Mrs N Stimpson

Catherine Lodge

Inspection report

36-42 Woodside Park Road
North Finchley
London
N12 8RP

Tel: 02084464292

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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

This inspection took place on the 14 April 2016 and was an unannounced inspection. The service was previously inspected on 22 January 2014 when it met all the standards inspected.

Catherine Lodge provides accommodation and personal care for up to 39 older people, some of whom are living with dementia, mental health and sensory impairments. At the time of inspection there were 37 people living in the service.

Catherine Lodge is a detached building formed of two joined properties. People's bedrooms are with ensuite facilities and are located on three floors. The service has four communal lounges, a conservatory and a dining area, all located on the ground floor. The three floors are accessible via a lift. There is an accessible garden.

There is a registered manager. 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 told us they felt safe in the service and the service had systems in place to keep people safe from the risk of abuse and hazards. Staff administered people's medicines appropriately and medicines were stored in a safe manner.

The staff group was stable and people told us there were enough staff. People described some staff as "outstanding" and "excellent."

The service was clean and well maintained and there were systems in place to manage the risk of cross contamination.

The registered manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) and had made appropriate Deprivation of Liberty Safeguards (DoLS).

People and their relatives told us the service was effective in meeting people's individual health and care needs. People were cared for by staff who had a good understanding of their needs. Staff were supported by training to meet the various aspects of their role.

Staff supported people to maintain a good nutritional diet and to remain hydrated.

People told us staff were kind, caring and professional. We observed that care staff maintained people's privacy and involved people and their family members in care planning.

People had person centred care plans and the service identified and met people's diversity support needs. Staff support people to complain and the registered manager addressed any complaints immediately by discussing with the individual and working to improve the quality of the service.

The service was well-led by an experienced approachable manager. There was good communication between the senior staff and the support staff. The service had regular audits and asked for feedback from people, their family members and professions to assure the quality of the service given.

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. The service had systems in place to protect people from hazards and abuse.

The service had systems in place for the safe recruitment of staff.

People received their medicines in a timely and appropriate manner.

Is the service effective?

Good

The service is effective. Staff received appropriate training and regular supervision to support them undertake their role and meet people's needs.

The registered manager and deputy manager understood their responsibilities requirements of MCA and DoLS. Staff asked consent before supporting people with their care needs.

Staff supported people to ensure their diet was nutritious and to remain well hydrated.

Is the service caring?

Good

The service was caring and staff were patient and kind in their manner.

Staff maintained people's privacy and dignity.

Staff worked with people and their relatives to involve them in planning their care and reviewed the care plans on a regular basis.

Is the service responsive?

Good

The service was responsive. Care plans were detailed and written in a person centred manner addressing people's diversity support needs.

People were encouraged to complain and concerns were

responded to and addressed immediately by the registered manager.

Is the service well-led?

Good

There was a registered manager in post who understands their role and responsibilities.

The service has systems in place to ensure the quality of the care is maintained.

Catherine Lodge

Detailed findings

Background to this inspection

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

This inspection took place on the 14 April 2016 and was unannounced.

The inspection team consisted of two inspectors. Prior to the visit the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. We also reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with three people using the service and four family members. We looked at four people's care records and supporting documents and nine medicines administration records (MAR). We observed staff interaction with people throughout the visit. We interviewed three staff members and spoke with the registered manager, deputy manager and head of care. We spoke with other staff including administration staff, care staff, the laundry assistant and the chef. We looked at three staff personnel files. We also spoke with two visiting health and social care professionals and a visiting activities instructor.

Good

Is the service safe?

Our findings

One person told us "yes I feel safe in the home." People told us if they were worried about something they would talk to the registered manager or the deputy manager. Staff had received safeguarding adult training and told us how they would recognise possible signs of abuse and how they would report it in line with the service safeguarding adult procedure. There was an updated safeguarding adult policy that explained new legislation. There had been no recent safeguarding concerns so we talked with the registered manager who told us no concerns had been raised explaining that incident reports are audited to ensure all the correct actions are taken. We looked at the accident and incident recordings and could see no incidents of a safeguarding nature.

