Care Worldwide (London) Limited

Colin Garden Lodge

Inspection report

67 Colin Gardens
London
NW9 6EP

Date of inspection visit:
19 January 2016

Date of publication:
09 March 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

This inspection took place on 19 January 2016 and was unannounced. Colin Garden Lodge is a care home for up to three adults with a learning disability or people on the autistic spectrum.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were content and well supported in the home, with good relationships with staff members who knew them well, and understood their needs. People, and their family members where relevant, had been included in planning the care provided and they had individual plans detailing the support they needed. We found that people had access to a range of activities within and outside of the home.

The service had an appropriate recruitment system to assess the suitability of new staff. We found that staff were sensitive to people's needs and choices, supported people to develop or maintain their independence skills, and helped them work towards goals of their choosing, such as planning a holiday.

People were treated with respect and compassion. They were supported to attend routine health checks and their health needs were monitored within the home. The home was well stocked with fresh foods, and people's nutritional needs were met effectively.

People were supported to make choices about their care and lifestyles. Where they were unable to give their consent, systems were in place to ensure that they were supported in line with the Mental Capacity Act 2005.

Staff in the service knew how to recognise and report abuse, and what action to take if they were concerned about somebody's safety or welfare. Staff were positive about the standard of training provided by the organisation and displayed an understanding of how to support people in line with best practice.

There were systems in place to monitor the safety and quality of the home environment and appropriate systems were in place for managing people's medicines and finances safely. There was a complaints procedure in place for the home which was followed when needed.

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 recognise and report abuse. Staff recruitment procedures were sufficiently rigorous at checking their character and suitability to work in order to protect people from the risk of unsafe care. There were sufficient staff at all times to keep people safe.

Systems were in place for monitoring and maintaining the environment, to protect people's safety. People had comprehensive risk assessments and care guidelines to protect them from harm and ensure that they received appropriate and safe care.

There were effective arrangements in place for the storage and administration of medicines, which protected people from associated risks.

Is the service effective?

Good

The service was effective. Staff were receiving supervision and appraisals, and spoke highly of the support provided by management.

People who were unable to give consent, were supported in line with the Mental Capacity Act 2005, with Deprivation of Liberty Safeguards in place as necessary.

There were systems in place to provide staff with a range of relevant training. People were supported to attend routine health checks, and staff supported people to eat a healthy diet.

Is the service caring?

Good

The service was caring. People gave us positive feedback about the approach of staff, and we observed a number of ways in which staff treated people well.

We found that staff communicated effectively with people and supported them to follow lifestyles of their choice. Their cultural and religious needs were met.

Is the service responsive?

Good

The service was responsive. People had opportunities to take part in activities of their choosing in and outside the home. The service had a complaints procedure, and this was followed.

People's needs and preferences had been assessed, and care plans were developed to guide staff so that they could meet people's needs effectively.

Is the service well-led?

Good

The service was well-led. The registered manager and provider organisation monitored the quality of services provided to people living in the home.

Staff and health and social care professionals described clear leadership and communication. There was regular consultation with people using the service.

Colin Garden Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The service was registered on 16 April 2014 under a new registered provider. The inspection took place on 19 January 2016 and was unannounced. The inspection was conducted by one inspector. Before the inspection, we reviewed the information we held about the service including notifications received by the Care Quality Commission and information provided by a health and social care professional.

We used a number of different methods to help us understand the experiences of people using the service. We spent time observing care in the communal areas such as the lounge and kitchen areas and met with all three people living in the home. We spoke with two care workers working at the service, the registered manager and a registered manager of other services run by the provider.

We looked at all three people's care records, four staff files and training records, a month of staff duty rotas, and the current year's accident and incident records. We also inspected two people's financial records, quality assurance records and maintenance records. We also looked at selected policies and procedures and current medicines administration records.

Following the inspection visit we spoke with a relative of a person living in the home, and a health care professional who supported people using the service.

Good

Is the service safe?

Our findings

We saw that people using the service were comfortable and at ease within the home, and with the staff supporting them. People told us that they felt safe. One person told us, "I do feel safe living here."

