

# Larchwood Care Homes (South) Limited

# Cameron House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

About the service:

Cameron House is a residential care home that provides personal and nursing care for up to 44 people aged 65 and over. At the time of the inspection there were 41 people living at the service.

People's experience of using this service:

Suitable measures were not put in place to mitigate risks or potential risk of harm for people using the service, as not all risks to people had been identified and assessed. People were at risk of having their safety compromised as equipment to enable them to summon staff assistance and to alert staff could not be used at the same time. Recommendations highlighted within the most recent fire risk assessment remained outstanding. However, these are recommendations and not a legal requirement.

People who could become anxious and distressed did not receive their medicines as prescribed and accurate records to evidence the rationale for these being administered were not recorded. Sometimes medicines were not stored securely.

Staff did not always have sufficient time to give people the care and support they needed and staffing levels were not always maintained.

Care planning arrangements did not ensure all of a person's care needs were recorded. Records did not always evidence the care and support provided for people living at Cameron House. Staff were aware of people's end of life care needs but these were not recorded.

Investigation reports were not completed to show how conclusions and outcomes had been reached relating to safeguarding concerns and complaints. Following the inspection the registered provider wrote to us and advised documentation was in place to evidence investigations undertaken and outcomes. This did not concur with our findings at the time of inspection.

Although quality assurance arrangements were in place these had not picked up the issues highlighted as part of this inspection.

People were treated with care and kindness and spoke positively about the caring attitude of staff. People were treated with respect and dignity and had a good relationship with staff.

Staff received appropriate training and induction relating to their role. Staff were supported by the management team and received regular supervision.

The dining experience for people was positive and people received sufficient food and drink throughout the day.

People received positive outcomes regarding their health and wellbeing; and the service worked jointly with other organisations.

Recruitment arrangements were robust to ensure the right staff were recruited and people were protected by the provider's infection control procedures.

People's capacity to make day-to-day decisions had been considered and assessed and the provider was working within the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People enjoyed the activities provided but stated there were occasions when they were bored and there was nothing for them to do.

We identified one breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 around risk management and medicines arrangements. Details of the action we have asked the provider to take can be found at the end of this report.

Rating at last inspection:

Following the last inspection the rating of the service was 'Good' (Last report published 29 June 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as outlined in our inspection programme and schedule. If any concerning information is received 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 effective

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### 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

## Detailed findings

### Background to this 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:

The inspection team consisted of one inspector on both days of inspection. An expert by experience accompanied the inspector on the first day of inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses care services. In this instance services for older people and people living with dementia.

#### Service and service type:

Cameron 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. At this inspection 41 people were living there.

The service had a manager registered with the Care Quality Commission. This means 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 took place on the 24 and 25 January 2019 and was unannounced.

#### What we did:

The provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The information provided by the provider was not used as this was received in May 2018 and the information recorded may no longer be accurate.

We reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification

is information about important events, which the provider is required to send us by law.

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

We spoke with 12 people who used the service and six relatives about their experience of the care provided. We spoke with three members of staff, an activities coordinator, the staff member responsible for maintenance, the deputy manager and the registered manager. We reviewed six people's care files and three staff recruitment files. We also looked at a sample of the service's quality assurance systems, the registered provider's arrangements for managing medication, staff training records, staff duty rotas and complaint and compliment records.

# Is the service safe?

## Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; using medicines safely.

