A.R.M. Healthcare Limited

Camden Care Home

Inspection report

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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

Overall summary

This inspection was an unannounced and took place on 28 September 2015, it was completed by one inspector. Camden Care home provides accommodation with personal care for up to 18 people. There were 18 people living in the home at the time of our inspection. People who used the service had physical health needs and/or were living with dementia.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe within the home and their risks were assessed and managed to protect them from harm. There was sufficient staff and people's medicines were managed and administered safely.

Staff had received training in a wide range of areas to enable them to care for people. Staff understood the support people required in enabling them to make decisions when they lacked capacity.

Summary of findings

People were offered a choice of nutritious food and adequate drinks to maintain their health and wellbeing. Staff were available to support people with their needs when required. Referrals were made to health professional when it was identified additional support was needed to help maintain people's health and wellbeing.

The staff knew people well and treated with kindness and compassion. People were encouraged to maintain relationships and their privacy and dignity was respected.

People were provided with care that met their preferences. People were provided with the opportunities to participate in activities which interested them. People and relatives knew how to make a complaint and felt it would be resolved efficiently.

The provider used questionnaires to receive feedback about the service and these were used to improve the quality of the home and care. A range of audits were used to maintain the home and ensure staff were supported by the registered manager and provider.

Summary of findings

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

People's risks were assessed and managed to protect them from harm.

People felt safe within the home. Medicines were managed and administered safely. There was sufficient staff to support people with their needs.

Good

Is the service effective?
The service was effective

Staff had received training to care for people. Staff understood the support people required to comply with the requirements of the Mental Capacity Act 2015 and the Deprivation of Liberty Safeguards. People were offered a choice of nutritious food and adequate drinks to maintain their health and wellbeing. People had access to health professional when they needed them.

Good

Is the service caring?
The service was caring

People told us and we saw they were treated with kindness and compassion by staff who knew them well.

People were encouraged to maintain relationships and their privacy and dignity was respected.

Good

Is the service responsive?
The service was responsive

People were provided with care that met their preferences. There were opportunities for people to receive stimulation on a regular basis.

People and relatives felt able to raise any concerns and complaints if necessary.

Good

Is the service well-led?
The service was well led

There was a positive culture within the home and staff felt well supported by the registered manager and provider.

The provider and manager engaged in new innovative programmes to support people's health and wellbeing.

Good

Camden Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. Our inspection team consisted of three inspectors.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also spoke with the local authority who provided us with current monitoring information. We used this information to formulate our inspection plan.

We spoke with four people who used the service and three relatives. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We also spoke with three members of care staff, one activities coordinator, the cook, the manager and the provider. We also spoke to one health care professional. We looked at care records of four people and other records relating to the management of the service.

On this occasion, we had not asked the provider to send us 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. However, we offered the provider the opportunity to share information they felt relevant with us.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, “I feel safe, I have a key to my room.” Another person said, “Great thing is the staff on duty at night, that’s my security.” A relative told us, they felt their relative was safe in the home and felt confident when they had to leave them after their visit. Staff had good knowledge in relation to safeguarding and were aware of how to report any concerns. A staff member said, “I know how to report, but there is literature on the wall as a reminder.” Another staff member said, “People here are vulnerable, we have to ensure their safety.”

People were able to chose what they wished to do.. For example on person who enjoyed a cigarette, had a risk assessment which identified the person’s preference in its usage and the support and responsibility required by the staff. Staff confirmed the support they offered to enable the person to smoke. Another person chose to remain in their bedroom all the time including meals. A risk assessment identified the potential risk of social isolation and the support required by the staff to ensure the person’s needs were met. We observed the person being supported by staff with meals and checked regularly to ensure the person was not left without support for long periods. The provider had completed risk assessments on general areas of care provision along with specific risk assessments for individual’s needs.

People received their medicines at the appropriate time and in a dignified way. One staff member said, “Are you ready for your tablets?” Another staff member held the person’s hand whilst they received their inhaler. We saw people’s medicines were listed in their care records and any required risk assessments related to medicines had been completed. Staff had been trained to managed and administered the medicines safely and records confirmed a clear audit system was in place.

