

Cameron Lodge Limited

Cameron Lodge

Inspection report

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Deal
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Cameron Lodge is a 'care home' and is registered to provide accommodation and personal care for a maximum of 12 people. The accommodation is a house and two bungalows on the same site, with each one having separate and adapted facilities.

At the time of the inspection, four people lived in the house and three people lived in each bungalow. Although in total 10 people used the service, only seven people received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. People using the service had a range of conditions including learning and physical disabilities, some people also had mental health needs.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensured that people who used the service could live as full a life as possible and achieve the best possible outcomes that included control, choice and independence. People using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

People's experience of using this service:

People were treated with kindness, respect and compassion. Staff listened to people, answered questions and took interest in what people were saying. People were supported to express their views and, where possible, were actively involved in making decisions about their care and support. People's privacy, dignity and independence were respected and promoted. One person told us, "I am supported well by the staff."

Medicines were stored and managed safely. There were policies and procedures in place for safe administration of medicines. People received their medicines when they needed them from staff who had been trained and competency checked.

People were protected from abuse. Staff had received regular safeguarding training. They knew how to identify potential signs of abuse and how to report any concerns. Risks associated with people's care had been identified and full risk assessments were in place. Risks to people and the environment were also assessed and minimised.

Staff were knowledgeable about the Mental Capacity Act 2005. They knew to seek consent for care and knew the process to help those who lacked capacity to make decisions. People's needs were met by the adaptation and design of the service. The service was clean and staff correctly observed infection control and prevention measures.

People had developed good relationships with staff, they were knowledgeable about people's support needs, as well as their likes, dislikes and interests. Staff were responsive to changes in people's health needs. People had access to GP's and specialist healthcare services. Their health and wellbeing was supported by

prompt referrals and access to medical care if they became unwell.

The registered manager recruited staff with relevant experience and aptitude to work with people. New staff were given an induction and all staff received on-going training. There were enough staff to keep people safe and meet their needs.

People felt included in planning their care. People were supported to live the lifestyle of their choice, culture and religion were actively considered and supported. People told us they felt listened to by staff. People's needs were assessed, and their care was delivered in line with current legislation. Some people were supported by advocates and relevant person representatives. These are independent supporters who ensure people's wishes are known and accommodated.

People received a service that met individual needs and helped them to achieve their goals and ambitions. People were encouraged to be as independent as possible. One person told us, "I have a job here that I am paid to do."

People enjoyed the food provided, staff supported people to maintain a balanced diet, monitored their nutritional health and, where needed, supported people to eat safely.

Accidents and incidents were reported by staff in line with the provider's policy. The registered manager took steps to ensure that lessons were learned when things went wrong, there was a very low accident and incident rate.

People told us they would feel comfortable about raising any complaints with staff and the registered manager. People said the registered manager and staff were approachable and supportive.

The provider, registered manager and staff had a clear vision for the service. The provider and registered manager monitored the service in to ensure they continued to provide a good quality service that maintained people's safety. People, relatives and visitors were asked for feedback about the service they received.

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

Rating at last inspection:

The last rating for this service was Requires Improvement (published 13 July 2018), when there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected:

This was a planned inspection based on the previous rating.

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 safe.

Details are in our safe findings below.

Good ●

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Cameron Lodge

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 was carried out by one inspector.

Service and service type

Cameron Lodge 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and two visiting healthcare professionals about their experience of the care provided. We observed staff interactions with people and observed care and support

in communal areas. 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 five members of staff including the registered and deputy managers, and three care staff.

We reviewed a range of records. This included four people's care records, which included care plans, risk assessments, daily care records and medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including a sample of audits, health and safety checks, accidents and policies and procedures.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection the provider failed to adequately maintain pathways around the house and bungalows; a washing machine was not working and soiled washing was being taken by staff to one of the bungalows to be washed, increasing the risk of the spread of infection. Some people's bedrooms were in a poor decorative state, there were cracks in the ceiling and water marks from previous leaks. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvement had been made and the provider was no longer in breach of Regulation 12.