We saw that people's care records contained detailed risk assessments that included risks associated with falls, mobility, skin integrity, nutrition and hydration, memory loss and dementia. The risk assessments looked at the hazards and identified measures to be taken to minimise the risks. For example one person was at risk of falls had a sensor mat that alerted staff if they got out of bed in the night to use the toilet, staff then supported the person to the toilet and reduced the risk of falling when the person was drowsy and more prone to falls. Staff screened all people in the service using the Malnutrition Universal Screening Tool to identify who was at risk of poor nutrition. Measures to address the risk to those identified included weekly weight monitoring, referral to the dietician and support to have a fortified diet. People also had risk assessments specific to their own circumstances for example one person who had a fridge in their bedroom was risk assessed to ensure food was kept in a safe way. Measures to address the risk were labelling food when it was opened and supporting the person to throw away out of date food. Each person's records carried a colour coded overview risk document so that staff could look and see immediately what the high areas of risk were before reading the details in the individual risk documents.

The building was assessed for any safety risks and we saw up to date assessments. For example there was a fire prevention risk assessment dated 16 March 2016 and fire policy for staff to follow. There was a fire evacuation plan for each person. Fire exits were clearly signed and fire prevention equipment was available at regular intervals throughout the service. No smoking signs reminded people, staff and visitors not to smoke on the premises and there was a designated smoking area in the garden. Regular in-house training took place and the staff team discussed at each session aspects of the fire prevention procedure for example in June 2015 they discussed if the designated assembly point was safe. The maintenance staff checked fire doors on a monthly basis. Electrical appliances were safety checked in June 2015.

During our visit we observed that although some staff were unwell on the day of inspection there were enough staff to respond appropriately to the needs of the people using the service. The registered manager explained there had been some staff turnover in 2015 but many staff had been working for the service for a long time and they had recruited new staff. We asked how staff absence was managed the registered manager explained some staff lived nearby and are willing to come in if requested. Staff told us "yes there are enough staff" and "there are a lot of staff at night." Family members told us "yes there are enough staff, but more staff would always be great." They added that response from staff was within a reasonable time frame, describing the quality of the staff reassured them that their relative was receiving good care. We

looked at staff personnel files and saw that the service had systems in place for the safe recruitment of staff, this included staff application forms, obtaining two relevant references, Disclosure and Barring Service (DBS) criminal checks, confirmation of identity such as a passport and documents that confirmed the staff had the right to work in the UK. Staff files contained a statement of terms and conditions. The provider had taken the appropriate checks on all staff to try and ensure they were suitable people to work in a care home.

The service had systems in place for the safe administration of medicines. We observed staff administrating medicines appropriately. People's medicine records contained an identifying photo and gave allergy information. For example one person was allergic to penicillin and their record highlighted this clearly. We checked people's medicines administration records (MAR) and found no errors. We looked at a sample of medicines and found the amount of medicines tallied with the MARs. People received PRN medicines (this is "as and when required" medicines) and had the administration recorded clearly. Some people had complex medicines administration because their medicines dosages increased and decreased frequently. We saw there were clear systems in place to support staff to administer the correct dosage. Medicines were stored appropriately and staff recorded the temperature to ensure medicines were stored at safe temperatures. Controlled Drugs were kept in a separate secured environment and an administration log was completed by the district nurse administering. They signed and recorded the amounts of the medicine given and recorded the remaining quantity. The service demonstrated they worked closely with the district nursing service in managing the controlled medicines. The service had worked with the pharmacist to ensure there were safe systems in place for the ordering of medicines and for returning unused medicines.

We observed the service was clean and well maintained. One relative said, "The home is always clean and does not smell." Another relative told us staff always clean crumbs away immediately after meal times. We observed staff supported people to use hand wipes to clean their hands before eating and supported them to clean their hands after eating. Staff used protective equipment such as disposable gloves and aprons when supporting people with personal care. There was colour coded cleaning equipment to prevent cross infection occurring. We saw there was a cross contamination audit for the prevention of the spread of infection. The kitchen was clean and food items were stored appropriately. The temperatures of fridges were recorded to ensure food was kept at a suitable temperature.

Good

Is the service effective?

Our findings

People and their relatives told us the service was effective in meeting people's individual health and care needs. We asked if people received support with their medical needs, one person told us, "staff are extremely efficient".

Staff were given the training they needed to carry out their roles effectively. We saw from the staff training records that staff had received relevant training. This included safeguarding adults, food hygiene, nutrition and hydration, moving and handling, falls prevention, record-keeping, prevention of pressure ulcers, infection control, fire prevention and dementia awareness. In addition the staff had received training in the Care Act 2014, promoting dignity and compassion in care, equality, diversity and inclusion. Staff received refresher training. We saw certificates for the refresher training in staff files. Staff told us they found training useful and that the dementia training in particular was helpful. The deputy manager told us most of the staff enjoyed gaining new knowledge and learning new skills.

