

The Riverside Group Limited

Camden Park House

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?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Camden Park House is a residential care home providing accommodation and personal care to up to 13 people. The service primarily provides support to adults living with mental health conditions. At the time of our inspection there were 12 people using the service.

The care home is an adapted building which is spread across 3 floors. People had their own rooms and access to communal areas, including bathrooms, a kitchen, lounge/dining area and an enclosed garden/courtyard.

People's experience of using this service and what we found

We were not assured that risks to people were fully assessed and safely managed. We found concerns regarding fire safety, people's physical environment and risk assessments.

While people told us the food was good, the choices around when people could eat and the availability of hot meals were limited. This indicated that people were not always supported to have maximum choice and control of their lives.

Managers evaluated the quality of care and support provided to people. However, existing quality assurance processes were not always effective as they had not identified the issues we found at this inspection.

While people received care and support from regular staff who had the required skills, we found staff training were lacking in some areas. The service carried out recruitment checks to make sure only the suitable staff were employed.

People were protected from risks of abuse. They also received their medicines on time and by trained staff.

Staff assessed people's health and care needs regularly. Staff also promoted people's health and wellbeing by making sure they had appropriate access to healthcare services. Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received care and support from a caring staff team and were involved in making decisions about their care. Staff supported people to remain socially engaged by participating in various activities.

Managers were approachable and promoted effective communication between people and staff. There was a positive culture where people lived in harmony and where staff showed they were passionate about their work.

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

Rating at last inspection

The last rating for this service, under a previous provider, was good (published 30 November 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We have identified breaches in relation to assessing risks to people, person-centred care and good governance.

We have made a recommendation about staff training.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Camden Park House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector and 1 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.

Service and service type

Camden Park House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Camden Park House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people living at the service. We observed interactions between people and staff, including during mealtimes. We looked around the premises while checking aspects of health and safety and infection control.

We spoke with 5 staff members, including 3 care workers, the registered manager and a senior regional manager.

We reviewed a range of records. This included 3 people's care records and medicines records for 5 people. We looked at 4 staff files in relation to safer recruitment and staff supervision. A variety of records relating to staffing and the management of the service, including quality assurance, staff training, accidents and incidents, policies and procedures, health and safety, and meeting minutes were also reviewed.

Following our visit, we spoke with the relative of 1 person.



Is the service safe?

Our findings

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

At our last inspection under the previous provider, we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- We were not assured about how risks to people and safety were managed. We found concerns around fire safety, the condition of some of the bedrooms and aspects of people's risk assessments.
- A fire risk assessment, which was carried out by an external agency, referred to the main use of the property as Supported Living when in fact, the service was a care home. This indicated a possibility that aspects of the service may have not been fully or appropriately assessed.
- People had Personal Emergency Evacuation Plans (PEEP), which provided information on safe evacuation. However, a number of PEEPs indicated people needed support to safely evacuate in the event of a fire but lacked details on the support each person needed. This meant there was a risk people would not be given the appropriate support if there was a fire.
- The fire evacuation procedure did not provide clear guidance for staff on their position or responsibilities in the event of a fire. This meant we could not be assured people would be safely evacuated in the event of a fire.
- Several bedrooms were poorly maintained. Some of the furniture, including beds and vanity units, were in a poor and/or unsafe condition. For example, we found 2 beds that were unsteady, and their headboards were falling apart. For 1 person, the flooring at the entrance of their room was uneven, causing a trip hazard.
- Risks to people's health, care and safety were assessed and covered a range of areas, including people's physical and mental health, their physical environment and behaviour. However, some of the risk assessments were unclear and/or did not contain sufficient instructions on the risk reduction measures. For example, for 1 person who was at risk of poor personal hygiene, their risk assessment did not provide clear information for staff on how they could assist the person in this area. One person had diabetes but their risk assessments did not cover this condition.
- The premises were not always secure. People were able to enter and leave the premises at their own leisure. However, some people would not always lock the entrance door on their way out so that they could easily enter the home on their return. We found 1 of the main entrances to be unlocked from the outside. This meant anyone from outside could enter the home, placing people at risk.