A safeguarding policy was in place and all staff received safeguarding training. Staff we spoke with were aware of the home's procedures and able to describe action they would take if they were concerned that someone using the service was being abused. An appropriate alert had been made recently by the registered manager regarding concerns about the safety of one person outside of the home, with appropriate action taken to prevent a reoccurrence. There was also a policy in place regarding support for people who could display 'challenging or violent behaviour' and staff had training in this area. All people living in the home were being supported to manage their finances. Arrangements in place were suitable to protect them from the risk of financial abuse, with receipts kept for all transactions. People said they were happy with the support they received, and their access to money when they needed it. One person told us, "I have enough money to buy what I want."

People living at the home told us that there were enough staff available to support them with their needs and preferences. Five support workers were employed to work at the home, in addition to the registered manager. There were two staff working in the home in the daytime and one sleeping in staff member at night. On our arrival, one person went out with staff support (from a nearby home managed by the provider) to a day centre and then out bowling. Another person went out for lunch with a staff member, and one person chose to stay home throughout the day.

Records of new staff recruited to work at the service showed that appropriate checks had been carried out to determine their suitability to work at the service. These included a criminal records disclosure, identification, and three satisfactory references prior to them commencing work. Application forms, and interview notes were available, with certificates to verify any relevant qualifications. Staff and the registered manager advised that no agency staff were used in the home, with cover provided by staff from other homes run by the provider when needed.

Each person's care plan included detailed risk assessments, including risk factors and actions put in place to minimise the risk of harm. The risk assessments included specific guidelines as to how staff should support people. These included risks relating to epilepsy, road safety, medicines, and behaviour that challenged. Risk assessments were being reviewed approximately six monthly or more frequently if there were changes.

Up to date risk assessments were in place for the building. There was a current fire risk assessment and fire safety plan in place for the home. Smoke alarms were tested on a weekly basis in addition to visual checks of fire-fighting equipment. Each person had a current personal emergency evacuation plan in place, and regular fire drills were being held. There were systems in place to ensure appropriate testing of fire safety equipment, gas and electrical installations, and portable appliances testing, and a contingency plan in place in the event of the home becoming unsafe. Staff were confident about how to act in an emergency. The registered manager advised that window restrictors were due to be put in place shortly after the inspection,

and sent evidence to verify this.

Staff administering medicines to people had undertaken appropriate training including medicines compliance assessments undertaken by the registered manager observing their practice. Medicines administration records showed that medicines were administered as prescribed, with the number of remaining tablets corresponding with records. We found that no prescribed medicines had run out, and medicines were stored safely with the storage temperature monitored to ensure that it was within guidelines. There were guidelines in place for medicines to be used on an occasional basis, and information about side effects of all prescribed medicines was clearly recorded.

There were records of medicines coming into the service, including any medicines carried forward from the previous month. There were also records of medicines returned to the pharmacist for disposal. A daily count of medicines in stock was undertaken to ensure that no errors had been made, and the registered manager conducted monthly audits of people's medicines. Two people had their medicines reviewed by their GP within the last year, and the registered manager said that arrangements had been made for the third person to do so.

The home was clean and tidy, and visitors to the service confirmed that this was the case when they visited. We observed current records of food storage temperature checks, and cooking temperatures, and foods stored in the refrigerator were labelled with the date of opening as appropriate. There was no cleaning schedule in place for the home, but the registered manager advised that this was being implemented.

Good

Is the service effective?

Our findings

People told us that staff supported them effectively. We observed that people responded positively to the staff support they received, and engaged well with the staff on duty. Staff members we spoke with were knowledgeable about individual people's needs.

Staff said that they received regular supervision with the registered manager. Annual appraisals were recorded. However records indicated that formal supervision had only been carried out approximately six monthly for most staff. The registered manager advised that he met with staff on duty each day, but was not recording informal supervision sessions. He undertook to improve the frequency of supervision sessions to at least quarterly, including recording informal sessions with staff. Supervision records included discussing people's changing needs, working practices, policies, and training. In addition monthly staff team meetings were held. Staff told us that the team worked well together, and that they felt well supported by the registered manager.