- Where people required an alarmed floor mat, a dual purpose 'jack plug' adaptor was not available to enable the call alarm cord and alarmed floor mat to be attached to the same call point and used at the same time. This meant there was a risk people could not summon staff assistance and if they mobilised or fell out of bed, staff would not be alerted at the earliest opportunity. There was no evidence to demonstrate the person had not received staff assistance or fallen out of bed. Following the inspection a 'jack plug' adaptor was purchased.
- Staff did not ensure risks for people were followed to safeguard people. One person was assessed as being at 'very high risk' of developing pressure ulcers. Their care plan detailed they should be regularly repositioned to prevent the development of pressure ulcers. Information showed they were not regularly repositioned. A risk assessment relating to the person's skin integrity was not completed. Although the documentation could not show the person was regularly repositioned, they did not have a pressure ulcer.
- One person required pressure relieving equipment to be in place when sitting in a comfortable chair. This was to protect them from developing pressure ulcers. The person was observed to be sitting within a communal lounge without this item of equipment in place.
- Information showed three people were prescribed PRN 'as required' medication when they became anxious or distressed. This medication should only be administered after staff have supported an individual with positive interventions and strategies to avoid medication being given unnecessarily and without cause. Information was not evident to record the reasons for giving the 'as required' medication. There was nothing recorded to indicate the person was significantly agitated, anxious or distressed at these times.
- Medicines were not securely stored. Medicine blister packs remained on top of both medicine trolleys during the lunchtime medication rounds on the first day of inspection. Staff did not ensure the doors to the medicines trolley were closed, locked and the keys removed. This meant medication could be easily accessed by others not authorised to do so. Correct procedures for the safe storage of medication was seen on the second day of inspection.
- People's medication profiles did not include their preferred method for taking medicines.
- PRN 'as required' protocols were completed for all medicines prescribed in this way.

People's care and support needs were not provided in a safe way and risks to people were not recorded. Medication practices and procedures were not always followed. This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Suitable arrangements were in place to ensure safety checks on equipment were in place.

Staffing and recruitment.

- People's comments about staffing levels were variable. Comments included, "Sometimes they [staff] answer quickly, but at other times they are slower. I don't think I wait for ages, though there's not enough staff, they're always coming and going. They [staff] say to me that they're short staffed and I can see it" and, "They [staff] used to answer the alarms exceptionally well, then it started to take longer, now it seems to be getting better again. If I can't wait it's a problem. Sometimes they [staff] say they're in a rush because they're understaffed, I feel sorry for them. There's definitely not enough staff at night."
- Relatives spoken with stated there were insufficient staff available to meet people's needs, particularly if people were unwell or where people became anxious and distressed and staff were needed to respond.
- Staff told us there were insufficient staff available to meet people's needs. When asked how this impacted on people living at Cameron House, staff stated people did not always have their personal care and comfort needs met in a timely manner.
- Staff rosters showed staffing levels as told to us by the registered manager were not being maintained all of the time, particularly at night.
- Arrangements were in place to assess people's dependency and to use this information to inform the service's staffing levels.
- Staff had been recruited safely to ensure they were suitable to support vulnerable people.

Systems and processes to safeguard people from the risk of abuse; learning lessons when things go wrong.

- Three medication errors occurred prior to this inspection. These were raised as a safeguarding concern to the Local Authority and the Care Quality Commission. The registered manager confirmed an investigation would be completed. An investigation report was not completed and it was unclear how conclusions and outcomes following the incident were reached. Following the inspection the registered provider wrote to us and advised documentation was in place to evidence investigations undertaken and outcomes. However, this did not concur with our findings at the time of inspection.
- All staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. Staff had achieved up-to-date safeguarding training.
- People told us they felt safe. One person showed us they had their call alarm facility close to hand. They stated, "They [staff] always make sure it's right next to me." Another person told us, "I do feel very safe living here."

Preventing and controlling infection.

- People's comments about the cleanliness of the premises were positive. Comments included, "They [housekeeping staff] clean everything well, all of the time" and, "There's never any lingering smells. I think they [housekeeping staff] do a good job of keeping it all clean and smelling pleasant."
- The service was clean and odour free. Staff had access to personal protective equipment to help prevent the spread of infection.
- The laundry system was effective and although laundry items periodically went missing, people told us, staff worked hard to find these.

# 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

People's outcomes were generally good, and people's feedback confirmed this.

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

- People's needs were assessed, regularly reviewed and included their physical, mental health and social needs.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their needs assessment. Staff knew about people's individual characteristics.

Staff support: induction, training, skills and experience.