While we found no evidence that people had been harmed, systems were not robust enough to demonstrate risks to people were effectively and safely managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had updated their fire evacuation procedure following the first day of the inspection. The registered manager had also begun to review and update people's PEEPs.

- Following our inspection, we contacted the fire authority to explain our concerns, and they told us they would arrange a visit to the service for an assessment.
- The issue with the entrance door was known to the service and staff had reminded people to ensure they locked the door when entering and leaving the home. The registered manager told us they would explore other means to improve the security of access to the home.
- Staff carried out regular health and safety checks within the service, including electrical, gas and water safety.

Staffing and recruitment

- People received care and support from a small and consistent staff team.
- The service deployed sufficient staff to meet people's needs safely.
- The service carried out safer recruitment checks to make sure only suitable staff were employed. These included identity checks, references and DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- However, staff recruitment information was not always readily available or accessible on the day of inspection. We raised this with the managers, who told us this information was stored externally and that they were experiencing difficulties in retrieving them. The registered manager provided the information following the inspection.

Systems and processes to safeguard people from the risk of abuse

- The service protected people from abuse and improper treatment.
- Staff had received appropriate training in safeguarding adults and knew their responsibilities to report concerns. If they suspected abuse, a staff member told us they would, "Reassure the person, let them know that we take it serious, speak with the manager, call the police if needed, document it and contact the local authority."
- The registered manager liaised with the local authority to address any safeguarding concerns by supporting investigations and implementing recommendations where needed. Posters about safeguarding awareness and how to report concerns were displayed in communal areas within the service.
- People felt protected in the service. One person told us, "Staff are quite responsive and have safeguarding as a priority."

Using medicines safely

- People received their medicines safely and as prescribed.
- The service ordered, stored and returned medicines in line with good practice.
- Staff completed medicines administration records to confirm people had taken their medicines. The purpose of people's medicines was clearly documented.
- The registered manager monitored medicines-related errors closely and had taken appropriate actions when they noticed an increase in the number of errors. Staff underwent competency assessments to make sure they were competent to manage and administer medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

We have also signposted the provider to resources to develop their approach. While staff encouraged and supported people to clean their bedrooms, 1 bedroom in particular was in an extremely unhygienic state – The carpet was damp, stained and dirty, and the sink was severely unsanitary. We raised this as a safeguarding concern with the local authority. The provider was aware of this and had arranged for improvement work to be carried out. Following the inspection, we received evidence showing the flooring had been replaced.

Learning lessons when things go wrong

- The staff team reflected on things that went wrong and discussed these in meetings and handovers. This was evidenced in the meeting minutes reviewed on inspection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection under the previous provider, we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People were offered a selection of food and drink to maintain their health and wellbeing. However, the availability of meals was limited and not always according to people's preferences.
- People had access to 1 hot meal a day only, which was at lunchtime. For breakfast, people had cereals and/or toasts, and for supper, it was mostly snacks such as sandwiches. One person had requested for an additional hot meal, as evidenced in a recent residents meeting minutes, but was told they could only have 1 hot meal. This meant people were not able to have, for example, a cooked breakfast if they wished to.
- We raised this with the provider who explained that this decision was pre-agreed and based on the needs of the people. We found this explanation unsatisfactory on the basis that people should be supported in a person-centred way and such blanket restriction goes against people's basic rights. The provider also said staff supported people to use the kitchen, but this statement was not consistent with the evidence we found on inspection. One person told us, "You can just make toast, but can't cook other stuff."
- Lunch was served around 2:30PM despite people having expressed to have their lunch earlier, as evidenced in recent residents meetings minutes. One person told us they had type 1 diabetes and that they found the gap between breakfast and lunch to be long and could cause them a problem. They also said they tended to take sugar in their hot drink to help them manage this issue.

People's eating and drinking needs were not catered for in a way that suited their individual needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our first inspection visit, lunchtime was changed to 1:30PM.
- With regards to the 1 hot meal provided, there was a variety of foods on the menu, which people told us they enjoyed. Comments from people included, "A well balanced meal", "I like curries which we had yesterday", "There is enough to eat" and "Food is excellent."
- Staff involved the people when planning the menus.
- We observed the cook offering people a choice between 2 main meals and supporting them to dish their own food as far as they were able to. We saw people helping themselves with drinks and condiments.

