

Ringdane Limited

# Cameron House Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Cameron House Care Home is a residential care home providing both personal and nursing care and is based in Bury, Greater Manchester. The service can support up to 40 people in one adapted building over two floors and there were 36 people receiving support at the time of the inspection.

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

We found shortfalls in the home's approach to safety and in the home's auditing and quality monitoring processes. Equipment was not stored safely due to lack of storage. This had caused a potential trip hazard and put people at risk of falling. A sluice room that needed to be locked for safety reasons was also left unlocked on three occasions that we checked. All other areas of the home were safe. Quality assurance systems had not been effective at picking up issues identified during the inspection. We identified one regulatory breach. We have made a recommendation about the effective management of people's oral healthcare. We have made a recommendation about supporting people to access activities and improving links with the local community.

Staff were knowledgeable about safeguarding people and when to raise concerns. People received their medicines safely and recruitment practices were also safe. The home was clean and staff understood their infection control responsibilities.

Care plans were person centred and included people's choices and preferences. Staff received the training they needed to carry out their roles and gave good feedback about the supervision and support they received. People were supported to eat and drink a balanced diet and were given choices. The environment was not dementia friendly and the home was aware that future refurbishment plans needed to consider this. The home supported people to make their own decisions where possible and worked within the principles of the Mental Capacity Act.

Care files recorded what was important to people and what their choices and preferences were, but did not record people's involvement in formal reviews of their care. The laundry system at the home was not always effective. People had reported that clothes were going missing in the laundry. People and relatives we spoke with told us that staff were kind and caring and that people were treated with dignity. We observed staff that were committed to their roles and were responsive to people's needs and promoted their independence.

People did not always have suitable end of life care plans in place to advise staff of their end of life wishes and preferences and care files had not always been updated to record changes in people's ability to communicate. There was good feedback from visiting professionals and people were supported to access health and social care professionals when they needed to.

The quality of care people received was supported by an established quality assurance process. This had not been fully effective as it had not always identified issues picked up during the inspection. The home was

managed by an experienced registered manager and staff felt valued and reported a high level of job satisfaction. There was an open transparent culture that supported good practice and there was good communication with people, families and staff.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at the last inspection

The last rating for this service was good (published 20 April 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified one regulatory breach in relation to good governance. We also made two recommendations to support the home to improve. Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.  
Details are in our safe findings below.

Requires Improvement ●

### Is the service effective?

The service was not always effective.  
Details are in our effective findings below.

Requires Improvement ●

### Is the service caring?

The service was not always caring.  
Details are in our caring findings below.

Requires Improvement ●

### Is the service responsive?

The service was not always responsive.  
Details are in our responsive findings below.

Requires Improvement ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-Led findings below.

Requires Improvement ●

# Cameron House 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 checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector on day one 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. There were two inspectors on day two of the inspection.

#### Service and service type

Cameron House Care Home 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also sought feedback from partner agencies and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and eight relatives about their experience of the care provided. We spoke with eight members of staff including the intermediate care clinical operations manager, the registered manager, senior care workers, care workers, the chef, a house keeper and an activities coordinator. We also spoke to two visiting professionals.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 now deteriorated to requires improvement. Some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Space available to store equipment was limited. We found equipment such as stand aids and walking aids were being stored in two bathrooms on the first floor. The equipment stored in the bathroom was a potential trip hazard for people and blocked access to the toilet. We were also able to access an unlocked sluice room on the first floor on three separate occasions which placed people at a risk of harm. We raised these two issues with the registered manager and measures were put in place during the inspection to prevent a reoccurrence.
- The home had effective systems in place to ensure that all other areas of the home were safe. This included up to date safety certificates for gas and electric, hoists, the lift and fire equipment. Risk relating to fire and legionella had been assessed by third parties contracted by the provider. The provider had acted on any recommendations by carrying out required work.
- Systems were in place to identify and reduce the risks involved in the delivery of care to people. People's care records included assessments of specific risks posed to them, such as risks arising from mobility, skin integrity and falls. Care records contained guidance for staff about how to support people to reduce the risk of avoidable harm.
- The provider had a comprehensive system to record accidents and incidents. Systems were in place to review these for wider learning and to reduce the risk of the same accident or incident occurring again.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of how to recognise a potential safeguarding issue and understood it was their responsibility to report any concerns and they were confident the registered manager would respond appropriately. Comments from staff included, "I would speak to the manager if I had concerns" and "I have no concerns at the home."
- The home had reported any safeguarding concerns in line with local authority guidance. There was a clear system used to log and monitor each referral which included what had occurred, the action taken and the outcome.

