

Camino Healthcare Limited

Camino Healthcare West Bromwich (Cromwell House)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Cromwell House is a residential home providing personal care to 14 people aged 18 and over at the time of our inspection. The service can support up to 14 people with a mental health diagnosis. The care home is made up of a two-storey building and a separate building of self-contained flats. .

People's experience of using this service:

People told us they were happy living at the home and felt safe. Individualised care plans were in place. Following our inspection, the provider made improvements to the care records to ensure they contained detailed information about risks associated with people's care and details of how staff should identify and manage them. People were supported by staff who knew them well and who recognised the risks to people's health, safety and well-being. The provider already had plans in place to implement a new risk assessment system. Staff understood how to identify, and report abuse, and recruitment processes included checks to ensure only appropriate people were employed to work with people at the service.

People received their medicines when they required them from suitably trained staff. The registered manager completed regular checks to ensure people received the correct medicines and they were administered safely. The service was clean, and staff understood how to maintain good infection control practice.

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. However, the provider's systems did not always support this practice. Staff knew to ask people for consent before supporting them but people who lacked capacity to make certain decisions did not always have clear assessments in place that were decision specific to demonstrate compliance with the Mental Capacity Act 2005. People were supported to access healthcare professionals regarding any health and welfare concerns. Meals were prepared which met people's nutritional needs and preferences.

Staff were caring and supported people with empathy and compassion. Staff provided reassurance to people if they became anxious. People were supported to learn new skills to increase their independence.

People were involved in planning their care with support to ensure their needs were met in accordance with their needs and preferences. They had access to activities relevant to their interests and hobbies. A complaints procedure was available, and people understood how to raise concerns.

The registered manager completed audit checks to make sure the care provided was in accordance with the provider's expectations, however, these did not always identify the lack of information in care records to support staff in meeting people's needs. The registered manager had not always informed us of notifiable incidents such as police being contacted to demonstrate risks to people's health and safety had been identified and managed.

For more details, please see the full report which is on the CQC website www.cqc.org.uk.

Rating at last inspection

The last rating for this service was Good (report published 2 March 2019).

Enforcement

We have identified one breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to good governance. We identified one breach of the Care Quality Commission (registration) Regulations 2009 relating to notifications of other incidents.

Why we inspected

We inspected this service following concerns identified at inspection of another location owned by the provider.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Camino Healthcare West Bromwich Cromwell House on our website at www.cqc.org.uk.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

Good ●

The service was Safe

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was Caring.

Details are in our Good findings below.

Is the service responsive?

Good ●

The service was Responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always Well-Led

Details are in our Well-Led findings below.

Camino Healthcare West Bromwich (Cromwell House)

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

Inspection team

There were two inspectors and one specialist advisor who had a background in mental health.

Service and service type

Cromwell House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as potential abuse; and we sought feedback from the local authority and other professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, the provider, and five members of staff which included care workers and nurses. We spoke with six people who lived at the home to ask about their experience of the care provided. We also spoke with two health care professionals about their experience of the service. A health care professional is someone who has expertise in areas of health, such as nurses or consultant doctors.

We reviewed a range of records. This included seven people's care records. We looked at records relating to the management of the home. These included systems for managing any complaints, checks undertaken on the health and safety of the home and compliments received. We also looked at records relating to the recruitment of staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At the time of the inspection visit risk management required improvement. For example, a risk assessment stated, prior to coming to live at the home, one person had been at risk of harming themselves. The assessment did not provide information about how staff would recognise the triggers for this behaviour should it return, or how to respond to them. There had not been any incidents of this nature since the person had lived at the home.
- We discussed this concern with the provider and registered manager. They told us they already had plans in place to implement a new risk assessment tool with the aim to improve information available to staff. The registered manager stated this would be in place by August 2019 after staff had received training on the new systems.
- Following our inspection visit the provider sent us copies of the new risk assessments which included more information including how staff would identify if a person's risk increased and how staff were to support the person.
- Checks of the building and equipment such as gas and electricity regularly took place to make sure any environmental risks were identified and addressed.
- An up to date emergency evacuation plan was available to help ensure people could be evacuated safely in the event of an emergency. This contained information about how each person would need to be supported.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe at Cromwell House. One person said "I love it here, they (staff) look after me well. I am definitely safe the staff always help me."
- Staff completed safeguarding training, so they knew what signs to look for of potential abuse and how to respond to this. One staff member told us, "If I suspected abuse I would report it to the manager or the local authority."
- The provider's 'safeguarding vulnerable adults' policy was accessible to staff and had been recently reviewed to ensure it contained up-to-date information.
- Safeguarding concerns were effectively managed. There had been one safeguarding incident relating to an incident between two people who lived at the service. The care needs of the people involved were reviewed and it was referred to the Local Authority and us (CQC) as required.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored to identify any patterns or trends, so appropriate action could be taken to reduce reoccurrence.

- Lessons were learnt when things had gone wrong. For example, the registered manager had completed risk assessments following a serious incident at another service owned by the provider. This was to help ensure staff were aware of how to react if a similar incident occurred at Cromwell House.