Staff support: induction, training, skills and experience

- Staff received appropriate support and training to perform their roles effectively.
- Staff had access to ongoing refresher training, which ensured their knowledge was up to date. However, the staff training matrix revealed a number of specific areas of training had not been completed by most

staff. This included training on alcohol dependency and diabetes, which could be relevant to the needs of some of the people at the service.

We recommend the provider review their approach to staff training to ensure all staff have the appropriate knowledge and skills to support people effectively.

- Newly recruited staff went through a comprehensive induction programme comprising working under the supervision of experienced staff, getting to know people's needs and the service's processes, and completing mandatory training.
- The registered manager supported staff through regular supervisions and appraisals.
- Staff spoke positively of the support they received. A staff member told us, "[Registered manager] is a very supportive manager, she provides support to improve and grow."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff assessed and reviewed people's needs regularly.
- The registered manager carried out an assessment of people's needs and discussed their findings with the staff team before they were admitted in the home. A transition plan was then drawn up to make sure the process of a person moving from one setting to another was as smooth as possible.
- Staff respected people's choices and delivered care and support in line with national standards.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff monitored people's health closely and supported them to access healthcare services as needed.
- People's health needs and support they needed to maintain their health were clearly documented in their care plans. People told us staff helped them to make appointments and accompanied them to see the GP when needed.
- The service referred people to external healthcare and social care services when required. This ensured people received good care and support when they needed it. One person told us they saw a healthcare professional regularly. We reviewed a range of records showing people accessing different services.

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

- The design and layout of the service met people's needs.
- Since the building did not have adaptations for people with specific mobility needs, the registered manager assessed people's mobility, including their ability to manoeuvre stairs, prior to their admission.
- The open-plan setup of the lounge and dining area, and easy access to the garden, meant people were able to socialise freely.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- Staff worked within the principles of the MCA.
- Staff sought people's consent before providing care and support. Records showed people had signed their care and support plans to demonstrate their agreement.
- Where there were concerns around people's mental capacity to make certain significant decisions, the service liaised with external health and social care practitioners to carry out mental capacity assessments and make best interest decisions.
- At the time of the inspection, the registered manager told us nobody was deprived of their liberty, meaning no one was required to have a DoLS authorisation in place.

Is the service caring?

Our findings

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

At our last inspection under the previous provider, we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff treated people kindly and with respect.
- People told us staff were caring. One person described the staff as "friendly".
- Staff displayed compassion for the people they supported. We witnessed staff showing concerns over a person's deteriorating health.
- The service had an equality and diversity champion and the topic of equality and diversity was a regular item in staff and residents meetings. Staff respected people's differences and supported people to learn about different religions and cultures, and celebrate religious festivities.

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

- Staff involved people when making decisions about their care and support.
- Each person had a keyworker and had regular meetings with them to discuss their care and support needs. One person told us they had a care plan and was involved in its creation.
- The registered manager held 1-to-1 discussion sessions, which they referred as 'Tea with [Registered manager]', where people had the opportunity to discuss any pressing matters, or simply to have a chat with the registered manager.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and preserved their dignity.
- We observed staff knocking on people's doors and awaiting their response before entering their rooms. One person told us there were locks on the bathroom doors [for privacy] and they had a key to their bedroom.
- Staff told us how they ensured people's privacy and dignity were protected. A member of staff said, "We make sure doors and windows are shut when discussing private matters." Another staff member told us, "We give people time to get dressed before going in to give medicines."
- Staff encouraged people to be more independent and supported them to discuss their 'moving-on' options in multi-disciplinary team meetings. One person told us, "Staff talked to me about moving on, my life skills, my health and hygiene. They help me to progress on."
- Staff carried out a 'capability assessment' around people's ability to administer their own medicines. This tool indicated the level of support each person required with this task. A staff member told us, "Everyone is an individual person, there are things that they are capable of doing, we encourage them to do things for themselves."

Is the service responsive?