- Regular checks were completed on the environment and the equipment used to make sure people remained safe. Previously uneven paving had been replaced and many areas of the service had been redecorated. Where shortfalls had been identified, action was taken to remedy, and maintenance kept pace with the rate of wear.
- Potential risks to people's health and welfare had been consistently assessed and there was detailed guidance in place for staff to reduce risk. For example, where a person had reduced mobility in bed, a pressure relieving mattress was in place and staff repositioned the person every few hours. This helped to prevent skin pressure areas from forming.
- Some people were living with epilepsy. There was guidance about how their seizures presented, how to keep people safe during a seizure and when to call for medical assistance. Some people used a catheter and were at increased risk of developing urine infections. There was guidance for staff about how to reduce the risk, the signs and symptoms to look for and action to take if an infection was suspected. The guidance included information about catheter care and how frequently it should be changed.
- Where people had behaviour which could be challenging for themselves, staff and others, detailed guidance was in place about how to minimise potential behavioural triggers and support people. For example, one person preferred staff to word responses to them in a particular way. Risk assessments guided staff how to do this and we heard them following the guidance at points during the day. The person understood and responded well to the replies given by staff.
- Where people experienced mental health conditions, care plans set out guidance for staff about how they may deteriorate and present. There was guidance for staff about how to support people and contact details for mental health professionals. Records showed the service had worked with mental health services when needed.
- When people were at risk of choking, there was guidance about how people's food and drink should be

prepared and what action to take if a person choked. During the inspection we saw staff preparing people's food following the guidance.

Preventing and controlling infection

- The service was clean and odour free. There was enough staff to maintain the cleanliness of the service.
- There was a legionella risk assessment in place and water temperatures were checked regularly. This ensured that water quality was maintained and reduced the risks of exposure to waterborne illness.
- Washing machines were in good working order with servicing and repair contracts in place.
- Staff received infection control training and used personal protective equipment, such as gloves and aprons, when required.

Using medicines safely

- People received their medicines when they needed them and medicines were managed safely.
- When medicine instructions were hand written, the instruction had been signed by two staff, to confirm it was correct.
- Medicines records had been completed accurately. Some people were prescribed medicines on an 'as and when' basis such as pain relief and medicines for anxiety. There was guidance in place for staff about when to give the medicine, how often and what to do if the medicine was not effective.
- Where people needed creams to help protect their skin, records showed it had been given and body maps showed how and where creams should be applied.
- Staff received training to administer medicines and their competencies were checked regularly.
- The registered manager had put in place new audits to check that medicines continued to be given correctly. This was because the way in which they were packaged was due to change. People's daily medicines were delivered from the pharmacy in a pre-prepared measured dose system containing all of the tablets for that day, this was due to change to conventional blister packs.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to identify patterns and trends.
- Accidents were reviewed by the registered manager. They looked at how the accident happened, if there was a pattern, whether medical advice was sought or needed and the least restrictive way to reduce the risk of it happening again.
- We reviewed two records which related to a person's behaviour. Strategies to support them had been reviewed and a referral made to the mental health team.
- Policies about dealing with incidents and accidents continued to be effective.
- Records showed there was a very low rate of incidents and accidents.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. We saw staff supported people when needed and responded quickly to them. People we spoke with told us that staff supported them when they needed them. One person told us, "There are always enough staff here."
- Staff told us there was enough staff to meet people's needs. The registered manager used a dependency tool to calculate how many staff were needed. The staff on duty was higher than the assessed need.
- Staff covered holidays and sickness to ensure people were supported by staff who knew them.
- Staff were recruited safely following the provider's policy. Checks had been completed to make sure staff were of good character to work with vulnerable people.

Systems and processes to safeguard people from abuse

- The registered manager and staff understood their responsibilities to keep people safe from abuse.
- Staff were aware of how to recognise and report any concerns they may have. They were confident that the

management team would act properly and promptly.

- The registered manager had discussed any concerns they had with the local safeguarding authority. We reviewed records of safeguarding concerns raised and the registered manager had taken appropriate action.

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 remained the same. This meant people's outcomes were consistently 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 and choices were assessed before they received any care, this ensured care was effective and in line with guidance.
- People's needs were assessed using recognised tools to assess skin integrity and nutritional needs.
- One person told us about their assessment process and the contact they had with the registered manager. The assessment process helped ensure the service could meet the person's needs and considered any impact on other people already using the service. The person told us, "I feel well looked after, there is nothing else to be done."
- Assessments considered any needs people might have to ensure that their rights under the Equality Act 2010 were fully respected, including needs relating to people's life choices, disability or religion.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills, knowledge and experience to deliver effective care.
- Staff received a combination of regular online and face-to-face training, including first aid, fire safety and health and safety.
- When people had specific needs, staff were provided with specialist training to effectively care for them. For example, staff had received training in epilepsy, behaviours that challenge, catheter care and skin care.
- Staff told us they felt well supported and received regular supervision and an annual appraisal. Staff received the support they needed to enable them to develop into their role with the skills and confidence required to support people well.
- Staff we spoke with had good knowledge and understanding of their role and how to support people effectively.

