

Central and Cecil Housing Trust

Compton Lodge

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This unannounced inspection took place on 24 February 2015. Our previous inspection took place on 12 November 2103 and we found the service met the regulations inspected.

Compton Lodge is a residential care home for up to 32 people over 65 years of age. Each person has their own bedroom and has access to assisted bathrooms and walk in showers. There is a large communal lounge, a smaller lounge and a separate dining room. At the side of the

home there is a large garden area. The home is situated in a residential area near Swiss Cottage in Camden, North London. At the time of our inspection there were 29 people using the service.

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

Summary of findings

People were not always supported safely as risk assessments were not person centred and did not always demonstrate how people should be supported safely. They were not always easily accessible and were not reviewed in accordance with the provider's documentation.

There was a lack of involvement of people and their relatives in care planning. Some people and their relatives told us they were not involved in reviews of care plans and a survey of people using the service undertaken by the provider indicated the same. We also noted that the care records system used were not person centred, meaning individually focused on the needs of the person. They were also not regularly reviewed in accordance with the provider's own documentation.

Medicines were stored and administered safely and some people managed these themselves. However some staff had not had the required competency assessment for the administration of medicines.

Staff had adequate skills and knowledge to support people effectively and we saw evidence of training in staff files that we looked at. Staff told us the induction they received was good and covered all the core training courses as well as including a period of shadowing more senior staff.

Staff had some understanding of the Mental Capacity Act 2005 and how to support people using the principles of the Act. However staff we spoke with had limited understanding of the Deprivation of Liberty Safeguards (DoLS) and changes that had occurred as a result of the Supreme Court judgement in 2014. DoLS exist to protect the rights of people who lack the mental capacity to make certain decisions about their own wellbeing. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way. We noted that only a quarter of

the staff team had undertaken training concerning DoLS. There were no applications for DoLS at the time of our visit. This lack of knowledge of the DoLS may have led to people being unlawfully deprived of their liberty.

We saw three care files and each person had "Do Not Attempt Resuscitation" (DNAR) forms in their records to record their wishes on this matter. However on two of the files there was no evidence that people and their relatives were involved in the discussions regarding this. This could have meant that people and their relatives may not have had a good understanding of the implications of this instruction should the need for resuscitation arise.

Staff developed positive and caring relationships with people. There was a warm and caring atmosphere and we saw good interaction between staff and people using the service. Staff demonstrated dignity and respect and encouraged people to be independent when supporting them with activities. We saw one person being supported to walk around the garden and other staff were seen sitting beside people talking and laughing.

We saw that there were aspects of the service that were responsive, including the activities people were offered and the way the service supported people to continue with activities they had done before they came to the service.

The registered manager was friendly and approachable and was supported well by the deputy manager, the quality assurance manager and the area manager. They recognised that the care plans and risk assessment systems in place were not adequate and told us there were plans in place to make changes and improvements.

At this inspection we found breaches of regulations in relation to care and welfare and assessing and monitoring the quality of service provision. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 not always safe. Risk assessments were not person centred and did not clearly demonstrate how to minimise risks.

Staff had a good understanding of safeguarding people and knew the steps to take to report concerns.

There were sufficient staff to keep people safe and meet their needs

Medicines were stored and administered safely.

Requires improvement



Is the service effective?

The service was not always effective. Staff had a limited understanding of the Deprivation of Liberty Safeguards (DoLS). This could have led to people being unlawfully deprived of their liberty.

Staff had the skills and knowledge to support people effectively. There was a range of training offered to staff to keep their skills and knowledge updated.

The winter menu plans covered a four week period and demonstrated a balanced diet with choices for main meals and a vegetarian option. People were supported to eat and drink appropriately during meal times

People had access to health care services when they needed to.

The GP attended the service weekly and outside of visiting times, staff were able to make contact with the GP by telephone or email if there were any concerns about people using the service.

Requires improvement



Is the service caring?

The service was caring. Staff developed positive and caring relationships with people and there was good interaction between staff and people using the service.

Independence was actively encouraged when people were supported with activities and making choices about their care and support.

Good



Is the service responsive?