Our findings

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

At our last inspection under the previous provider, we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- With the exception of the issues we found around people's preferences regarding eating and drinking, people received care and support as per their individual needs.
- People's care plans reflected their individual needs and support requirements. Staff knew people well and empowered them by promoting choice and control in their day-to-day lives.
- Staff monitored people's care and support needs closely, and worked with people so that they can achieve positive outcomes. One person told us, "The staff look at where things have improved and where they haven't, and they implement guidelines and support where needed."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff communicated with people in ways they understood.
- For 1 person whom English was not their first language, the staff involved a translator in the pre-admission assessment process and when producing their care plan and risk assessments.
- The registered manager told us they were prepared to provide information in different formats to meet people's individual communication needs if needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff offered people the opportunity to take part in a range of activities to make sure people remained socially included. Some people preferred to engage in their own private interests, which staff respected.
- We saw pictures of people participating in activities such as arts, gardening, and celebrating birthdays and significant events. Staff also recorded people's feedback on the activities they took part in.
- People spoke positively of the activities organised by staff. Comments included, "There is a programme for social inclusion which could be going to the cinema and eating out" and "I play games such as bingo and cards with the other people." Another person who looked after the garden in which they grew fresh tomatoes told us they watered the plants every day.

Improving care quality in response to complaints or concerns

- There was a system in place to respond to complaints and concerns.
- Staff encouraged people to come forward if they had any concerns. People knew how and who to complain to. One person told us, "I would approach a member of staff and if the complaints procedure is not implemented straightaway, I would approach the manager."
- The service's complaints policy was up to date and was posted on a notice board for people and staff to access.

End of life care and support

- At the time of the inspection, the service was not supporting anyone who was at the end of their life. However, some people had advance care plans in place, which highlighted their future wishes, and appropriate training was available for staff if needed.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection under the previous provider, we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality assurance systems, including a variety of audits and, internal and external inspections, monitored the quality of the service and ensured it ran smoothly. However, these systems had failed to identify and/or address in a timely manner some of the shortfalls we found at this inspection.
- Staff carried out regular health and safety checks but these checks had not identified the issues around fire safety and the physical condition of some of the bedrooms.
- Staff knew what person-centred planning was but existing systems failed to ensure this principle was embedded in all aspects of people's care and support. This shortfall placed a restriction on people's eating and drinking choices.
- Existing quality assurance systems had also failed to identify the issues around staff training and the availability of recruitment records.

Systems were either not in place or robust enough to assess, monitor and mitigate risks within the service. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a clear management and staffing structure, where each staff member was clear about their duties. A staff member told us, "I like the way the responsibilities are shared."
- The registered manager received appropriate support from their line manager, who visited the service regularly.
- The registered manager understood their responsibility towards regulatory requirements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff had created an open and fair culture, which supported people's wellbeing.
- The registered manager was approachable and visible in the service. People knew who their keyworkers and the registered manager were. People were also comfortable to engage with the senior manager who visited the service regularly.
- One of the people using the service was nominated as the people's representative. They were encouraged to raise any concerns people had to the managers. This was an example of how the service empowered people.

- People were overall satisfied with the service. One person told us, "It's a home." A relative said, "The service is quite good, [person] gets looked after."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibility to be transparent when things go wrong. They explained the steps they had taken, including offering an apology to a person, following an incident that had taken place.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The service encouraged and supported people to play an active role in some aspects of the running of the service. Staff listened to people and respected their differences.
- The service sought feedback from people through feedback forms, satisfaction surveys, meetings and ongoing conversations. Managers used the feedback to develop the service and improve the quality of care for people.
- Staff were able to voice their opinions in regular team meetings. A member of staff told us they were comfortable to speak up and felt listened to. Another staff member said the atmosphere within the service was "open, non-toxic and promoted learning from mistakes."

Working in partnership with others

- The service followed a joined-up approach and collaborated with other agencies to provide the right care and support to people. Staff worked closely with people's care coordinators and healthcare professionals. Assessments and meeting records confirmed this.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care How the regulation was not being met: The provider did not always meet people's preferences and promote choice in relation to eating and drinking.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment How the regulation was not being met: The provider failed to ensure risks to people's care and safety were consistently and safely assessed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance How the regulation was not being met: The provider did not always ensure quality assurance processes were robust enough to assess, monitor and mitigate risks within the service.