

The Camden Society Hotel in the Park

Inspection report

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Date of inspection visit:
25 June 2018

Date of publication:
23 July 2018

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This unannounced focused inspection took place on 25 June 2018. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 4 and 5 January 2018 had been made. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the service.

We inspected the service against two of the five questions we ask about services: is the service Safe and is the service Well-Led? This is because risks associated with people's health needs were not always assessed and reviewed to reduce the likelihood of harm to people and consistent audits of the service were not regularly carried out.

This report only covers our findings in relation to these issues. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for 'Hotel in the Park' on our website at www.cqc.org.uk

Hotel in the Park is a seven bedded short breaks service that provides respite care for adults with a learning disability or autistic spectrum disorder, and helps families and carers take a break from their caring responsibilities. At the time of the inspection there were two people using the service. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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

People felt safe using the service. Systems were in place and staff understood how to safeguard people from abuse. Risks were assessed, managed and reviewed to protect people from harm. Processes for reporting incidents and accidents were followed by staff.

Health and safety checks were undertaken on the premises to ensure that the environment safely met people's needs. Policies and procedures were reviewed and updated to ensure people's medicines were effectively managed.

Background checks were carried out on staff to ensure they were suitably vetted for their role. Sufficient numbers of staff were available to meet people's needs when they began using the service.

Quality assurance processes were used to carry out consistent audits on the care and support people

received. People and their relatives were satisfied with the way care was delivered and how the service was managed. An evaluation was carried out on people's feedback to change how the provider delivered the 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?

We found that action had been taken to improve the safety of the service.

Risks assessments were reviewed to include people's assessed needs in line with their healthcare needs.

Regular safety checks were carried out on the environment and equipment used for people's safety.

People's medicines records were updated so their medicines could be managed effectively.

People and their relatives told us they felt safe. Staff knew the correct action to take to keep people safe from abuse.

Pre-employment checks were carried out to ensure that staff were suitable to work with people using the service. There were a suitable number of staff deployed to meet the needs of people.

We have changed the rating for this key question as the provider is now meeting the legal requirements and had measures in place to ensure these improvements could be sustained.

Good 

Is the service well-led?

We found that action had been taken to improve how well led the service was.

Systems were in place and used by the registered manager to monitor the governance of the service.

People and their relatives were happy with the service and were kept informed about any changes to their care provision.

People's views were sought about the quality of the care provided to improve the way the provider delivered the service.

We have changed the rating for this key question as the provider is now meeting the legal requirements and had measures in place to ensure these improvements could be sustained.

Good 

Hotel in the Park

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 focused inspection took place on 25 June 2018. The inspection was undertaken to ensure improvements to meet legal requirements planned by the provider after our comprehensive inspection on 4 and 5 January 2018 had been made.

We inspected the service against two of the five questions we ask about the services: is the service Safe and is the service Well-led? This was because the provider was not meeting some of the legal requirements in relation to these questions.

The inspection was carried out by one inspector 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.

We checked information that the Care Quality Commission (CQC) held about the service, which included the previous inspection report, the action plan and notifications sent to CQC by the provider before the inspection. The notifications provide us with information about changes to the service and any significant concerns reported by the provider.

During our inspection, we spoke with two people and four relatives to obtain their views about the delivery of care. We also spoke with one care worker, the deputy manager and the registered manager. We reviewed a range of key documents that included five people's care records, two medicines records, one staff personnel file, minutes of meetings, health and safety checks, quality audits and the providers' procedures in relation to the management of the service.

Is the service safe?

Our findings

At our last comprehensive inspection, we found risks associated with people's health care needs were not always accurately identified and records were not always updated to ensure that people were protected from potential harm. During this inspection, we checked to see if the provider's approach to assessing risks had improved. We found that the provider had followed the action plan they had written to address the shortfalls in relation to this regulation and was now meeting this requirement.

Risks associated with people's care and general wellbeing were assessed and planned for. This included risks associated with moving and handling, nutrition and healthcare. These had been reviewed and updated to identify and mitigate the risks relating to people's healthcare needs.

People's records held background information about their health needs, such as epilepsy. For one person their records showed they were well known at the epilepsy clinic and their needs had been reassessed by the local authority. The risk assessment included the actions staff should take to support the person if they had epileptic seizures. For example, the support required when they were out in the community and with their medicines.