The service was not always responsive. People using the service and their relatives were not always involved in the planning or review of their care and support.

There were a range of activities available and people were encouraged and supported to continue with interests they had before coming to the service.

There was a comprehensive and thorough system for staff handovers and any changes in care and support were shared with staff between shifts to ensure continuity of care.

Requires improvement



Summary of findings

Is the service well-led?

The service was not always well led. Checks were not always in place to ensure the service delivered high quality, person centred care.

People were generally satisfied with the service and felt confident about discussing any concerns with the registered manager and that they would be listened to.

Information about how to complain was displayed on the notice board. Complaints were recorded in the complaints log and responded to appropriately.

Requires improvement



Compton 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 inspection took place on 24 February 2015 and was unannounced. The inspection team included an inspector a specialist advisor 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.

Before the inspection we reviewed all the information we held about the service, including all notifications the provider must send to us about significant events. 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

During the visit we spoke with six people that use the service, two visitors, three relatives, four care workers, the deputy manager, area manager and the registered manager. We observed the care and support offered to people who used the service during the time of our visit.

We looked at a sample of three care records and three staff records, reviewed records of checks relating to the management of the service and looked at policies and procedures. We checked records of team meetings, complaints and premises maintenance. We also gained feedback from health and social care professionals who were involved with the service as well as commissioners

Is the service safe?

Our findings

People who used the service felt the service was safe. One said, “On the whole the care is very good,” another said “It’s very nice here, I can’t find any fault.” However one person told us that they felt the care and medical attention was poor.

Staff had received training in safeguarding people. They 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 of the care staff said, “I would always report concerns to the manager or deputy manager” Another said, “We can always report things to social services.” There was a safeguarding policy in place for the service that outlined the steps to take if any safeguarding issues were identified.

A fire risk assessment was completed in April 2012 and further reviews took place in 2013. However, it stated in the risk assessment report that there should be an annual review of fire risk at the service. This meant the risk of fire at the service was not being assessed in line with the recommendations and therefore the provider could not be assured that possible actions to minimise risk were taken in a timely manner.

People’s care records contained risk assessments relating to their support, such as moving and handling, falls, the environment and continence. However, we noted that the risk assessments were generic and did not contain information specific to the person or the environment. Some risk assessments were paper based and some were on computer records, making them difficult to follow. Staff told us that the risk assessments didn’t tell them in sufficient detail, what risks people faced and how to address them.

The risk assessments in the three care files we looked at had not been reviewed monthly in accordance with the provider’s policies. We noted that on one file the dates of assessments recorded were, June 2014, August 2014 and February 2015. One care record had a moving and handling risk assessment but it did not describe how to move the person safely. This meant that staff had no instructions for moving the person in a safe way in order to minimise risk of harm. Another person was receiving care from the district nurses to change dressings and there was evidence that the visits had been inconsistent. The registered manager

confirmed that district nurse visits had not always taken place as they should. There was no formal process in place for contacting district nurses and escalating concerns when dressings were not changed or reviewed according to the care plan. This meant that the person was at risk of further skin breakdown and deterioration in their general health.

We saw the documentation of three people who managed their own medicines as required and noted that monthly risk assessments had not been completed in accordance with the medicine policy.

The above issues related to a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, this corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We found there were enough staff to support people and call bells were answered quickly, however some people told us they had concerns about the high use of agency staff at the service and the effect this had on their care. One relative said “About two months ago, there were not enough staff but the staffing level situation is fine now,” another said “There are enough carers.”

One person said “I don’t like the care staff changing all the time. The permanent carers are good but the agency staff don’t give a damn and I don’t like our money being wasted this way.” One visitor we spoke with told us they thought there were too many changes of staff and too many agency staff.

Staff told us there had been a spell when agency staff were being used frequently due to staff shortages but things had greatly improved. On the day of our visit the staff on duty were all permanent and there were adequate numbers to support the people at the service.