New staff completed formal induction training to enable them to undertake their role. Staff also received training in areas that were specific to people they supported for example one person had diabetes and needed their blood glucose tested twice a day. Senior staff and day and night care staff were given training by a community nurse in checking glucose levels.

Staff received regular supervision. Staff files demonstrated staff received regular individual supervisions. Supervision notes addressed areas of improvement, any disciplinary matters, future training recommendations and staff's achievements. Staff told us they found supervision supportive.

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 saw that staff had received training in MCA and DoLS and could demonstrate an understanding of the legislation. There was a MCA and DoLS policy available for staff to reference. We spoke with the registered manager and deputy manager who were able to tell us the principles and requirements of MCA and DoLS. In people's records we saw appropriate mental capacity assessments and DoLS authorisations from statutory bodies. People's care records stated if there was someone who had lasting power of attorney. This is someone who can make a decision on the person's behalf with regard to their finances and /or their health and welfare if they no longer have the capacity to make the decision for themselves. There was a consent policy available to staff. We saw completed consent forms in people's care records for examples where there was use of bed rails, consent to take photos and consent to care. We observed staff asking people's permission before supporting them and they waited for people's response before they acted.

People told us they liked the food served at Catherine Lodge. One person told us, "I like going to dining area for meals, my drink and food needs are met. At times I request meals in my room when my daughter is visiting me. They offer meal to my daughter too. If the menu was repetitive, I would speak to the deputy manager and I would be offered alternatives." Staff supported people to maintain a balanced diet. People's care plans gave detailed information about their nutrition and hydration needs, including their preferred foods and support required to eat their meals. People's care plans also included weight monitoring and daily food and fluid intake records. Kitchen staff were able to tell us who received a special diet as stated in their care plan, for example, who required pureed food and who was diabetic. We saw that the chef had made separate vegetarian dishes for people who were vegetarian. Staff also informed us who required a special diet or had dietary requirements for example naming people who were vegetarian, who had a pureed diet and what staff support was required to eat their meal. We saw an information sheet about people who were on special diet displayed in the staff room as a reminder to staff.

Staff supported people to make their meal choice prior to their lunch and staff offered the menu choice of two hot meals and two dessert options at lunchtime. Where people required support from staff at meal times we saw staff supporting people in a caring and compassionate manner. We saw staff sat with the person, explained to them the dishes on the menu and engaged with them when helping them with their meal. Throughout the inspection people and their visitors were offered regular choices of hot and cold drinks in addition to snacks such as fruit or homemade cake that contained fresh fruit.

Staff supported people to use health care services such as the GP, chiropodists, opticians, dentists, community nurses, psychiatric team and speech and language therapists. We saw one person supported by a member of staff to attend a hospital clinic appointment. The deputy manager told us that a member of staff always accompanies people visiting hospitals. A person we spoke with said they found this "good." People's records showed that the service responded well and sought medical advice promptly. One visiting health and social care professional told us, "the staff are very well informed" another said "staff know the information you require about the people you are seeing." A visiting health and social care professional told us that staff "always chase test results as they want to know the outcomes, they are always proactive". We saw people's records contained an emergency admissions pack that could inform the hospital of important medical information and support needs for the person should the person have an emergency admission into hospital.

We saw the service responded to both physical and mental health concerns appropriately for example when someone had weight loss staff made a dietician referral. Staff completed an action plan to address the weight loss following the dietician's advice. Another person who had behaviour that challenged the service had both GP and psychiatric community nurse support. The service identified a culturally specific counsellor to work with the person on a weekly to address specific areas causing the person concern.

People had their own ensuite bedrooms with a shower. There were also communal bathrooms with specialist baths for easy access for people who preferred a bath rather than a shower. The building had a lift to all floors and a stair lift should the lift be out of order. All areas were accessible to people including the large and well maintained garden.

Good

Is the service caring?

Our findings

People told us, "staff are very good and very kind" and one person said, "Staff are very caring, never experienced any rudeness. Staff treat me with respect and communicates with me very well." Family members told us "staff are professional" and "staff are patient and kind, we are treated like family, grandchildren are encouraged to visit and join in celebrations" and "I am absolutely delighted with the care, staff are very friendly."

A visiting health and social care professional said they saw "good care and attention at the home, staff are very kind"

The deputy manager told us, they had a caring and professional staff team and some staff been with them at Catherine Lodge for over 10 years. Staff told us "I enjoy my work" and described that "we have to be very patient and reliable with people" adding "we wait for them and when they are ready we support them."