Training records showed that staff received induction training and had a period of shadowing more experienced workers prior to commencing work. They attended training on topics relevant to their role including safeguarding, duty of care, medicines, first aid, breakaway techniques and epilepsy. Staff were positive about the standard of training provided by the organisation and displayed an understanding of how to support people in line with best practice. All staff had either completed a national vocational qualification in care at level 2 or 3 or were enrolling to do so. Monitoring records were in place to ensure that staff undertook all mandatory training and undertook updates when needed. Overall we found that people received care from staff who had the knowledge and skills to carry out their roles effectively.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. There were arrangements in place for recording and reviewing the consent of people in relation to their care provision. Staff showed awareness of the MCA and were able to describe the need for best interest decisions when people lacked mental capacity to agree to significant aspects of their care. Staff who had been in post for more than six months had undertaken training in the MCA and DoLS, and there was an appropriate policy in place for the home.

All people living in the home had a DoLS in place as they were unable to consent to living at the home, and

could not go out safely without staff supervision. There were no conditions attached to these safeguards. We discussed with the registered manager how more decision specific MCA assessments and best interest decisions for people might be recorded. For example the home's kitchen was locked at night, for safety reasons, but there were no best interest decisions in place to support this. The registered manager undertook to address this issue.

The kitchen was well stocked with a variety of foods including fresh fruit and vegetables. Staff were aware of the nutritional needs and preferences of people and offered them a choice of meals and snacks on the day of our visit. We observed that meals were usually cooked from fresh ingredients in line with what was on the menu for that day. The menu was varied, with people's dietary requirements incorporated. The registered manager advised that the home had a policy that staff on duty ate with people living at the home to ensure the quality of food prepared was good and facilitate a pleasant atmosphere. Where there were concerns over people's food intake, advice from health care professionals was sought.

We found records in place regarding people's regular visits to a range of health care professionals including GPs, dentists, opticians, chiropodists, and medical consultants, with the outcome of appointments recorded. Health action plans were available electronically with current health information about each person. A health and social care professional gave positive feedback about the support provided to people and the service's responsiveness to people's changing needs. The registered manager had recently arranged for one person to be referred to a medical consultant following concerns about their behaviour pattern changing.

Good

Is the service caring?

Our findings

People using the service were positive about the support they received, and we observed that they had developed positive relationships with staff at the service. Staff took time to listen to them and understand what they wanted. There was a friendly but relaxed atmosphere in the home throughout the day. They told us, "I'm happy here," "X [a staff member] did my nails," "I get on with all the staff," and "I phone my [relative] twice a week."

Staff chatted with people and offered them clear choices. Our observations showed that staff treated people with respect. Staff were polite to people, and encouraged them to be independent. Staff did not enter people's rooms without their permission. We observed sensitive and appropriate interactions between people using the service and staff. Staff on duty demonstrated a good understanding of people's individual preferences and had a positive approach to supporting people. They made efforts to engage people in areas that they were interested in, for example one person was supported to engage in art work.

Relatives and health and social care professionals who visited the home told us that people were cared for with dignity and respect, and people appeared relaxed and happy in their home.

People were encouraged to be independent. Their care plans included details of what they were able to do, and where they needed support. For example people were encouraged to assist in preparing their own snacks, and assist in gardening. At residents meetings people made choices about menus, activities and issues relating to group living.

People were encouraged to have their rooms decorated and personalised according to their own choice. Staff recorded people's preferences with regards to support, maintaining contact with their families and meeting cultural or religious needs, and took steps to address these. Menus included people's cultural preferences and people told us that they had the support they needed to meet their cultural and religious needs. People at the home were from diverse cultural backgrounds, and were able to attend places of worship when they wished to with staff support.

People were supported to go on holiday when they wished with assistance as necessary. Previously people had enjoyed holidays abroad in a range of destinations including a cruise. One person had recently been on holiday in the UK with staff support, and another person was saving for a holiday of their choice, with support from staff.

Good

Is the service responsive?

Our findings

People told us about a number of different activities they had been involved in recently. They told us, "I like going to the cinema sometimes," "I go swimming every week," "I can go out when I want," and "I have no problems." One person told us, "I'd like to meet more people," and we passed this information on to the registered manager.

We looked at records of people's daily activities and found that these included attending a day centre, a pottery class, swimming, shopping, arts and crafts, a jewellery class, walks in the park, and train rides. Activities within the home included baking, arts and crafts, pampering, cleaning chores, massages, games and gardening. There were four vehicles shared between seven homes run by the provider in the local area for people's use as needed.