- Staff received online and 'face-to-face' training opportunities.
- All staff newly employed since our last inspection in May 2016 had received an induction relevant to their role.
- Staff told us they felt listened to, valued and supported, particularly by the registered manager. One staff member told us, "I cannot fault the manager, they are really approachable and understanding, you can talk to them about anything." Staff had received regular supervision and an appraisal of their overall performance.

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

- People's comments about the quality of meals provided was positive. Comments included, "The food here is magnificent, we've got a proper chef, not just a 'cook', it's good quality fresh food. The chef makes sure we have a good choice" and, "If we don't like something the chef will do something else." Pointing to other people sitting in the communal lounge one person stated, "I had porridge for breakfast, they had bran flakes and they had eggs and bacon. That's typical, they [chef] listen to what we want."
- People had access to food and drink throughout the day and the overall dining experience for people was positive.
- Where people were at risk of poor nutrition, their needs were assessed and appropriate healthcare professionals were consulted for support and advice.

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

- The service worked with other organisations to ensure they delivered joined-up care and support. People had access to healthcare services when they needed it. Comments included, "Staff know me pretty well. I'd say, they'd [staff] get the nurse in if I was unwell" and, "They'd [staff] call in the doctor if they were worried about me, they [staff] notice if you're not right." They further stated that a GP had been called recently and their medication reviewed.

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

- Cameron House is a purpose-built care home. There were sufficient dining and communal lounge areas for people to use and choose from within the service. People had personalised rooms which supported their individual needs and preferences. People had access to a secure outdoor garden.
- Some areas of the service were tired and worn and consideration needs to be given to signage and decoration to assist people to orientate themselves. The registered provider wrote to us following the inspection and confirmed significant refurbishment to the premises had been completed since our last inspection in 2016.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

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

- People were supported to make their own decisions. One person told us, "I do most things for myself, nobody takes over."
- Staff asked for people's consent before providing care and support.
- Where people did not have capacity to make decisions, they were supported to have choice and control of their lives in the least restrictive way possible.
- Where people were deprived of their liberty, applications had been made to the Local Authority for DoLS assessments to be considered for approval and authorisation.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care; ensuring people are well treated and supported; equality and diversity.

- People's comments about the quality of care received were positive. Comments included, "Staff here are alright, they're [staff] kind and caring", "They're [staff] absolutely lovely, I can't fault them" and, "They [staff] never moan and they do the very best they can for people. We have a good laugh in the mornings together, they [staff] treat me well. They never make you feel awkward if you need help, or you call them when they're busy." Relatives confirmed what people told us.
- People were supported and cared for by a consistent team of staff. Observations showed people received person-centred care and had a good rapport and relationship with the staff who supported them.
- People and staff were relaxed in each other's company and it was clear staff knew people well. Staff understood people's different communication needs and how to effectively communicate with them. Staff confirmed no-one at the time of the inspection required specialist assistive technology.

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

- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support to be provided. People and their relatives were given the opportunity to provide feedback about the service through regular reviews and through the completion of annual questionnaires. One relative told us, "We are regularly given questionnaires to fill out. I always say they need more staff."
- Most relatives confirmed they had been involved in the pre-admission assessment process and seen their family's care plan. One relative told us, "I've seen my relative's care plan and know exactly what they've written about them. I check it regularly and my children have also both been told to check it if they want to."

Respecting and promoting people's privacy, dignity and independence.