Staffing and recruitment

- The provider carried out appropriate pre-employment checks to ensure only suitable staff were employed at Cameron House.
- Staffing levels were appropriate although there was some negative feedback from people we spoke to. People told us, "They say things like will be back in a minute, but it can be up to two hours" and "When I ring my buzzer I get limited attention, it really gets my goat, I have to shout my head off."
- During our inspection we saw that staff were responsive to requests for assistance and recognised when

people needed help. This was also in a timely manner, including response times to call bells, which we tested without staff knowledge. The response came within five minutes.

- Relatives felt there were enough staff to meet people's needs in a timely manner. One person's relative told us, "I feel there are enough staff." Another relative said, "I believe there are enough staff available."
- Staff told us they felt there were enough staff to meet people's needs. One staff member said, "I think we have enough staff on duty, some days it can be busy, but we manage." We received positive feedback from all the staff we spoke with. Staff rotas showed that staffing was consistent.

#### Using medicines safely

- Medicines were managed safely. Medicines were stored securely and at an appropriate temperature that was in line with the manufacturer's recommendations.
- Staff kept accurate records of the medicines they administered.
- There were protocols in place to help staff understand when any 'when required' (PRN) medications were required. However, whilst staff were aware when these medicines should be administered this was not always clearly recorded in the protocols.
- We saw controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were managed appropriately in line with legislation.

#### Preventing and controlling infection

- The local infection prevention and control team had carried out an audit of the service in January 2019. The service scored 96%.
- Staff received training in infection control and understood their responsibilities. We saw personal protective equipment such as gloves and aprons were readily available around the home.

# 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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Care plans identified people's health needs and provided staff with guidance on how to support them. Care plans showed staff made appropriate and timely referrals to health professionals such as the GPs, podiatrists and opticians.
- The service did not have effective systems in place to manage people's oral hygiene. During the inspection one person's family member told us they felt the service was not managing their family members oral health care, therefore the family had stepped in to do this. The care plans we reviewed had not considered oral care as part of the assessment.

We recommend the provider refers to current guidance to review how they provide oral health care.

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

- People's needs were not always met by the decoration, design and layout of the home. For example, there were people living with dementia at the home and there were limited changes to the environment to make it dementia friendly. This included limited pictorial signage for toilets, or to help people identify their bedrooms.
- The management team were aware that aspects of the environment were not dementia-friendly and the service had a refurbishment plan in place that had already begun to consider this as part of a future strategy.

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

- People's needs were assessed before a placement was accepted. This helped to ensure the service was suitable for them.
- Care plans confirmed how people wanted to be supported and demonstrated that people's abilities had been considered alongside the support they needed, which would help reduce the likelihood of staff providing support that was not required.
- They also gave staff information on people's preferences in relation to a range of areas including staff gender and how they received their care. For example, one person's care plan detailed that they liked to brush their own hair and that they preferred a bath to a shower. Such details would help staff provide personalised care.
- Care files contained information about best practice guidance from recognised sources about people's health conditions and care needs.

Staff support: induction, training, skills and experience

- Staff were provided with the training they needed to work effectively with people. Training had been identified that was considered essential for staff to complete. These included courses such as safeguarding adults and health and safety. One staff member told us, "The training on offer is a good standard. The manager is always reminding the staff they need to complete their training."
- Staff members were given the opportunity to undertake more specialised training to meet the needs of people they were caring for. These courses included dementia training and positive pressure ulcer prevention.
- New staff completed an induction that was tailored according to their experience and they were shadowed by a senior member of staff during the induction period.
- Staff were further supported through regular supervision and appraisal meetings. Staff told us that they felt well supported in their roles. One staff member told us, "They listen, and the emotional support is good, and they are visible and work alongside us."