Two people living at the home told us that they were aware of their care plans. People's assessments provided detailed information about managing risks and meeting their holistic needs. They included a brief pen portrait of each person followed by information about people's domestic living skills, mobility, sensory, mental health and medicines, physical health, nutrition, personal care, intellectual and skill development. Where appropriate, relatives confirmed that they were consulted about their family member's care plan and their views were recorded. We found that care plans were up to date and all sections had been completed appropriately. They were being reviewed approximately six-monthly or more frequently where significant changes to people's needs had occurred. People's needs and progress were discussed at six monthly review meetings. One person's relative told us, that their family member was, "settled there, reviewed every six months, and they let me know if anything is wrong or needs attention."

We discussed with the registered manager how it would be helpful to have more information recorded periodically on people's progress with goals, and general development. This could include summary information on how people had progressed over their time within the home which went back over several years. We also found some variation in the use of body map charts for bruises, and when incident reports were completed. He advised that he would review records, to ensure that people's progress and development could be easily identified and monitored, and staff had clear guidelines as to when to complete an incident form, and body map chart. The registered manager told us about plans in place to include more pictures and easy read formats in people's care records, to make them more accessible to people using the service.

Incident records included information about steps to be taken to prevent a reoccurrence, and each report was checked by the registered manager to ensure that learning was taken forward. Where necessary safeguarding alerts were made, or advice was sought from relevant health and social care professionals.

Behaviour monitoring charts were in place for people, and completed as appropriate. A health and social care professional told us that some people living at the home had complex histories including behaviours that challenged, and they found the staff were open to implementing non-medical management strategies to support people responsively.

The home had a complaints policy and procedure which people told us they were able to access if needed. A complaints folder was available, with clear records of complaints made about the home and how they were addressed. Appropriate systems and processes were in place to address complaints about the home, with a view to continually evaluating and improving the service provided. The registered manager advised that the complaints procedure would also be made available in a pictorial format.

Good

Is the service well-led?

Our findings

A registered manager was in place for the service, who also managed another care home run by the provider nearby. He told us that he spent fifty per cent of his time at each home, going into each service every day that he was working. He had managed the service for approximately 15 years, under its previous provider, and was involved in setting up the home when it was first opened. He told us that he felt well supported by the area manager, and other colleagues managing homes for the provider. Indeed the manager of a nearby home was available at the home during the inspection providing extra support. There were seven care services in the area nearby, and we were told that there was good communication, assistance and cooperation across the services. The manager's time spent at the home was not recorded on the staff rotas, and we discussed the importance of having a record of when he was working in the home. He undertook to address this issue.

People using the service were positive about the way the home was managed. One person told us that the manager was "good," and all said that he listened to them and they could speak to him about any issues that concerned them.

Staff described good support from the registered manager, communication and team work at the service. Staff team meetings were taking place monthly, and records indicated that these had facilitated communication, consultation and team work within the home. Recent topics discussed included people's changing needs, Deprivation of Liberty Safeguards, safeguarding, whistleblowing, complaints, the policy on gifts, training, monitoring and fire and health and safety policies. Areas of responsibility had been delegated to particular staff members, including medicines to a staff member who was a qualified pharmacist abroad.

Health and social care professionals spoke positively about how the home was managed, including the professional conduct of staff, staff engaging with people, record keeping, and use of a traffic light system to indicate levels of urgency regarding support people needed. They described strong management input which led to open and transparent staff at the service.

Records of residents meetings indicated that these were held approximately two to three monthly. They were used to discuss people's preferences regarding the menu and activities, and obtain feedback from people about their views on the way the home was run. Recent topics discussed included holidays, Christmas activities, and gifts.

The registered manager advised that a survey of people living at the home was conducted in July/August 2015, and we saw copies of the forms completed, which did not indicate any areas for improvement. Surveys had not yet been circulated to people's relatives, staff, and other stakeholders, and the manager advised that this was being developed for the organisation.
Within the last year audits had been undertaken of care plans, health and safety checks, fire drills, risk assessments, medicines and people's finances. The provider organisation monitored the home against monthly key performance indicators to ensure that it was maintaining a suitable standard. These included accident and incident reporting, complaints, and safeguarding. There was a lack of clarity by staff as to

which incidents should be notified to the CQC and we clarified this with the registered manager.

The current business plan for the home included further staff development and achieving relevant qualifications, and implementing the national care certificate for all new staff to undertake. This indicated that the home was aware of further improvements that were needed, and had plans in place to address them.