The registered manager told us there had been an issue with using agency staff but it had now been addressed and more permanent staff had been recruited, which was evidenced on the staff rotas and staff files we saw. Medicines were administered by a senior staff member. Each person’s medicines were in a blister pack from the pharmacy and were colour coded. The medicines administration records (MAR) had also been colour coded in the same colours to minimise errors. The staff member was observed speaking to people about what the medicines were when asked. They checked that the medicine had been taken before signing the MAR. We

Is the service safe?

observed one medicine being mixed in an inappropriate way and this was rectified straight away. We looked at eight MAR sheets and there were no gaps or omissions in the records.

The senior staff member administering medicines had received training in administration of medicines; however there was no competency assessment in place for care staff despite the medicines policy stating an annual assessment of competence should be undertaken. We also noted that the date for revision of the medicines policy had elapsed

and that a quarterly audit should be undertaken but the last medicine audit we saw was incomplete and out of date. We made the registered manager aware of this and we were told this would be rectified as soon as possible.

The last medicines audit undertaken by the service was incomplete and dated June 2014. The local pharmacy supplier also conducted an audit in October 2014 and actions identified were being addressed according to the recommendations. The medicine policy was written in 2006 and was due for revision in 2013. The Area Manager stated that they believed the policy had been reviewed although the policy's revision date was not clear.

Is the service effective?

Our findings

People told us that staff had the skills and knowledge to support them effectively. One person using the service said “I’m happy with the care.” Another said “On the whole I think it’s a lovely home. Staff had undertaken induction training and one said, “It lasted for two weeks and covered observation, moving and handling, dementia and safeguarding. “I also have a national vocational qualification (NVQ) 3 so I felt I was well prepared.” There are a number of mandatory training courses offered to support staff in ensuring they are meeting people’s needs, including moving and handling, health and safety, safeguarding, mental capacity act and fire safety.

Documentation showed staff received regular supervision. Staff we spoke with were happy with the support they were given and one said, “My supervisor is really good and helps with any issues I raise.” Team meetings were also held regularly and minutes were made available to staff after the meeting.

We saw evidence of regular supervision and appraisals. One staff member said “We can go to the registered manager if we have any problems.” The last staff survey was undertaken in 2013 and demonstrated that staff were clear about what was expected of them. We also saw that staff had received an annual appraisal of their performance in 2014.

Staff demonstrated some understanding of the Mental Capacity Act 2005 and how to support people using the principles of the Act. They described how they actively supported people to make day to day decisions using communication that was understood by them. One said, “I always support people to make choices and get to know residents, their likes and dislikes.” One staff member spoke about the process for making best interest decisions including how to support people, including involving advocates.

Staff had a limited understanding of the Deprivation of Liberty Safeguards (DoLS) since the Supreme Court judgement in 2014. DoLS exist to protect the rights of people who lack the mental capacity to make certain decisions about their own wellbeing. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way.

No applications had been made to the local authority to lawfully deprive a person of their liberty although the registered manager stated that there may be one new person to consider. The registered manager and deputy manager had not had training on the DoLS since 2012 and 2013 and only 25% of the staff team had received DoLS training. This meant their lack of knowledge and understanding of DoLS may have led to people being unlawfully deprived of their liberty.

We looked at three care files that contained Do Not Attempt Resuscitation (DNAR) forms to record people’s wishes on this matter. However, two of the three completed DNAR forms did not have any documentation detailing discussion with the person using the service or their relatives. This meant there was no evidence that people or their relatives were involved in any discussions concerning this and may have meant they did not have a good understanding of the implications of this instruction should there be a need for resuscitation.

People who used the service and their relatives gave us mixed feedback about the food offered. One person said, “The food is very good” another said “there is a choice”. One relative told us how impressed they were at how patient staff were at explaining what the food was. Another person said “The food is a bit basic but they try hard.”

One relative said that the person they visited always liked a milky drink around 9pm to 10pm and this had been mentioned when the care plan was being drawn up but was not always happening. One other person said they liked the fact that the home was very good in allowing him to eat at odd times, for example having breakfast at 10.30am and his main meal in the evening at 8.00pm. One visitor explained that the person they visited was a vegetarian and would like more variety.

We observed lunchtime and saw that people were supported to eat when they needed to be. One person said, “The food is good,” another said “we have a choice”.