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

- We observed the meal time experience on both days and saw people were supported to eat and drink where needed through encouragement from staff. The service had separate arrangements in place for people who required assistance with their meals. This process worked well, which meant the meal time experience was safe and unhurried.
- People and their relatives were positive about the food and drink provided. One person said, "The foods okay. I like it enough to eat it" and relatives told us, "This is better than my mother has ever had" and "The management of the food is fantastic. My mother is on a pureed diet and supplements".
- The staff reviewed one person's dining experience each week and observed the overall dining experience monthly.
- The service had not yet introduced the International Dysphagia Diet Standardisation Initiative (IDDSI). The deadline was April 2019. IDDSI was implemented nationally to eliminate the use of imprecise terms such as 'soft diet' and introduced standard terminology to describe texture modification for food and drink. We found people's dietary requirements had not been compromised, as the service was safely supporting people in line with Speech and Language Therapist (SaLT) guidance.

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

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. 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.

- The registered manager had made appropriate applications for DoLS authorisations. They had oversight of which people were subject to authorisations and when they were due to expire. The registered manager had a good understanding of MCA procedures and the DoLS framework.
- Staff understood the principles of the MCA and how they applied to their day to day work. Staff told us, "People on DoLS can still make decisions. Bigger decisions may be dealt with in best interests" and "They

provide safeguards for people who lack capacity around decision making and best interests".

- During the inspection we observed staff seeking people's consent before providing care and support.
- Care files had a section called, 'rights, consent and capacity needs' that dealt with any relevant issues and was reviewed monthly. This included records of best interest meetings and recorded if independent advocates, family or solicitors were involved.

# 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 now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- During the inspection one person's family member informed us they were getting frustrated that their family members laundry was not always returned, even though the family member had spent time labelling their clothes. We discussed the laundry with a member of the housekeeping team who acknowledged the laundry system at the home was not always effective and informed us they had a pile of clothes in the laundry room that they didn't know who they belonged to. The registered manager reviewed their systems for managing the laundry after the inspection and arranged to discuss the changes with people and relatives at a residents meeting.
- Staff understood how to support and promote people's independence. For example, they told us they would encourage people to eat independently when they were able to and we observed this during meal times.
- Staff were aware of the importance of maintaining people's privacy and dignity when providing personal care in particular. One staff member told us, "Communication and listening is important and respecting peoples wishes".
- Care plans noted people's abilities and areas of care they could carry out without support.
- People's rights to a family life were respected and we observed frequent visits by family during the inspection and we saw that they were made to feel welcome.

Ensuring people are well treated and supported; respecting equality and diversity

- The home had an equality, diversity and human rights policy and staff received training in this area. We also saw the minutes of a dignity meeting that took place each quarter.
- People and relatives, we spoke with told us that staff were kind and caring. One person told us, "Staff talk to me with dignity and respect and they talk to me properly". Relatives told us, "Absolutely fantastic care. They have really cared for my mum since she came out of hospital" and "The best nursing home that I have experienced. They focus on quality of care. Staff treat her with respect and dignity. I couldn't wish for better".
- We observed that staff were caring and attentive to people's needs and interacted with them appropriately. One person kept trying to undress and staff were quick to support them on each occasion.
- Care files had a specific section to record what was important to people and this included their spiritual, cultural and sexual orientation. For example, one person's file recorded that they prayed regularly and were visited by a local church.
- From our conversations with staff, it was apparent that they understood people's needs and preferences. One staff member told us, "She likes her personal care in a certain way. She likes a long bubble bath. She

also likes milky coffee not tea and she likes chatting".

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

- We saw evidence of advocacy involvement in people's care files especially when there were best interests meetings or a DoLs in place. We asked the registered manager to put up a poster to support further access to advocacy for people not on DoLS.
- Relatives we spoke to were positive about their involvement. One person told us, "They involve me in their care and they always take the time to explain what's going on. They also give me time".
- Resident and relative's meetings were regular and discussed appropriate issues such as food and activities.

## 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 now deteriorated to requires improvement. This meant people's needs were not always met.

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

- The home employed an activities coordinator four days a week. They were enthusiastic and had a weekly activity schedule in place and tried to meet the differing needs of people through group activities and one to one support. We observed that this was difficult to achieve as there were long periods where people had no activities available due to the competing demands of the role. We were informed that there were approximately ten people who either did not participate or were unable to participate due to the nature of their illness.
- People who could participate had their preferences assessed and they had been supported to collate their own social histories and had completed weekly surveys to obtain feedback and ideas for new activities. This included a gardening club where people had designed their own hanging baskets. People said that they enjoyed the activities which included painting, planting, singing and games. They told us, "I look forward to it" and "I would like to go in the garden more often".
- There was limited contact with the local community and no organised trips out this year.