Using Medicines safely;

- People told us they received their medicines when they needed them to manage their healthcare needs.
- When people were prescribed medicines "as required" there were instructions for staff about when these might be needed, for example if a person was feeling anxious. When these medicines were given it was recorded why they had been given. This enabled the registered manager to check they were being given correctly.
- Staff told us they had received training to give people their medicines safely and had regular checks by their manager.
- Medicine administration records (MARs) had been completed correctly and assured us people received their medicines as prescribed.
- Medicines were stored in line with best practice guidance.

Staffing and recruitment

- People told us there were enough staff available to support them with their needs. Staff agreed with this and a member of staff told us "We have enough staff to keep people safe. The staffing levels will go up if care levels go up when people's needs change. We have discussions between staff and management if we need more staffing, they are receptive to what we tell them."
- The provider had a tool to assess the number of staff required, based on people's support needs. Staff numbers were provided in line with this.
- Staff were recruited safely, and pre-employment checks were completed to assure that the people employed were suitable for the role.

Preventing and controlling infection

- The home was clean throughout. The provider had domestic staff and cleaning schedules in place to ensure cleaning was regularly completed in all areas of the home. A person told us "This place is spotless, like a beautiful 5-star hotel, it is as good as [name of hotel] in London."
- Staff used personal protective equipment to help prevent the spread of infection.

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 was rated as Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 make 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.

- 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. However, the provider's systems did not always support this practice. Staff knew to ask people for consent before supporting them but people who lacked capacity to make certain decisions did not always have clear assessments in place that were decision specific to demonstrate compliance with the Mental Capacity Act 2005. There was a risk staff were not aware what decisions people were able to make for themselves.
- Staff understood the principles of the Act because they sought people's consent before they provided assistance.
- Referrals had been made to the local authority where people were being deprived of their liberty.

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

- People's needs were assessed in their care plans and people were asked about their protected characteristics as stated in the Equality Act 2010. They include, age, disability, religion or beliefs, sexual orientation. The care and support plan recorded people's protected characteristics and how staff members and the management team should assist them to ensure their needs were met.
- However, support plans were not always reviewed regularly. The provider's own guidance stated that they were to be reviewed monthly however we found this was not done consistently. This meant that staff may not always have accurate information about how to support a person.
- People felt confident staff understood their care and support needs. Staff were aware of people's likes and dislikes and knew people well.

Staff support: induction, training, skills and experience

- Staff received an induction when they started work at the service. This included, face to face training and working alongside other more experienced members of staff to understand people's individual needs.
- Staff completed annual refresher training to update their knowledge. The registered manager had identified a number of staff who needed refresher training and this was planned to ensure people's needs were met.
- The provider's induction for staff new to care included the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff in health and social care. This showed the provider was acting in accordance with nationally recognised guidance for effective induction procedures to help ensure people received good care.

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

- People's nutrition and hydration needs were met. Staff had good knowledge of people's dietary needs and preferences.
- Where people had lost weight, appropriate referrals to healthcare professionals had been made and their food and fluid intake was monitored. The cook followed healthcare professional's advice and fortified foods (added calories such as cream) where required.
- People had a choice of what they ate each day and where to have their meals. Two people requested to have sandwiches as well as a main meal at lunch time and were given these. People told us they liked the food provided, one person told us "The food is lovely, the staff really look after me and feed me well. I get four good meals a day and if I want drinks, the staff will make them."

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

- People were referred to other healthcare professionals such as the occupational therapist and psychiatrist when needed, for further advice about how risks to their health could be reduced to promote their wellbeing.
- Health care professionals told us they had positive relationships with staff, and people received the care they required promptly.

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 remained the same rating of Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they felt staff cared about them. One person told us, "The staff here are so kind and caring, they do care. They sit with me and listen and have a chat."
- There were caring interactions between staff and people who used the service. One person who displayed signs of anxiety was gently reassured by a staff member until their mood changed and they became less anxious. One person told us "The staff are really good with people and they stay calm. Sometimes there might be a bit of commotion if somebody is shouting, the staff always stay calm."
- Staff spoke confidently about how they supported people to make decisions about their care. A person told us, "I make all my own decisions" and went on to explain how they had been able to plan activities they wanted to do and go shopping to pick new items of clothing.
- Staff told us they had received training on equality and diversity and were able to support people to maintain their individual beliefs. Staff understood some people might need support to make them feel equally confident to express themselves. One member of staff told us, "The care we provide is personalised, we speak to people respectfully and in a way in which they wish us to. We observe people's culture and give unique one to one care which isn't just generic and is specific for them. We aim to give outstanding care."