People who used the service told us that staff were always available to provide the support they needed. One person said, “If you need anything they get it.” Another person said, “You cannot fault the staff.” One relative said, “There is always enough staff.” The staff told us they felt there were enough staff. One staff member said, “Three staff works it’s sufficient.” Another staff member said, “We have a good staff team, we work well together.” The manager confirmed the staffing levels were reflective of the number of people and the level of support the people required. Records confirmed this was part of the managers monthly monitoring with the provider.

The provider had a recruitment process in place. Staff confirmed the relevant checks had had been carried out before they had been able to start work. This meant that people cared for by the staff were suitable to work in a caring environment.

Good

Is the service effective?

Our findings

People told us they had a choice and access to sufficient food and drinks. One person said, “One day we had meatballs, I don’t like them so I was given alternatives from the pantry.” Another person told us, “The food is nice, good portions, it’s different every day.” We observed the lunchtime, period and saw there was a relaxed atmosphere and people were sitting in their chosen social groups. We observed staff supporting and encouraging people to eat. One staff member said, “Would you like some help with your meal?” Another staff member said, “Are you ready for your pudding?” We saw that people’s weight was monitored and referrals made to the appropriate health professional if there were any concerns identified. Where nutritional supplements were prescribed we saw these were provided appropriately.

People told us and we saw that staff sought people’s consent before they provide care and support. For example people were asked if they wished to have a drink, to join in activities or if they required assistance for their personal care. Some people who use the service were unable to make certain decisions about their care. The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out requirements to ensure that decisions are made in the person’s best interest, when they lack capacity to be able to do this for themselves. Staff told us about the principles of the Act and we saw that mental capacity assessments and best interest’s decisions were completed when required.

Staff told us and records confirmed they had received a variety of training to enable them to support people’s needs. For example one staff member told us about a recent behavioural course she had attended. She said, “I learnt some new techniques, different ways to talk to the person and how to reflect on different temperaments.” Another staff member had been on a medicine course she said, “It was interesting, to listen to other people’s points of view and have a refresher, things are always changing.” The manager completed regular audits to ensure staff competency in all areas of care provision.

The provider had a robust recruitment process, which incorporated a criminal records check and references before the staff started. The staff were then supported with an comprehensive induction programme. This ensured the staff were appropriate to work in the caring environment.

People were supported to access a variety of health professionals if required. One relative told us, “ When my relative needed the dentist, the staff accompanied my relative and met me at the practice.”Referrals were made when changes in the person’s health or wellbeing had been identified. We saw that people’s health and wellbeing was monitored and documented. The home had been part of a pilot scheme in using the ‘Tele med’ system. This system was linked to the GP practice and a specialist nurse. When concerns for someone’s health were raised the staff can make a video call to the practice to speak to a nurse who can provide advice and request a visit from the GP or nurse . The system used a webcam to enable the nurse to view any injury or the person to assist with the diagnosis. We saw the staff member make the video call and support the person to have a consultation. The specialist said, “The home uses the system well and always for a valid reason. They know to expect me and it can avoid someone going into hospital.” And, “The staff are very professional, very attentive to the people.”

Good

Is the service caring?

Our findings

People told us they were treated with dignity and respect. One person told us, “The staff guards my privacy whenever possible as I share a room.” Another person said, “To the carers you are a human being, I cannot fault the care.” One relative said, “Because it is a small home the staff have time to be personal.” Another relative told us when they visit they go to the person’s bedroom to chat and this was respected. The manager had registered as a dignity champion and cascaded these values to the staff. One staff member said, “We make sure we draw the curtains in the shared rooms and always explain what we are doing.”

People were treated with kindness and compassion. One person said, “The carers are spot on, you can trust them.” Another person said, “If you want anything they get it.” Staff supported people to make choices and respected people’s decision. For example one person asked for more sugar in their tea, the staff member responded with more sugar and told us, “You need to know the little things that make the difference.”