We saw people being supported in a calm, unrushed way, staff took time to explain about the food and the choices they had. We saw one person who didn’t want the meal that they had chosen and the staff quickly offered to change it for something else on the menu. Another person was anxious to leave the dining room quickly as they were

Is the service effective?

going out, staff made sure they were served first so that they wouldn't be late for their appointment. We observed people on each table interacting well with each other as well as with the staff who were serving them.

We saw the winter menu plans that covered a four week period and included a balanced diet with choices for main meals and a vegetarian option. Staff showed us a food comment book where people could leave comments and suggestions about the food and menus. They explained that the information was shared with the chef and the rest of the staff team in order for them to respond. Some suggestions had been included in the menus.

Staff told us that they had recently received training from the Speech and Language Therapist (SALT) regarding people with swallowing difficulties. Staff told us that they

always received written guidance for people with swallowing difficulties. This meant that staff were aware of how to support people with eating and drinking in a safe way and according to individual guidance.

People were supported to access health care services when they needed to. There was evidence of multidisciplinary team input from old age psychiatry services, palliative care services, dietician, dental and audiology services in the files that we saw.

The GP attended the service weekly and was visiting at the time of our inspection. Outside of visiting times, staff were able to make contact with the GP by telephone or email if there were any concerns about people using the service. This ensured people using the service had access to medical support out of hours.

Is the service caring?

Our findings

People told us they felt the service was caring. One person told us, “The carers are nice, they look after me well.” A relative said, “They are very caring. They’re excellent even with difficult confused people.”

Staff developed positive and caring relationships with people. There was a warm and friendly atmosphere and we saw good interaction between staff and people using the service. Staff knew people’s names and were addressing them according to their preferences. They showed dignity and respect by knocking on bedroom doors, and then waiting to be invited in. One of the staff told us, “I always encourage people to do as much for themselves as possible as I don’t want people to lose their independence and I want them to feel respected.” Another said “People must have choice and we must respect that.”

One person spoke of difficulties when the regular care staff were not available. These included problems with communication and staff not responding well to their request.

We saw staff encouraging independence when supporting people with activities. We saw one person being supported to walk around the garden and others were seen with staff beside them talking and laughing.

We saw that people’s bedrooms were very individual in décor and contained many personal items, like photos and ornaments as well as larger items of furniture. Staff told us that people were encouraged to bring their own personal items with them when they came to the service and that it helped them to settle and feel at home.

There was a policy in place for ensuring that equality and diversity was upheld and valued. Staff we spoke with had a good understanding of the ways in which this could be achieved and spoke of having training in this area. One staff member said, “I always look at someone’s history and also talk to them to find out their background.” Another said, “We have had church services here in the home that’s not a problem, people have different beliefs so we need to be helped to keep up their traditions.”

Is the service responsive?

Our findings

People told us the service was responsive. One relative said, "Reviews are carried out regularly at the home and staff are aware of the changing needs." Another relative told us that staff were very good at telling them if anything had happened, for example if their family member had fallen.

However, despite these positive comments some people told us there was a lack of involvement with care planning for themselves or their relatives. One person said they had been at the service for a number of years and couldn't remember their care plan being reviewed. A relative said that they knew their relative had a keyworker but they hadn't been involved in any review meetings with the keyworker and wondered if they were taking place. A keyworker is a named member of staff who is allocated to support a person with all aspects of their care and support and to assist them to achieve the outcomes they desire. This meant people and their relatives didn't always feel involved in their care

It was reported in the last customer satisfaction survey conducted during October and November 2014 that of the people surveyed, most were generally happy with the care and support they received. However 33% of people were dissatisfied with their personal involvement in the care plan and 44% of people did not know the name of their keyworker. This demonstrated that care plans were not always person centred and there was a risk of inappropriate care being provided due to the lack of people's involvement in their own care planning.

Pre admission assessments were completed on the care records we saw. However monthly reviews of care plan had not taken place in accordance with the documentation at the service.