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

- Staff supported people well with their physical and mental health needs.
- People had access to healthcare to maintain their health and well-being. People's support plans showed they had accessed services such as GP, mental health services, dentists, dietitians, occupational and speech and language therapists.
- People's health needs were clearly documented within their care plans. Staff followed guidance from health care professionals to ensure people remained as healthy as possible.
- Appointments were clearly documented with any outcome or actions that needed to be completed. Staff sought medical advice when they noticed a change in people's needs. For example, staff noticed one person had difficulty swallowing their tablet medicines. After speaking with the GP, the person was prescribed the

same medicine as a liquid which they were able to take.

- There was information in place for people to take with them if they were admitted to hospital. This included important information that healthcare staff should know, such as how to communicate with the person and what medicines they were taking.

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

- Some people needed support to eat and drink safely. Staff were aware of the consistency of their food and how their drinks should be prepared. Other people were able to choose what they ate, and some people helped to prepare meals. Staff encouraged people to cook and eat healthy meals.
- Where people were at risk of choking whilst eating staff had made a referral to the speech and language therapy team (SaLT). There was clear guidance for staff on how to support the person to manage this risk. For example, about the consistency of food or the posture a person should be in before eating or drinking.
- Staff told us people sometimes ate the same meal or they all ate different things, which staff supported them to do. Some people were able to cook for themselves with little or no support.
- One person told us, "Lunch was very good." Another person looked very pleased to receive their favourite meal.
- The cook photographed some meals they had previously prepared and staff used these to help some people decide what they wanted to eat.
- The mother of another person had shown staff how to cook some traditional dishes from where the person had originated. This provided familiar food for the person as well as them trying other food to broaden their pallet.

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 found that they were. Staff supported people to make decisions about how they spent their time and what to eat or wear. People's care plans contained guidance about how to support people to make decisions including using closed questions or offering only limited choices at a time.
- Where people did not have the mental capacity to make decisions, meetings were held with relevant people to discuss what would be in people's best interests.
- Some people had DoLS authorisations in place, the conditions on the DoLS were being met.
- When people were able to make their own decisions, staff respected their decisions.

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

- Re-decoration of the hallways and communal areas had taken place, some people told us they had chosen the colours. The registered manager told us people chose the decoration for their own room.
- The design and layout of the service met people's needs. People knew where their rooms were and where to find communal areas such as the kitchen, lounge and toilets.

- The garden was secure and accessible and we observed people using the garden independently and enjoying the space.

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.

Good: At the last inspection this key question was rated as Good. At this inspection, this key question remained the same. 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; equality and diversity

- People told us staff treated them well, were kind and caring when they spoke with them and supported them. One person commented, "The staff are kind and friendly," another person smiled and nodded their head in agreement when we asked if they were treated well.
- The registered manager and staff were aware of the need to ensure people's diversity was respected and embraced. Staff told us how they would ensure this was considered when they assessed people for the service, and how they considered a person's individual needs and protected characteristics, for example disability, race or gender. One person was a different nationality and staff had a list of words and translations, so they could use some familiar words with the person.
- Staff were positive and encouraging when they interacted with people. Staff spoke kindly with people and laughed and joked with people throughout the day. People were relaxed and happy in their interactions with staff.
- Care records contained information about people's background and preferences, and staff were knowledgeable about these. Staff were able to tell us about people, their support needs, likes and dislikes throughout the day, without needing to refer to their care plans.
- Staff helped people to keep in touch with their family and friends and organised social events in the garden and in the home.

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

- People's preferences and choices were clearly documented in their care records. For example, how people preferred to be supported with their daily personal care, preferred name and whether they preferred male or female staff.
- People decided how they wanted to be supported. The registered or deputy manager assessed each person's ability to do things for themselves or the levels of support they needed.
- People told us they were involved in making decisions about their day to day care. Some people needed complete support and other people were more independent.
- People told us they made the decisions about their day to day care. For example, what they wanted to eat, whether they wanted a bath or shower and what activities they wanted to participate in.
- Information about advocacy services was available. Advocates, if needed, help people to access information or services and be involved in decisions about their lives and promote people's rights. Staff were able to give examples of occasions when people had used advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was actively respected. Staff were sensitive and discreet when offering support to people, for example, when reminding them if they may need to use the toilet or giving another person some space and reassurance when they became agitated.
- Staff told us how they protected people's dignity, giving examples of covering people with towels, only leaving the area exposed which was being washed.
- Staff were attentive and observant of people's needs, some people preferred to be supervised from a distance, while other people needed intensive support.
- People were supported to remain as independent as possible. Care records described what people could do for themselves and what they required support with.
- Some people carried out tasks independently, such as eating, drinking and mobilising, but staff were nearby to help if it was needed.