- People's dignity and privacy was respected. People received support with their personal care in private. Staff were discreet when asking people if they required support to have their comfort needs met.
- People's independence was promoted and encouraged. People told us they could manage aspects of their personal care independently or with limited staff support. The majority of people were able to eat and drink independently. One person told us, "I do most things for myself here, I get myself up in the morning and I go to bed independently."
- People were supported to maintain their personal appearance to ensure their self-esteem and sense of self-worth.
- People were supported to maintain and develop relationships with those close to them. Relatives confirmed there were no restrictions when they visited and they were always made to feel welcome. One relative told us, "My whole family have felt very welcomed here by every member of staff, it's made such a difference."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's care records did not fully reflect or accurately detail people's care and support needs or provide sufficient guidance for staff as to how people's needs were to be met. For example, one person was cared for in bed following a fall. They sustained a significant injury which meant they were no longer able to mobilise. The person's manual handling assessment had not been updated to reflect this and referred to the person still being able to mobilise without staff support.
- Daily records relating to how people spend their day, staff interventions and the delivery of care, such as, repositioning charts for people at risk of developing pressure ulcers and people's food and fluid intake, required significant improvement.
- Relatives comments about the activities provided at Cameron House were variable. One relative told us the person who facilitated activities completed one-to-one activities with their family member, such as, playing dominoes or other games. They stated the activities person was excellent and did a brilliant job. This contrasted to comments made by another relative. They told us, "[Relative] will take part in activities sometimes, but often it's not what they want to do, they're very interested in history." The relative confirmed if their family member was asked they would join in with a historical quiz.
- People's comments included, "There used to be a few of us gents who played cards, but the member of staff who organised it left, I'd like to do that again" and, "Quite a lot of the time I'm bored. I'd like to go out more but they've not got enough staff for that." The registered provider wrote to us and provided additional information to show this person continued to play cards.
- People were offered the opportunity to participate in activities during the day Monday to Friday. Although an activities programme was displayed, it did not reflect actual activities happening at the service. On the first day of inspection people played bingo, yet the activity programme stated, knitting and cross stitch; and 'gentlemen's club'.

End of life care and support.

- The registered manager told us there were people who were judged as requiring end of life care. One person who remained in bed had very sticky eyes and they looked like they had not been washed. When we asked them how they were; they told us they did not feel well. The person's daily records were checked. No information was recorded to show the care provided by staff throughout the day. This related to the person's personal care needs nor their food and fluid intake.
- No information was recorded relating to the same person's pain management arrangements and how the person's end of life care symptoms were to be managed to maintain the person's quality of life as much as possible.

Improving care quality in response to complaints or concerns.

- Arrangements were in place to record, investigate and respond to any complaints raised with the service.

Improvements were needed to ensure all supporting documentation was in place to evidence how outcomes had been reached.

- Compliments were available to capture the service's achievements.

# 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The registered provider's quality monitoring was not effective in identifying the concerns found at this inspection. Areas which required improvement, for example, ensuring staffing levels were maintained to support people's care needs, care planning and risk management arrangements, medicines management and improvements to record keeping were not picked up by the registered provider's quality assurance arrangements.

Effective arrangements were not in place to ensure compliance with regulatory requirements and to monitor the service. This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- A manager was in post and they were registered with the Care Quality Commission.
- The registered manager was present on both days of inspection. Feedback of the inspection findings was completed with the registered and deputy manager.
- The registered manager was consistently described by relatives and staff as supportive and approachable.
- People's comments about the registered manager were positive. Comments from relatives included, "[Manager's name] is superb, I can't fault them at all. They always make time to listen to us. I have no complaints about the place or [relative's] care, but if I did I absolutely know that they would listen and act." Another person told us they had lived in another care home but had hated it. They told us, "Here it's totally different, it's run very well and I'm grateful to be living here."
- The quality rating of the service was displayed in accordance with the law.

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

- Effective arrangements were in place for gathering people's views of the service they received and those of people acting on their behalf.
- Staff meetings were held to enable the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service. Where issues were raised, an action plan had not been completed detailing how these were to be monitored and addressed.
- Relatives meetings were held for family members to feel involved and to provide on-going support and information.

Continuous learning and improving care; working in partnership with others.

- The management team had established and maintained good links with the local community and with other healthcare professionals which people benefited from.

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 12 HSCA RA Regulations 2014 Safe care and treatment  People's care and support needs were not provided in a safe way and risks to people were not recorded. Medication practices and procedures were not always followed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Effective arrangements were not in place to ensure compliance with regulatory requirements and to monitor the service.