One care plan we looked at, the catheter bag change record had gaps in and hadn't been recorded for over five weeks. The last recording was 12/01/15. Another care plan stated to monitor urine output but when we spoke with staff about this, there was no active monitoring of urine output for the person. A personal hygiene care plan stated a weekly bath for one person but records showed they had been offered a bath every two weeks. Monthly weights had

been undertaken for people who required this and more frequently for one person at risk. One person's care record we looked at showed the last review for mobility, manual handling and hygiene had taken place on 07/10/13.

The above issues related to a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, this corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We observed a staff handover during the afternoon of our visit. This was comprehensive and thorough. Staff discussed people individually and highlighted any changes in the care and support for people as well as any issues that arose in the early part of the day.

There were various activities available for people to be involved in, one person said they liked the classical music and Edwardian music sessions, another said the Friday evening social nights were very good. Another spoke about an outing to the garden in Regents Park. On the day of our visit there was an art class attended by several people and the hairdresser was available for people wishing to use the service. One person said "There has been an increase in the activities offered recently, which is good". Another person told us they were very satisfied that arrangements had been made for them to go out to do shopping and swimming with some help from their friends.

One staff member we spoke with told us some people had church meetings at the home so that they could continue to be a part of the church community and have a say in what happened. One person said, "Instead of holding meetings at the church we have them here and we find space so that we can accommodate people here."

The registered manager told us there was good engagement with relatives and explained that some ex relatives were very supportive and were still involved in a 'house committee'. "They meet every quarter to arrange activities like, garden parties, assisting with escorting people on outings and shopping trips."

People told us that there were regular meetings for them and their relatives. Minutes of meetings were available and sent out by email to relatives.

Information regarding how to make complaints was pinned up on the notice board. Most people we spoke with hadn't made a complaint and one relative told us they wouldn't

Is the service responsive?

know how to. The complaints log was up to date and any actions had been followed up. However one person said that they had made a formal complaint that had not been

adequately followed up. This was discussed with the registered manager who told us this had been addressed under the safeguarding procedures. Another person told us they were not aware of how to make a complaint.

Is the service well-led?

Our findings

People we spoke with told us that they thought the service was good and managed well. They told us they would feel confident discussing any concerns they may have with the registered manager and that they would be listened to. One person said “They are very kind and welcoming; another said “The management are good”.

Residents meetings had taken place regularly and we saw documentation of the last meeting held on 13/02/15. People and their relatives felt able to speak to the registered manager about any issues they may have and felt they would be listened to. However, one person told us they had expressed concerns to the registered manager but felt their concerns were not always acted upon. The registered manager had confirmed that in some cases issues were addressed via the safeguarding adult’s process and people were usually informed if that is the case.

We saw that monthly care plan and risk assessment reviews were not being carried out in accordance with the documentation at the service and the service were reliant on feedback from people using the service via an annual service user satisfaction survey to make them aware of the issues around person centred care.

Care records were not being audited effectively and had not identified the shortfalls found during the inspection. This meant that regular checks to ensure the delivery of high quality care were not taking place and people were at risk of receiving inappropriate care and support.

We saw that the fire risk assessment had not been conducted since 2013 despite recommendations that this should be an annual exercise to ensure fire risks are identified and actions put in place to minimise such risks. We saw no evidence of systems in place to check that fire risk assessments were being carried out, which meant the service was unaware of any current risks to ensure safety, good maintenance and quality at the service.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, this corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The service conducted an annual satisfaction survey for people using the service between October and November 2014 and people were generally satisfied with the service. Areas identified for improvement included involvement in care plans and people not knowing who their keyworker was. The registered manager and the area manager confirmed that plans to improve person centred support were underway, including the review of care planning and risk assessment systems.

The last annual review carried out by the local authority commissioning team in January 2015 was good and no areas of concern were identified.

We saw evidence of how the service addressed complaints; this was recorded in the complaints log which outlined the complaint and any actions taken. There was an accident and incident recording log that had been completed and outcomes from each one were recorded.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Risk assessments were not person centred and reviews were not carried out monthly as stated in the documentation at the service.

Regulation 9 (3) (a)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Care plans were not always being followed and were not reviewed monthly as stated in the documentation at the service.

Regulation 9 (3) (b-h)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Care records were not being audited regularly and a fire risk assessments had not been undertaken annually as recommended.

Regulation 17

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.