We recommend the provider seeks advice from a reputable source to review the activities programme to help make it more accessible to people with differing needs and to support better access to the community.

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

- There was person centred information in each section of the care plan that detailed people's choices and preferences and a section that recorded what was important to people.
- Staff reviewed each section of the care plans monthly. There was no documented involvement of people using the service or their representatives in reviewing their care either monthly or more formally every six or twelve months. The registered manager addressed this issue by sending formal invites to all families after the inspection and added this issue to the agenda at the residents meeting scheduled for October 2019.
- We received good feedback from visiting professionals. They told us, "It is good. They are caring and helpful and the manger is approachable. They go out of their way to help. The nurses are good. They follow instructions and they are good at referring. This is one of the better homes" and "It's fine here staff are helpful. No concerns".
- We looked at three care files and looked specifically at pressure care and personal care and found no concerns. Care was person centred and people's needs were met as directed by the care plan.

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 assessed and detailed any difficulties people may have and how best to communicate with them. These included details of any aids or equipment they needed to assist with communication.
- One care plan had not been reviewed properly as it stated that the person could communicate their needs effectively when their ability to do so had deteriorated since the care file had been completed. The monthly reviews had not captured the change, although there was no impact, as staff were aware of their communication needs.

#### End of life care and support

- The home was accredited to use the nationally recognised 'six steps' approach to the delivery of end of life care.
- People did not have suitable end of life care plans in place to advise staff of their end of life wishes and preferences. Some people had do not resuscitate orders in place, but there was limited use of personal end of life care plans in place to advise staff of people's end of life wishes and preferences.

#### Improving care quality in response to complaints or concerns

- The providers complaints policy was displayed in the entrance to the home.
- There had only been one formal complaint in the last year and this had been managed well.

# 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 deteriorated to requires improvement. This meant the service management and leadership was inconsistent and did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was an established quality assurance process in place consisting of a wide range of audits that included regular medication audits and external audits from the regional manager each month. This was supported by a 'quality of life tracker' that collated data on a weekly basis that was shared with the provider to support compliance.
- The registered manager and the provider acted on any shortfalls identified. We saw action plans in response to a fire risk assessment and a medicines audit, for example.
- The home had an open and positive culture, that responded quickly to gaps or concerns, including those raised during the inspection.
- The audits had not been fully effective as they had not identified issues picked up during the inspection. This included lack of storage space and solutions to prevent avoidable risk to people as a result and a sluice room left unlocked on three occasions during the inspection. There was a delay in meeting the deadline for the International Dysphagia Diet Standardisation Initiative (IDDSI) which had to be in place for all care providers by the end of April 2019 and care plan audits did not identify recording issues that included a lack of formal reviews of care for people.
- We made two recommendations about oral health care and suitable activities for people with specific conditions such as dementia and better access to the community for people in the home.

This is a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home was calm and relaxed on both days of the inspection.
- The home was managed by an experienced registered manager. Staff told us they felt supported and were positive about the registered managers leadership of the home.
- There was an established team that reported good staff morale and staff told us they felt valued. They told us, "I get good support. We get feedback about our work, it does not go unnoticed" and "Yes, the support is very good including emotional support. We have access to clinical supervision and we are encouraged to access it".
- Staff told us that they felt comfortable raising concerns or ideas and that there was an open-door policy and a manager that was approachable and hands on.

- Staff told us that communication was good and that they were clear about their tasks and any risks that needed to be managed with people's care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of and understood their responsibilities in relation to the duty of candour. There was an open, inclusive and transparent culture in place with the registered manager operating an open door policy where people and staff felt comfortable to raise concerns.
- All required notifications were made to the CQC in a timely manner and appropriate actions had been taken in response to these events.

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

- Regular staff meetings took place. We viewed minutes of the meetings and saw that the registered manager discussed areas of improvement with a view to improving the quality of care and staff told us that the meetings were effective and they felt able to make suggestions.
- The home carried out surveys with people and their relatives and had regular meetings with them to discuss areas to improve. The surveys were analysed and helped them to identify what they did well and areas that needed to improve.

Working in partnership with others

- The service worked in partnership with other stakeholders. We saw a range of professionals were involved in people's care and the local authority told us they had no concerns about the home.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  There were shortfalls in quality assurance systems.