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Camden Lodge Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

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

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

Systems and processes were in place to keep people safe and risks associated with people's care needs had been assessed. There were enough staff to meet people's needs and recruitment processes and procedures were robust. Medicines were managed safely. The service was clean, and there were appropriate procedures to ensure any infection control risks were minimised.

Staff received training and supervision for them to perform their role. People's nutrition and health were supported and promoted. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff knew people well and care plans were detailed and provided staff with clear guidance on how to meet people's needs. Staff respected people privacy and dignity and encouraged people to remain independent. People and relatives could express their views about the running of the home.

People received personalised care and support which met their needs, reflected their preferences. People benefited from a variety of activities, events and trips out that were available to reduce social isolation, give meaning and purpose and enhance their wellbeing.

The service was well led. People, staff and relatives spoke extremely positively about the managers of the service. There was a positive culture throughout the service which focused on providing care that was personalised. The management team used a variety of methods to assess and monitor the quality of the service. They were aware of their regulatory responsibilities associated with their role.

More information is in the full report.

Rating at last inspection

At the last inspection we rated this service Good. The report was published on 19 April 2017.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor this service.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

Camden Lodge Residential Care Home

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 planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Camden Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

We carried out the inspection visit on 19 November 2019. It was unannounced.

What we did

Before our inspection, we reviewed the information we held about the home which included statutory notifications and safeguarding alerts and the Provider Information Return (PIR), which the provider

completed before the inspection. The PIR 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 our inspection we spoke with the registered manager, two care assistants, the chef, the activities co-ordinator and three visiting healthcare professionals. We also spoke to five people who used the service and three relatives. We looked at four care records and three staff files; we looked at various documents relating to the management of the service which included medical records, training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and unsafe care. Comments included "It's safe to leave my door open, if you need anything you press the button and they come which I have to do every night, "and "I can see that she's safe when I visit, and it also shows in the way that she is. She was prone to falls at home, but she is being attended to here."
- Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. A staff member told us, "It is our duty to protect people, we check people's bodies on a daily basis and report any concerns."
- The manager was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people.

Assessing risk, safety monitoring and management

- Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. The risk assessments covered preventing falls, moving and handling, nutrition, skin integrity and weight assessments.
- Fire systems and equipment were monitored and checked to ensure they were in good working order. A maintenance person was always available to ensure continuous safety.
- Each person had a personal emergency evacuation plan which detailed the support they required to leave the premises in an emergency.

Staffing and recruitment

- The service followed a recruitment policy so that they were as sure as possible that people were suitable to work at this service. They carried out checks, such as criminal record checks and references.
- There was enough competent staff on duty. Staff had the right mix of skills to make sure practice was safe and they could respond to unforeseen events.
- On the day of our visit, when people needed assistance staff responded promptly .

Using medicines safely

- The home had safe arrangements for the storing, ordering and disposal of medicines. The staff responsible for the administration of medicines were all trained and had had their competency assessed regularly.
- MARs were completed and audited appropriately.
- A relative told us "They let us know about her medication and any changes."

Preventing and controlling infection

- Staff demonstrated good infection control practices. Staff were seen to wear personal protective

equipment such as gloves and aprons where needed and the service was clean and odour free.

Learning lessons when things go wrong

- Incidents or accidents were recorded and managed effectively. The managers at the service reviewed this information and took appropriate action to reduce the risk of reoccurrence.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed prior to them moving into home and their needs continued to be assessed as and when needed. These assessments considered any protected characteristics under the Equality Act, such as religious needs. Assessments of people's needs were detailed and identified the areas in which the person required support.
- The service used nationally recognised assessment tools, such as the Malnutrition universal screening tool (MUST) and Waterlow. Waterlow is a tool used to assess people's risk of pressure damage. This meant assessment tools were evidence based.

Staff support: induction, training, skills and experience

- Staff had undertaken training in a range of topics so that they could do their job well. Most staff had achieved nationally recognised qualifications in care. One staff member told us, "We have plenty training, if we ask for any specific training it is always organised."
- Staff were provided with opportunities to discuss their individual work and development needs. Supervision meetings took place regularly, as well as staff meetings, where staff could discuss any concerns and share ideas.

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

- People told us they really enjoyed the food at the service and were offered choices, one person said, "Yes, just the job. The food is good. They cook a lot of vegetables. If you ask for it (snacks and drinks), they give it to you. If you are peckish in the evenings, they give you a sandwich, tea, biscuits or cakes."
- Care plans included information about people's dietary needs and their likes and dislikes or any specific aids people needed to support them to eat and drink independently.
- We observed over the lunchtime period were supported to maintain their independence to eat their meal at their own pace without being rushed in any way. Meals were served in a dignified and interactive manner.

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

- Staff supported people to see external healthcare professionals regularly such as physiotherapists, GPs and speech and language therapists. People's care plans were updated to provide staff with clear instructions about how to follow advice given by external professionals.
- Visiting healthcare professionals were very complimentary about the service, they told us that the service always followed up on their recommendations. One healthcare professional told us "they have the skills to pick up on any concerns."

- The service had an arrangement with a GP to visit the service on a regular weekly basis.
- Everyone had an up to date 'hospital passport' which was a document that would be sent with the person if they had to go to hospital. This document contained important information about the medical and healthcare needs of the individual so staff at the hospital knew how best to care for that person.
- Staff had recently had training on oral health and people told us their oral health was looked after well. One person told us "If I needed help to see a dentist, they would arrange it."