Where people displayed behavioural risk, there was an up to date positive support plan with information about the triggers that may cause people to become distressed. Written guidance such as coping strategies provided information for staff on how to reinforce positive behaviour. Risk assessments had been reviewed within the last four months. Plans were signed by staff to show they had read, understood and agreed to follow the plans. We found that four out of five assessments were signed by the registered manager to evidence reviews had been carried out.

Professional practice observations were carried out on the staff team by the registered manager. These included written observations on the interactions between care workers and people during mealtimes, activities and their daily routines. For instance, it was observed that a wheelchair being used by a person required repairs to the footplates and this was reported to make certain the equipment was safe for use and any risks were mitigated.

At the last inspection we found that individual missing person's profiles were not fully updated to include the contact details of all the relevant parties. During this inspection we found there had been a review of the profiles. Guidance for care workers were printed on the back of the missing person's forms. These held instructions for staff on what they should do in the event a person went missing from the service. These included who they should contact, such as their next of kin, the on-call manager and the local authority. A relative commented, "I know that if there was a problem with [my family member] they would ring me immediately."

At the last inspection we found that incident and accident forms were not always fully completed to show how injuries had occurred and what actions were taken. During this inspection we found there was an incident and accident monitoring form that provided written evidence to show any injuries and accidents

that had happened and the actions taken. These were reviewed and signed by the registered manager. One relative told us that staff checked their family member for any injuries when they first used the service. They said that staff always phoned them as soon as their family member arrived at the service and this gave them reassurance. Staff explained they completed body maps to indicate any markings or bruising that had occurred as a result of any accidents and incidents and the records we checked confirmed this.

At the last inspection we found that regular checks were not always carried out on the cleanliness of the environment and food temperature checks were not always documented. During this inspection we found that there was a cleaning schedule in place. Records showed that after premises were cleaned the management team checked all the areas of the premises to ensure that all tasks were completed. We saw that the environment was clean and free from malodour. New furnishing had been purchased such as a sofa, curtains, cushions and new items for people's rooms to improve the standard of the environment.

The kitchen area was clean and the kitchen equipment and utensils had been sanitised. There was a food safety management system in place to show that audits had been undertaken on the preparation and storage of foods. Records showed that regular temperature checks were carried out on food before it was served to prevent the risk of food poisoning. Fridges and freezers were checked and we found that fresh food and dried goods were appropriately stored and sealed and labelled with the date of opening. Infection control notices were displayed including the importance of handwashing.

At the last inspection we found that checks to the fire alarm systems were not regularly carried out to protect people from the risk of fire. During this inspection we found that weekly and monthly fire checks were done on the fire alarm system. Visual checks were undertaken on fire equipment and the fire doors and regularly documented. Notices were displayed in the service to advise people what to do in the event of fire. Records evidenced that a fire drill had been undertaken in May 2018 and people had evacuated the building within sufficient time.

At the last inspection we found the applicable codes were not printed on the medicines administration records (MARS) to show where people had refused their medicines or when they were away from the home. During this inspection the registered manager showed us copies of the MARs that included the applicable codes to evidence the reasons why people had not taken their medicines. In addition to this, the medicines policy had been updated and reviewed in May 2018. At the time of our visit we did not check people's medicines as no one was booked into the home in the morning and two people arrived in the late afternoon. Care plans contained the information about the medicines that people took and any allergies and symptoms they may experience. For instance, one person had an epilepsy care plan written by the local authority, which showed the side effects that may occur when the person was administered medicines when they had seizures. Appropriate storage facilities were in place for people's medicines and cabinets were kept locked. Training records evidenced that staff had received up to date medicines training.

People told us they felt safe using the service and their relatives commented, "I am happy with it and feel that [they] are safe. [My family member] has been going there for years" and "I feel it is safe there. [My family member] is really well looked after and that I don't need to worry whilst [they] are there." One relative told us that their family member liked going to the service which spoke volumes. We observed that people appeared to be comfortable and relaxed with staff when they arrived on their first day to use the service. Systems were in place to safeguard people from abuse. We saw that there was a policy in place that provided people and staff with details of how to report safeguarding concerns. Staff were aware of how to report and escalate any safeguarding concerns they had. There had been no safeguarding concerns since the last inspection. Staff told us they understood the whistleblowing procedure if they witnessed unsafe practice in the workplace.

People were supported by staff who were suitably recruited for their role. The registered manager explained that pre-employment checks were carried out by human resources at the provider's head office. We checked the recruitment file of a care worker who had been recently appointed. Records included an interview assessment signed by two managers and competency checks to test the candidates' skills and knowledge. Two references had been sought and were authenticated and employment gaps had been explored. An up to date Disclosure and Barring Service (DBS) check was completed. The DBS provides criminal record checks and barring functions to help employers make safer recruitment decisions.

