

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Catherine Lodge

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

Tel: 02084464292

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2014

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Mrs N Stimpson
Registered Manager	Ms. Noreen Stimpson
Overview of the service	Catherine Lodge provides accommodation and support with personal care for up to 39 older people, some of whom may have dementia. The service is located in North Finchley.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	8
Meeting nutritional needs	10
Safety and suitability of premises	11
Requirements relating to workers	12
Assessing and monitoring the quality of service provision	13
About CQC Inspections	14
How we define our judgements	15
Glossary of terms we use in this report	17
Contact us	19

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 22 January 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information sent to us by local groups of people in the community or voluntary sector.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

We spoke with five people who used the service, two relatives and the service's GP who was also visiting. People told us they were very happy with the service they received. One person said "I like it here very much. They are very good to us, we have lovely parties and the food is wonderful". Another person told us "They are wonderful. The staff have so much courtesy, and treat everyone with respect and dignity, not hidden away. I've not lived in any other home, but my feeling is it is quite exceptional". A relative told us "The staff are very attentive and thoughtful. They have so many activities, and it is always teatime when I visit".

We found that care and support provided was compassionate and attentive to people's needs. We saw that consent was sought before care was provided, and government guidelines were followed where people did not have the capacity to consent.

We found that food and drink was fresh, plentiful and nutritious, and that support to eat was provided with people's dignity in mind. We found that the premises were suitable for the needs of the people who used the service, staff and visitors.

We saw that the provider operated effective recruitment procedures and that staff were skilled and caring. The provider sought people's feedback and acted upon it, and maintained a robust quality assurance system.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or support they were asked for their consent and the provider acted in accordance with their wishes.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We viewed the personal care and support records of four people who used the service. Each person's records contained documentation of their capacity to make decisions, and what arrangements were in place if they did not have capacity. The records contained a 'Photo consent form' which some people had signed, and some had not. Where people had not agreed to have their photo used by the provider, we saw that this was respected and their photos were not used.

Each person's records contained a document titled 'Gold Standards Framework - Advance Care Plan' which clearly outlined the person's wishes for their care and treatment, particularly for end of life care. These were completed appropriately and signed by the person, their representative and the person's GP where applicable. These also contained the Do Not Attempt Resuscitation (DNAR) forms in which people indicated they did not wish to be resuscitated should such a situation arise, which were fully completed and signed by the person's GP.

Some people's files contained record of 'best interest' meetings specifically relating to the person's capacity to make decisions about taking their medication. We saw these were in order, and where the decision had been made to administer medicines covertly in people's best interest these were signed by the person's GP and regularly reviewed.

We saw that each person who had a deputy appointed by the Court of Protection to manage their affairs or make decisions on their behalf had full documentation of the appointment in their care records. Where this was the case, the deputy was noted in the person's 'Overall summary' care plan document for easy reference by staff. This demonstrated that the provider was aware of the requirements of the Mental Capacity Act 2005 and worked within them.

We viewed the training records for staff and saw that all staff had been trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

We observed care that was provided in the communal areas of the service, and noted that staff routinely asked for people's permission before touching them or offering support. This showed that staff were aware that consent should be sought for each instance of care being provided, and not assumed.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and their care and support planned and delivered in line with their individual care plans. We viewed the care records of four people who used the service, and saw that each contained a comprehensive needs assessment prior to the person moving into the service. Each person had a separate care plan for each aspect of life in which they needed support. We noted that changes in the person's level of support were recorded and graphed to provide a visual representation of progress or deterioration over time. Care plans were reviewed monthly by staff and the person, and relatives were also involved in these reviews where appropriate. Placement reviews took place six-monthly and included short, medium and long-term goals for the person, as well as goals for the person's keyworker when overseeing their support at the service.

Care and support was planned and delivered in ways that were intended to ensure people's safety and welfare. We observed care being provided, and saw that staff anticipated people's needs. For example, people were regularly asked by staff if they wished to be supported to use the toilet, rather than having to ask.

Some people who used the service exhibited behaviours, at times, that posed a risk of harm to themselves, other people or property. Where these behaviours had been identified, the provider had comprehensive records of the situation, the behaviours and the response by staff. We asked staff about this and they told us they had been trained in responding to such challenging behaviours, and always tried to defuse the situation and redirect the person. One person who used the service told us "It's amazing how staff can quieten things down before they blow up. They're very good really". This showed that people's care and support reflected relevant research and guidance.

We saw that staff supported people to move around as much as possible, in order to retain and enhance their mobility, and readily provided one-to-one and two-to-one support where necessary. We did not observe any hoists being used to transfer people, and when we asked the deputy manager about this she told us that hoists were only used where a risk assessment had been undertaken and it was regarded as necessary; for example, supporting people in and out of the bath. Otherwise, people preferred to be physically supported by staff wherever possible and the provider respected this, and this was reflected in the care plans and risk assessments we viewed.

The provider employed a full-time activities coordinator and we saw that there was a wide range of activities offered both within and outside the service premises. The activities in which people participated were recorded in a separate activities folder, with many photos and people's preferences and support needs for participating in activities. We viewed some of these folders and saw that people were regularly engaged in wide variety of activities. During our visit, we observed staff offering people support to go for a walk in the garden or to the local high street for shopping. One person who used the service told us "There is so much to do! I have trouble choosing which activities I will be involved in each day. There is always something going on". This demonstrated the provider ensured that people were socially stimulated.