Relatives told us they could visit at any time. One relative joined the person who used the service for lunch regularly. Within the reception area there were posters of up and coming events and the monthly church service inviting relatives to join the home. We observed the staff had good relationships with people. For example we saw one staff member gave a person a magazine which referred to news from the area that person used to live. One person told us, “I have made friends here.” One relative said, “My relative looks healthy and has made a friend.” This meant this person had been supported to maintain their relationships.

Good

Is the service responsive?

Our findings

People told us staff knew about their needs and preferences. One person said, “You don’t get lost or ignored.” People and relatives told us before they came to the home their needs were assessed. For example prior to the person moving to the home the person and their relatives completed a questionnaire about the person’s past life history and preferences. This helped the staff to build a care plan around the person’s individual needs. Staff told us they read and referred to the care plans. One staff member said, “They give me lots of information.” Another staff member said, “They help you to build a relationship with people.” We saw that there were arrangements in place to review the records regularly. During our inspection we observed staff updated the care records with relevant information relating to the person’s need.

The provider was responsive to people’s needs. One person said, “Staff always respond when I need assistance.” And, “I have an alarm bell; it’s never long before someone comes to me.” One relative confirmed the staff where supportive and said, “I only have to ask if my relative needs anything.” Staff told us and we observed they had a good understanding of people’s care needs and routines. For example we saw the staff get a foot stool for a person and assist them to raise their legs. The person told us they liked to have a rest after lunch with their legs up. This demonstrated that staff understood and responded to this person’s needs.

People and relatives told us they enjoyed the activities at the home. One person said, “On the whole I enjoy the activities, especially the exercises as I like to keep agile.” The activities coordinator had established a four weekly rotation of activities, however, it was confirmed this was flexible. The coordinator said, “People can choose what they want to do.” And, “If I make one person happy that’s great, the people are the reason I come to work.” We observed people engaging in a quiz and a sing-a-long and people told us they enjoyed these activities..

The service had a complaints procedure which was visible in the reception area and we read that any complaints they had received, had been dealt with effectively. People and relatives told us if they had any concerns they would raise them with the manager and felt confident they would be addressed. One relative said, “I have raised a complaint in the past and it was responded to in writing and action taken.”

Good

Is the service well-led?

Our findings

People told us there was a positive and homely atmosphere at the home. One person said, "I would tell anyone to come here." Another person said, "It's not posh to look at, but the care is good." Staff told us they enjoyed working at the home, many of the staff had been working at the home for over ten years. One staff member said, "People here are my extended family."

People told us and we saw that their feedback about the home and the care they received was sought via a satisfaction questionnaire. The result of the last questionnaire had been audited and actions taken. For example in the last questionnaire people had requested more activities. The provider recruited an activities coordinator to work at the home. Another request was for the dining room to be decorated. This had been completed and people told us it had made the dining experience and that area nicer to be in.

Frequent checks and audits were completed by the manager. Where concerns were raised action was taken to improve quality. For example checks in the laundry room identified the need for a spillage kit, this was purchased and we saw it was available at our inspection.

The manager also completed regular spot checks to ensure staff were delivering safe and quality care. Staff received supervision which gave an opportunity to discuss any concerns raised from the spot checks along with training and development needs. Staff felt supported by the management. One staff member said, "The manager is always about, I feel confident to go to her if needed."

The manager felt supported by the provider. For example weekly monitoring forms were completed by the manager and sent to the provider. The provider used these to support any future supervision and the service developments. The provider confirmed and records showed these forms provided a clear audit trail of support. The manager said, "The provider has good knowledge of the care home market and is very supportive." The manager understood the responsibilities of their registration with us. They reported significant events in accordance with the requirements of the registration.

The provider had engaged in pilot projects linked to the GP practice. In addition to the 'Tele med' project the provider was piloting a project which monitored people's skin health. This showed the provider was engaging in improving links to provide a better service for people's health needs.