We observed staff interacting positively with people and their relatives throughout the inspection. For example one person could not find the key to their room, staff supported them patiently to find their key. We saw people and staff walking arm-in-arm, people looked comfortable and cared for. All the staff were calm in their responses and we observed a caring attitude towards people. The registered manager and staff made time to chat with people and there was good eye contact and relaxed conversations. We saw where people were not able to communicate easily, staff took time and care to ensure they connected with people, getting down to people's level, speaking slowly, using objects of reference, where appropriate. Staff listened to people's requests attentively. We observed the registered manager supporting a person who was not happy with their chair but did not want to change their seating position. The registered manager encouraged the person to choose a chair that they felt comfortable with and assisted them to move the chair to the position they wanted in the room.

Family members told us "yes we are involved in the care planning, every month they ask has anything changed and they say tell me how [X] has been feeling." People care records showed that people and their relatives had been involved in their care planning. Staff reviewed care plans on a regular basis. Care plans stated how people wished to be supported, for example, one person's record stated they wanted only female staff to support them with personal care and described what support was required.

People's diversity needs were captured in their care plans and staff worked with people to ensure their needs were met, we saw one person sometimes liked culturally specific snacks. The service had arranged for a volunteer to go shopping with them every two weeks to shops that stocked the food they liked. The person not only enjoyed eating the food but liked the activity of going out with the volunteer and shopping. The care plan captured the benefits for the person in terms of socialising and "to maintain independence and confidence" as well as meeting their diversity needs. Another person's keyworker went shopping for a person who gave them a list of what they wanted requesting them to purchase culturally specific food that they then gave the chef and talked with the chef about how they would like the food cooked. Other people's care plans named what foods they liked or disliked for example if they were vegetarian and what foods they

avoided for religious and cultural reasons such as pork. Care plans named people's religion and when appropriate what support they required. Some people attended a church service that was held once a week. Staff supported other people to their place of worship in the community one evening a week.

Family members told us "privacy and dignity is respected." We observed staff knocked on people's doors and wait to be invited in before entering. People's care records stated if they wanted their door to remain open or closed and staff asked people if they wanted their bedroom door shut when they left their room. People who wanted keys to their bedroom had a key to lock their door if they wished. Staff kept people's records in a confidential manner in a locked environment. We observed staff maintained people's dignity and approached people in a discreet manner when asking people if they wanted support with personal care.

People's wishes with regard to end of life care were recorded in their care plans. We saw completed advance care plans stating for example which hospital a person would like to go to and do not attempt resuscitation (DNAR) and forms that stated clearly people did wish resuscitation to be attempted. The deputy manager told us how she encouraged family members to talk with their relatives in the home about their end of life wishes.

Good

Is the service responsive?

Our findings

People's care records were person centred and they contained a detailed history that told staff about significant parts of people's lives. Staff explained this helped them to get to know the person and their family. The staff supported people to undertake individual activities. One person who was becoming sight impaired found they no longer felt comfortable going to the activities they used to attend in the community. The staff arranged for that person to become a member of a telephone club, where the person engages with likeminded people over the phone from their room. The same person also enjoyed reading however was not able to continue with reading, the person was supported in accessing audio books that they listened to in their room.

People's rooms were personalised to their taste and staff helped people put up pictures and arrange the room to their satisfaction. The service was homely and well maintained and there were areas that catered for people's different needs. For example there was a large communal lounge where conversations and activities were taking place as well as a quiet 'garden room' that looked out over the garden area where people could sit quietly or talk in private to their visitors. There was a cat that belonged to the service and we observed some people liked the cat and smiled when they saw it come into the lounge.

Group activities were carefully planned by the activity co-ordinator under the headings of mind, creative, team and socialising and physical activities. People's care plans identified what people liked to do and clearly stated what support the person needed to take part in the activity. For example, one person, who was living with dementia, had photos for the staff showing them how to work with them in a physical activity session.

Daily activities included a daily crossword. Staff gave out enlarged copies of the crossword each day and we observed staff worked with people as a group to find the answers and encouraged people to participate. People had their choice of newspapers delivered to them in their rooms. There were weekly sessions of cards, scrabble, bingo, exercises, movement and music, poetry, games such as ball games, darts and sing-a-longs. Some activities were led by the activities co-ordinator and we observed a session facilitated by an outside instructor who was familiar with the people taking part in the activity and tailored the activity according to people's support needs. Each week there was a concert that people could attend if they wished. In the summer months some people were supported to go out for a walk, others were supported to walk round or sit in the garden. The service marked people's cultural festivals for example they served Passover bagels, undertook Christmas festivities and New Year celebrations each year. People's relatives told us that the staff celebrate people's birthdays. They described staff arrange a tea party, where people were served with freshly baked cakes and family are invited to attend the tea party too.