There were arrangements in place to deal with foreseeable emergencies. We viewed the service's Emergency Contingency Plan folder and saw that it was comprehensive and reviewed mostly monthly. Each staff member had a named role in an emergency, and there were two places of safety identified should the service premises need to be evacuated. The folder contained the service's emergency procedure and general evacuation plan as well as each person's personal evacuation plan, and contact details for all staff, relatives of people who used the service, and suppliers should they need to be notified.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and hydration.

Reasons for our judgement

People were provided with a choice of suitable and nutritious food and drink. We viewed the service's menus for the month prior to our visit, and saw these contained a varied range of meals to meet people's needs. The menu for the day was written on a whiteboard in the dining room, and displayed the correct details for the day of our visit. We observed staff speaking individually with and taking each person's choice of main meal before lunch. However, the menus as displayed did not include the vegetarian option for the main meal, even though one was provided for the people who were vegetarian. The provider may find it useful to note that displaying all of the options available to people for their main meal would ensure that all people who use the service can choose which main meal they wish to eat, each day.

We viewed the stores of food in the larder, fridge and freezer, and saw there was plenty of fresh fruit, vegetables, meat and dairy products available. All food we checked was stored correctly and in date. Desserts and snacks such as cakes were homemade from fresh ingredients, and we saw that some soups were also homemade. People we spoke with were very happy with the food provided. One person said "The food is simply marvellous. There are fresh vegetables, and lots of them. My only complaint is that the portions are too large". Similar comments were made by each person we spoke with about the food.

People were provided with appropriate support to eat and drink. We observed support being provided for people who needed one-to-one assistance to eat, and saw that this was compassionate and followed the principles of dignity in personal care. For example, people were given the opportunity to smell the different foods, and to refuse what was offered if they wished to have something else at that time. Staff we observed were chatting and engaging in friendly small talk with people while they were supporting them to eat.

We viewed the records of all daily checks undertaken in the kitchen, which were complete and up-to-date. The provider also had a monthly kitchen audit with actions. The service was given a five star rating by the Food Safety Agency when they inspected in June 2013. The kitchen was run by a qualified chef who had also received additional training in relevant topics such as diabetes awareness.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider had taken steps to provide care in an environment that was suitably designed. The service was provided in four adjacent terraced houses that had been knocked together and extended. There were 29 single rooms and five double rooms, each personally decorated, over three floors. The deputy manager told us that people who needed the most support were placed in rooms on the ground floor closest to the lounge areas, to ensure they were close to staff and could still engage in some of the social activities should they wish to.

There was a choice of several large and small lounges, and a large conservatory which had been made suitable for use in all weather conditions. The landscaped garden was very large and had a patio and several different seating areas for people to use in nicer weather.

The provider had taken steps to ensure care was provided in an environment that was suitably maintained. The provider had a comprehensive maintenance plan which we saw was up-to-date, and at the time of our visit there were decorators repainting the second floor hallway as part of routine scheduled maintenance. We viewed the records of a health and safety audit undertaken by Barnet Council in November 2013 and saw that there were no actions arising as a result of the audit.

We viewed the service's emergency procedures relating to the premises, and saw that there was a comprehensive fire safety evacuation plan and regular testing of fire safety equipment. Evacuation plans were clearly displayed in each area of the building. We viewed the record of an inspection undertaken by the London Fire Brigade in November 2013.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were supported by suitably qualified, skilled and experienced staff.

Reasons for our judgement

Appropriate checks were undertaken before staff started work. We viewed the records of four staff and saw that each had an Enhanced Disclosure and Barring Service check which demonstrated that the staff member was not barred from working with vulnerable adults. Each also had at least two written references, and we saw that the provider had also contacted some of the referees by telephone to clarify information where it was unclear. Each staff member's records also contained a completed application form and curriculum vitae detailing their employment history in social care. All staff records that we viewed contained the staff member's proof of identity and right to work in the United Kingdom.

The provider conducted a comprehensive induction program based on the Skills for Care Common Induction Standards, as well as a service-specific induction which all staff had completed. All staff either held a National Vocational Qualification in Health and Social Care to level two, or were enrolled in the Diploma of Health and Social Care level three programme. We saw that at least one care assistant was also enrolled in the level five Diploma of Health and Social care. This showed that staff were qualified and were supported to gain additional qualifications through the service.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to regularly assess and monitor the quality of the service that people received.

Reasons for our judgement

People who use the service, their representatives, staff and others were asked for their views about their care and support and these were acted upon. The provider surveyed 12 people who used the service on a different aspect of their care and support each month. These were called 'In-house surveys', and topics included visitors, religion, laundry, social life, choice, food, and indoor and outdoor entertainment. The surveys were answered by a wide range of people, and the results published in a report. We saw that changes were made as a result of people's feedback, for example more green vegetables were provided and meal portion sizes were reduced after people had requested these.

People's relatives were also asked for their feedback in an annual survey, as were staff and professionals who visited the service. The results of these were collated in an annual 'Quality Assurance Audit' and we saw that changes were made as a result of these. For example, kitchen staff requested more equipment in the kitchen, and we saw that this had been provided.

We viewed the records of regular staff meetings, kitchen meetings, relatives meetings and residents' meetings, and saw that the service sought and responded to people's feedback.

The provider conducted a number of regular checks and audits of different aspects of the service, such as monthly equipment checks, a comprehensive monthly checklist of tasks relating to care planning and people's support and a general monthly checklist of tasks relating to service management. The provider also participated in audits by external agencies such as a pharmaceutical audit by the Barnet Clinical Commissioning Group in June 2013 and an Enter and View visit by Barnet LINK (now Barnet Healthwatch) in February 2013. There were no actions arising from the pharmaceutical audit, and the Enter and View visit report was very positive about the quality of the service people received.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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