Most staff said there was enough staff on duty in the service, though one care worker told us they felt there were not. On the day of our inspection we found the staffing levels were suitable for the needs of people who used the service. There were three care workers, a deputy manager and a registered manager on duty. We observed when people arrived on their first day, they were provided with a light meal and taken out for an activity in the afternoon. The registered manager explained they allocated shifts to staff based on the number of people that were booked into the service and increased this if people required two to one support. The rotas we checked confirmed this. We noted that staffing levels were discussed during team meetings and bank staff were used during planned or unplanned leave.

We have improved the rating for this question from 'requires improvement' to 'good' because we found that concerns had been addressed by the provider and they had put appropriate measures in place to ensure improvements would be sustained.

Is the service well-led?

Our findings

At the last inspection we found that systems were not consistently monitored and action was not taken to improve the quality and safety of the services provided to people. During this inspection, we checked to see if the provider's quality assurance systems had improved. We found that the provider had produced an improvement plan to address the shortfalls in relation to this regulation and was now meeting this requirement.

Systems were in place to assess, monitor and improve the quality and safety of the service. 'Service manager checks' had been undertaken by the registered manager in February, May and June 2018 to identify any shortfalls with the service. These included a range of audits completed by the registered manager in areas including risk assessments, care plans, fire safety, health and safety and medicines. Comments and the date actions were to be completed were documented. Where issues had been identified the registered manager took action to address these.

People and their relatives told us they were happy with the way the service was run. During our inspection one person showed us the room they had chosen to stay in and said, "My room is very nice." They went into the kitchen for a snack and were offered a choice of what they wanted to eat. One care worker knew the people in the service very well as they had been supporting them for the past two years. We observed there was excellent communication between people and staff during our visit. Relatives comments included, "They are always quick to ring or text back, the whole team know what they are doing" and "I have never had problems booking [my family member] in, [they] stay there for two weeks in the summer."

Two relatives told us they were uncertain if they had been asked for feedback about the service. The registered manager explained that feedback forms had been sent to all the relatives and agreed to follow this up. The records we checked evidenced people's feedback was sought and analysed to improve the service. This included questions about the food, activities, bookings and the environment and showed a general good level of satisfaction. Where people had made suggestions and comments to improve the delivery of the service, this was acted on. For example, one person had asked for their bedroom walls to be painted pink. Although the provider could not accommodate this, they had purchased a pink radio and television that the person could use during their stay. The registered manager told us the person was delighted with this.

People's relatives told us that staff frequently communicated with them about their family member's stay in the service. Communication notes were written by staff about people's daily care to ensure that relatives were given information about people's care and support. People's relatives commented, "Notes are always sent home in [my family members] bag it is great to be kept informed" and "I am not quite sure what [my family member] does there but when [they] come back there is a diary that I can look at."

Regular team meetings were held to share feedback about people's needs and any changes to the service. Meetings were also used to remind staff about the requirement to keep people's records up to date. One care worker commented, "We have a staff meeting every month and the management team are very

approachable." Important information about changes in people's care needs were shared during the handover. We listened to a handover between staff coming on shift. They were made aware of the wellbeing of each person and any specific information relating to their care. Staff signed the handover sheet to ensure accountability and reduce the risk of important information being missed.

The registered manager told us that people had equal access to services. They said as the service provided two rooms for double occupancy that couples could use. They told us they also welcomed audits done by external professionals, such as the local authority and fire officers.

People had access to Information about the service in an easy read format in line with the Accessible Information Standards. For instance, there was an easy read version of the General Data Protection Regulations (GDPR) to inform people about their rights in relation to their personal information. The registered manager informed us that people and their relatives had been sent a copy of the GDPR.

We asked people's relatives their overall view of the service provided to meet their family member's needs. Their comments included, "It gives me a break as I have no one else to help, the staff are responsible", "They go out on the bus sometimes shopping and they also go out for meals. It is very good for [my family member] to have interaction with other people", "I would recommend Hotel in the Park to someone else."

The registered manager was aware of their requirements to keep the Care Quality Commission (CQC) of significant events that occurred in the service.

We have improved the rating for this question from 'requires improvement' to 'good' because we found that concerns had been addressed by the provider and they had put appropriate measures in place to ensure improvements would be sustained.