated into individual sections for ease of access. However, we saw that information in different sections often appeared repetitive and after discussion with the registered manager we saw that the service was in the process of changing the format of care and support planning to promote a more person centred and self-directed approach that enabled people's voices to be central in expressing the outcomes they wished to achieve.

Prior to any potential admission, a care worker and the manager assessed people's suitability for the service. They were invited to spend periods of time in the home including staying for a meal, and an overnight stay before any decision to admit the person was made. We saw this was an important process, as it gave the person time to adapt and also allowed staff to look at the dynamics between people at the home. Pre assessment records included reports from members of the multi-disciplinary team, their housing history as well as information on dependents and current health needs and medicines. Staff we spoke with about the assessment process showed consideration of how potentially a person might affect the wellbeing of others, prior to an offer being made. It was reported that one a person was refused on this basis, due to their on-going use of legal highs being a risk to the other people at the service.

Group activity programmes were detailed on the noticeboard. We saw there were activities scheduled each day apart from Sundays. On the day of our inspection, we saw a nutrition group was held in the afternoon by the cook and staff members who gave advice to people about different types of food and drinks. We saw that people also had an individual activity programme, for example attending day centres and other external events and staff very much supported people at the home on a one to one basis. One person told us they liked their own space and did not really join in with the main activities. They went on to tell us that staff supported them in activities they liked to do and when there were parties they would help the cook as they were good at organising. Social inclusion was a central focus at the service and events arranged included celebrating festivals, for example Chinese New Year, Black History Month and Armistice Day. Activities also included often visiting organised functions in the community. People told us that were enough activities for them to choose what they liked and felt that having a focus on keeping occupied helped with their recovery and enabled them to keep well.

During our visit we observed a person asking a passing staff member to help him with sorting out their clothes to take them to a charity shop. The staff member was busy but agreed to do this when they had time. Later on in the visit we saw the staff member and person having completed this, with two large bags of clothes, which the person was taking to a charity shop. They were clearly grateful for the help they had received and this was a good example of staff being responsive to the needs of the people using the service.

People told us they were listened to and there were opportunities for their voices to be heard. We saw evidence of regular house meetings organised for people. Items on the agenda for the meetings included safeguarding adults, activities, maintenance issues and complaints. We saw that discussions under safeguarding were focused on a recent workshop that had taken place, which people had told us about during our visit. There was also a keyworker system in place which meant that staff had specific responsibility for a number of people they supported and this included engaging with them, supporting them with activities to enhance their wellbeing as well as providing another avenue for people to feedback on the support they received as well as other aspects of the service.

A copy of the complaints procedure was on display on the notice board at the service. Staff told us that if anyone wished to make a complaint they would advise them to speak with the manager as usually any concerns could be addressed by them promptly. The complaint records showed that there had been two complaints in the past year and these had been recorded, investigated and the outcome was fed back to the complainant. We saw that any learning from complaints had been taken into account and used to make improvements to the service provided for people. There were a number of compliments from people and their relatives, thanking staff for the care and support they had received.

Good

Our findings

People told us they thought there was a positive culture at the service and it was well run. One person said about the registered manager, "She is very nice and she makes me feel like this is my home." Another person said, "The manager and staff always listen."

Values underpinning the work at the home included, care, compassion, courage, communication, competence and commitment. These values were well publicised on leaflets and documentation displayed and staff we spoke with were able to recall them as well as explain how they were at the core of the service provided at Camden Park House.

There was a clear staffing structure in place and people who used the service and staff were fully aware of the roles and responsibilities of individual staff members and the lines of accountability. The registered manager had assigned different champion and lead roles to staff that included medicines, dignity in care, life skills and physical health needs. This meant that specific staff members were accountable for those areas of work to ensure the promotion of each area and the tasks associated with them were completed.

Staff were positive about the registered manager. She was described as "Good at communication, she listens to and supports the staff." Another staff member described her as being a good leader, "She includes staff and consults them on decisions in staff meetings, and she is clear and decisive where necessary. She gives staff praise and ensures staff remain motivated to provide an improved service to the residents."

The registered manager promoted a positive learning culture. We saw how the focus on continuous improvement contributed to the quality of the service being delivered as well as empowering staff to achieve individual and organisational goals. We saw that she had also been promoting the Care Quality Commission five domains, safe, effective, caring, responsive and well led with the staff team and staff understood how they were to be used to ensure a good quality service. Care staff we spoke with told us they felt well supported through individual supervision, team meetings and described the registered manager as having an open door policy if they needed to talk. They told us they felt encouraged and valued in their role and that this approach was central to providing person centred and good quality care.

Quarterly audits were undertaken including checking care records and staff workbooks to ensure the service provided was of high quality. Checks on care records were also made before each supervision session with staff and any issues would be raised with them. We also saw that registered managers in the organisation conducted peer reviews across each other services which identified good practice as well as any shortfalls in

the service being checked. There were monthly head of service checks on different aspects of the service, for example safeguarding, support and care and staffing. Outcomes from each audit were used for continuous improvement.

Regular customer satisfaction surveys were conducted and the survey for 2015/2016 was currently being collected. We saw from previous surveys that detailed analysis had been undertaken and an action plan had been put in place. An example of this was seen in people reporting they were not always aware of the complaints procedure and how to use it. We saw that the complaints procedure and promotion of it was regularly discussed at house meetings and the procedure was fully explained to people.