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 remained Good.

Good: This meant people's needs were met through good organisation and delivery.

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

- People continued to receive support which was based around their needs, choices and preferences. Each person had their own individual care plan which detailed the support they needed, and how staff should provide that support.
- Care plans were regularly reviewed and any changes were updated immediately.
- Care plans were drawn up with people, taking into consideration information and advice from health professionals such as district nurses, occupational and speech and language therapists.

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.

- Information in the service was available in a variety of formats to meet people's communication needs. For example, information was provided in easy read format and staff used these easy read documents and other pictures to explain things to people.

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 were encouraged to participate in the range of activities. These included activities within the service and out in the local community. During the inspection, one person enjoyed painting and art, other people used the trampoline and paddling pool in the garden. One person told us about a shopping trip they had recently returned from and how much they had enjoyed it.
- Staff supported people to take part in activities of their choice, often on a one to one level. Staff shifts patterns considered people's activities and were changed when needed to accommodate them. This provided consistency of support for people, for example, if they wanted to go out for a full day.
- Family and friends who were important to people were clearly shown in their care plans as well as the roles they played in people's lives. This helped staff understand people's support networks and their relationships, which helped people to maintain family bonds and friendships.

Improving care quality in response to complaints or concerns

- The complaints procedure explained to people what to do if they wanted to make a complaint. It contained information about how a complaint would be dealt with by the registered manager and provider

as well as signposting people where to take their complaint if people were not satisfied with the response. Such as the Local Government Ombudsman (LGO).

- The registered manager told us they encouraged people to complain and express their views when they were unhappy or wanted something to change, although this had happened infrequently.
- There was an easy read guide about complaints on display at the service. People knew how to complain and told us they would do so if they felt the need to. There had been no formal complaints made since the last inspection.
- One person told us, "I am very happy, I have no complaints." Another person gave us a thumbs up when were asked if they knew how to complain.
- Staff were familiar with the complaints process and told us how they would support some people if they needed to complain.

End of life care and support

- No one at the service was being supported with end of life care.
- Staff had discussed people's religious preferences with them and had had discussions with some people and their relatives to develop end of life plans.
- Some people had made advance decisions about the support they did or did not want at the end of their life. This was clearly recorded and understood by staff we spoke with.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection, the provider had failed to complete effective audits to mitigate identified risks. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer in breach of Regulation 17.

- The registered manager completed monthly audits and analysis on all areas of the service including medicines, care plans and recruitment. They produced a report and action plan, if needed, and this was checked the next month.
- The provider completed quarterly audits aligned to the CQC domain areas. When shortfalls were identified, a plan was put in place to rectify the issue and this was checked at the next audit.
- The registered and deputy managers regularly worked alongside staff, this gave them the opportunity to observe staff working and ensure consistent working practices.
- Records for each person were relevant, they were regularly reviewed, up to date and accurate.
- Services are required to inform the Care Quality Commission of important events that happen within the service. The registered manager had submitted notifications in an appropriate and timely way in line with guidance.

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

- Staff promoted a person-centred approach to people's care and support. They discussed with people where possible and their families about how they wanted to be supported and involved them as much as possible in developing their care.
- Relatives told us that the service revolved around people and their needs. They believed that the service was well led and that the management team were working to make sure people were involved as much as possible.
- Relatives told us that staff knew how to support people in the way they preferred and responded to their needs rather than what they thought the person should do.

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

- There was an open and transparent culture within the service. The registered manager had an 'open door' policy, we observed people coming into the office for a chat.
- The registered manager knew people well and we observed people laughing and chatting with the registered manager.
- The registered manager told us how they kept families informed when incidents were being investigated. Records we reviewed showed that families and other agencies had been informed as soon as there were any developments.

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

- People, relatives, staff and other professionals were asked their opinion of the service. The results of the last quality assurance survey had been positive. Suggestions had been implemented, these included new forms suggested by staff, activities and a review of key workers.
- People and relatives were invited to attend regular meetings, where topics such as the menus and activities were discussed.
- Staff meetings were held where good practice was discussed and any changes that were being implemented and staff were able to make suggestions.
- A suggestion box was available for anyone to put suggestions or complaints in. This was reviewed by the registered manager and appropriate action taken.

Continuous learning and improving care; Working in partnership with others

- The registered manager attended local forums and received updates from national organisations to keep up to date, for example they had recently attended a course about sexuality and relationships and training about mouth care.
- The registered manager attended monthly registered manager meetings to share and learn best practice.
- The service worked with other agencies such as the local clinical commissioning group to improve staff skills and provide the support that people need.