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

- People were complimentary about the environment they lived in.
- The premises were suitable for people's needs and provided people with choices about where they could spend their time. There were pleasant gardens and patio areas which people, who were able to, could access independently.
- There was a suitable range of equipment and adaptations to support the needs of people using the service.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments had been completed for people and, where required, appropriate applications had been made to deprive people of their liberty within the law.
- We observed that staff asked for people's consent before they provided any support.
- A staff member told us "we always give people a choice and involve them."

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People told us they had friendly relationships with staff and staff were caring in their approach. Comments included, ""Yes, they're lovely. I've got nothing bad to say about them; they're marvellous." and "Yes, all the staff are lovely. You only must ask, and they'll discuss it with you. They're always friendly and listen to you."
- Staff told us they enjoyed spending time with the people they supported and knew what was important to them and how to offer people comfort and reassurance.
- People's care records contained information about people's background, history, what was important to them and their choices and preferences.
- People's cultural and spiritual needs and preferences with them and we saw this information had been recorded in people's care plans. A relative told us "Things are culturally appropriate here. They play music suitable for Muslim people, reggae, everything!"
- The activities coordinator told us, "If there are special functions for anyone's religions, we always celebrate them."
- People were supported to establish and maintain relationships with their families and friends. One person said, "I can have visitors at any time."

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

- People confirmed they had been involved in making decisions about their care and support. A person told us "I had a full and thorough assessment. They took details for the care plan. My daughter does that, she has Power of Attorney."
- Care records clearly reflected the full involvement of the person and how they were supported to make decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt the staff respected their privacy, such as knocking on their bedroom doors and covering them when carrying out personal care.
- The service promoted independence. A member of staff told us "we must let people do as much as they can. For example, some people are able to wash some parts of their body unaided."
- We observed staff communication with all residents was warm and friendly.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- We found people at the service received individualised care from a staff team who showed good knowledge of their needs.
- People had detailed, personalised care plans. Their social, physical, communication needs, life history, and preferences were well documented.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were clearly recorded in their care records.

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.

- People benefitted from a variety of activities and events that were available across the service and made accessible to all.
- The activity organiser developed dementia friendly activity plans with people about what they wanted to do and how they preferred to spend their day.
- Activities available included arts and crafts, visits from entertainers. The activities organiser told us she was also in the process of arranging visits from children at a local school.
- Comments from people included "They do what they can. In the summer, BBQs and parties. There's always something happening with activities" and "I like the quizzes and dancing."
- People were supported to maintain contact with their friends and family and friendships had developed within the service. Visitors said they were always made to feel welcome.

Improving care quality in response to complaints or concerns

- The service had received no complaints recently from people or relatives. We saw evidence older complaints had been dealt with promptly and appropriately
- A relative told us "There's no need for complaints because there's open talking and it's more like sharing of information."

End of life care and support

- People received a good standard of care at the end of their lives. Relevant professionals were involved when required and appropriate medicines and equipment was made available to ensure people received dignified, pain free care
- A health care professional told us "The service does the end of life care very very well they work well with family and where there is deterioration, they let me know."
- Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) forms were available in some people's care plans where they did not want to be resuscitated.
- Immediately after our inspection the service had incorporated cultural and spiritual needs and funeral wishes into their end of life care plans.

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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and relatives told us that the managers at the service were visible and known to them and approachable. Comments included "The management are there to help and listen to you, they do a wonderful job." and "The manager is the politest person I have ever seen. All the management are perfect."
- Staff were fully aware of their responsibility to provide a quality, person-centred service.
- Staff told us of the positive management structure in place that was open and transparent and available to them when needed. Staff comments included "It's a well-run, the manager is very approachable and there is very good communication within the team," and "It's very well-run the managers are second to none."
- There was strong and clear leadership at the service. Staff felt very well supported by the management team. There was a clear vision on what the service wanted to achieve for the people who lived there.
- The manager promoted transparency and honesty. They had a policy to openly discuss issues with relevant parties if anything went wrong.

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

- Staff were happy, and proud to be working at the service and motivation was high. We saw that a number of staff had worked for the service for many years which promoted consistency and continuity of care.
- We saw there were systems in place to monitor the safety of the service and the maintenance of the building and equipment. This included monthly audits of people's medicines, care plans, health and safety and accidents and incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider and staff team encouraged people and their relatives to express their views about the running of the service. Staff felt involved in the running of the service and had opportunities to have their say about how the service could improve.
- Regular relatives' meetings were held where people could discuss any issues and provide feedback.

Continuous learning and improving care

- The management team kept themselves updated with new initiatives and guidance by attending regular 'provider forums' in the local authority. Monthly staff meetings gave staff the opportunity to feedback on the service. Meeting minutes showed topics discussed included health and safety, training and development,

and activities. We saw that staff used this opportunity to share best practice.

Working in partnership with others

- The service worked with social workers, dieticians, GPs and occupational therapists to ensure relevant information was passed on and there was continuity of care.
- Visiting health professionals told us the service always worked in partnership with them, one told us "The manager is very approachable, and he is very kind and will accommodate residents and their requests."