People told us they would speak up if they had a concern. The registered manager told us when people came to live at Catherine Lodge they were given a service user guide that contained information about how to complain. There was a staged complaints procedure. We saw people's care plans stated when people need support to complain and staff should support them to find an advocate. Keyworkers updated the care plans frequently and asked people and their relatives if they had any concerns regarding the service they

received. In addition there were monthly residents meeting where complaints or concerns could be raised. There was a log for complaints to be recorded however the registered manager explained she actively asks people are they happy with the service they receive and takes any concerns seriously addressing them immediately as such there have not been any written complaints. We talked with both family members and people who confirmed that staff ask them on a regular basis if they have concerns and they confirmed if they had the registered manager would address the complaints immediately.

Good

Is the service well-led?

Our findings

People told us they would speak to the registered manager if they had a concern adding "The registered manager is very good, I personally think the home is outstanding." One family member told us "very hands on manager, she is here almost every day." Describing how the registered manager gave good advice when their relative moved into Catherine Lodge that helped their relative settle to the service." Family members described "straight forward communication" with the registered manager. Residents meeting took place every month, the registered manager explained as not all residents are able to communicate their wishes or do not prefer to voice their concerns in front of others, staff engage with residents on an individual basis to gather their feedback, concerns about things they would like to improve.

Staff described the registered manager as supportive. One staff member told us "she is a good lady [registered manager], it's a good home." Staff told us if they were not happy they would go to the registered manager. Staff told us staff meetings take once a month "so we can do our job properly and give good care for the residents, we get a chance to say something if we have something we want to talk about". The deputy manager and head of administration held staff meetings on a regular basis. Records of staff team meetings demonstrated discussions service's performance, areas of improvement and reinforcing training. In addition staff used the meetings to share information about changes to people's health and care needs. The deputy manager told us they use staff team meetings as an opportunity to reinforce the importance of training and policies and procedures.

The registered manager told us she is "open" with staff and encourages them to talk to her if there is a problem however staff can also speak to the deputy manager if they prefer. The registered manager explained she is straight forward in her approach so staff know what is expected from them. The registered manager addresses any staffing concerns promptly describing if there is a concern raised she will investigate it further however usually the matters are minor and addressed quickly. The registered manager told us "we provide a service it has to be right." Some staff had worked for the service for a number of years we met one staff who had been the activities co-ordinator for some years was working as a senior worker. The service recognised staff potential and supported staff to apply for senior roles.

There were clear lines of communication with daily handovers to ensure staff arriving to their shift knew of changes to the care plans and current concerns. Staff shared information verbally and a handover form was completed. The handover form contained relevant information and the senior staff allocated tasks to specific staff. This ensured staff were well informed and knew what their shift responsibilities were and were accountable for their tasks.

The service undertakes regular auditing to ensure the quality of the service. The registered manager told us there is a daily check at each handover that staff have completed the designated tasks. Four residents' rooms are checked daily for hazards and cleanliness to ensure staff were maintaining people's environment. We saw that an administrator who came in specifically to undertake this role several times a week audited medicines administration. The audit was detailed every person's medicines was counted and their MAR were checked to ensure no errors had been made. A monthly audit took place by the administrator who was

experienced in social care with regard to documentation. An aspect of the service would be scrutinised for example social and religious life or people's care plans and their reviews. The night staff manager undertook regular audits the night staff checking their work such as nightly recording.

Keyworkers assured by talking with the people throughout the year in one to ones they then fed back the views of the person. In addition staff asked at their review their and their family members opinion of the service they received. The quality of care given was also discussed at the monthly residents meetings we saw the service addressed any issues raised. The service had sent out 39 relatives surveys to people's family members, 24 replied. The manager explained she had reviewed the comments for trends. We saw the replies were nearly all positive comments such as "it seems a very caring environment." The registered manager addressed the few comments of a negative nature by meeting with the family member to discuss see how the service they received could be improved. Professional visitors were also encouraged to complete a survey form this included health and social care professionals as well as contractors who maintained the service all comments seen were positive.

We saw the registered manager and the senior staff team worked in partnership with the health and social care professionals and had built a strong working relationship with local services. The registered manager was also working with the local authority quality in care team