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

- People were involved in the care they received on a day to day basis with the care workers supporting them. People told us they were asked about their views in care plan reviews.
- People's care plans reflected their involvement. Care records contained information about people's preferences and lifestyle choices.
- No-one was using advocacy services at the time of our inspection as people were able to provide their own views regarding their care or had support from their relatives. However, the registered manager informed us they would support people to access advocacy services if needed. Advocacy services offer trained professionals who support, enable and empower people to speak up.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff understood the importance of supporting people to maintain their privacy. We saw staff knocked on doors before entering showing they respected that people's rooms were their own private spaces.
- People were supported to be as independent as they wanted to be. One person told us "I usually do my own cleaning and they encourage that, but the other day I was knackered and [staff member] mopped up for me, she is so kind" another person told us "I do lots of little jobs to keep me independent. I do cooking

and cleaning, and one day a week, I do some batch cooking. The staff help me if need it."

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 the key question remained the same rating of Good. This meant people's needs were met through good organisation and delivery

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.
- The registered manager told us they were able to provide information to people in a style which suited them, for example in a different language or in large print.
- People's communication needs had been assessed and care plans advised staff on how people liked to communicate.

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

- Care plans contained personalised information that was specific to each individual and people told us they have been involved in creating and reviewing them to ensure they received support in accordance with their preferences.
- Staff knew people well and told us how they identified if people's needs had changed or if they needed additional support. One person told us, "The staff know me very well, when I first came here we went through everything together and it's all in my care plan."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People spoke positively about the quality of activities available at the home. People who lived at the home told us, "They [staff] keep me busy. I love to go travelling on the bus, I go with my key worker. I walk to the local shop every two days, that is what I choose to do." Another person told us "I like to do crafts and drawing. I watch the television and have music on." A third person explained to us that whilst living at Cromwell House staff had supported them to develop new interests. They told us, "I don't like to do many activities." They went on to say that staff regularly offered them opportunities to try new activities and they had enjoyed visiting a local museum and told us "I am lucky to be here."
- During our inspection visit we observed some people watched television and listened to music in communal rooms and one person showed us a collection of artwork they had made.

Improving care quality in response to complaints or concerns

- No complaints had been received since our last inspection. The registered manager explained how they would investigate and respond to any complaints in accordance with the provider's policy.
- There was a complaints procedure which was accessible to people in a communal area.

- People told us they could raise concerns without feeling they would be discriminated against. One person told us "I have been told how to complain, but I have no desire to, I don't need to."

End of life care and support

- End of life care and support was not provided at Cromwell House because the service is focussed on helping people to regain skills so that they can move on to independent living. However, information was contained in people's support plans regarding any advanced decisions about their health and their cultural and religious preferences. The registered manager told us these wishes would be abided by in the instance of a sudden, unexpected death.

Is the service well-led?

Our findings

Well-Led – this means we looked at 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 the key question was rated as Good. At this inspection the key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on duty of candour responsibility;

- Governance systems to monitor the quality of the service were not always effective. For example, we identified improvements were needed in regard to mental capacity assessments.
- Checks of care records were not always completed and when they were, they did not always identify when information needed to be updated.
- The provider's audits did not record if any actions had been taken to address any points identified in audits or what the outcome was.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

- The last inspection rating was displayed at the home, as required. However, the registered manager had not always ensured information about specific events were notified to us as required. In November and December 2018 there had been two incidents when police were contacted due to the behaviour of a person. We were not notified of these events however the registered manager took appropriate steps to safeguard the person which included contacting mental health professionals and referring to the local safeguarding team.

This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009

- Following our inspection, the registered manager submitted the relevant notifications to us.
- Staff told us they worked well and communicated well with each other. There was a hand-over system where staff shared information about people at the beginning of each shift to ensure people's needs were met effectively. Staff said this worked very well and told them what they needed to know. Staff said they were aware of their responsibilities and accountabilities.

Continuous learning and improving care

- The registered manager and provider were committed to improving care. The provider had created an action plan devised to address shortfalls. This was in early stages and we were not able to see the impact of

the plan during our inspection.

- Managers and staff shared lessons learnt with each other to improve the care they provided. Regular staff meetings and supervisions meant staff had the opportunity to share their feedback. Staff said the management team was approachable, listened and acted on feedback.
- Following our inspection, the provider told us that they would take action to improve their auditing process to make it more robust and so that actions and outcomes were clearly identified .

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

- People's feedback was sought. Satisfaction survey results showed people were complimentary about the service. Positive results showed people and relatives were satisfied with activities, the staff, the care, the environment and the quality of meals. One person told us "We have meetings to ask our opinions, we had one yesterday. They [staff] ask if you have any concerns or worries."

Working in partnership with others;

- The service involved people in day to day discussions about their care in a meaningful way, as well as through regular planned meetings.
- The service had many links with outside services and key organisations in the local community to support people with their health and social needs.
- The provider worked with other organisations to achieve better outcomes for people and improve quality and safety. This included the local authority, local Clinical Commissioning Group (CCG) and local pharmacy. The provider had acted on their recommendations.

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 18 Registration Regulations 2009 Notifications of other incidents
Diagnostic and screening procedures	Notifiable incidents had not been reported to us (CQC) without delay as required.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user
Treatment of disease, disorder or injury	