

Camelot Care Homes Limited

Camelot Care Homes Ltd

Inspection report

1 Countess Road
Amesbury
Salisbury
Wiltshire
SP4 7DW

Tel: 01980625498

Date of inspection visit:
06 January 2021

Date of publication:
08 March 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Camelot Care Homes Ltd provides accommodation and nursing care for 57 older people in two adapted buildings. People have their own rooms and share communal rooms such as bathrooms, lounges and dining areas. There is an enclosed courtyard area for people to access outside space. At the time of our inspection there were 51 people living at the service.

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

People's medicines were not always managed safely. We found there were some discrepancies in stock and records were not always in place to give staff guidance.

People, their relatives and staff told us that at times there were not enough staff. This had an impact on keeping people in touch with their relatives. We have made a recommendation about staffing numbers.

Quality monitoring was not always effective to identify all areas of improvement. Whilst some medicines improvements had been identified, there were areas that had not. We have made a recommendation about medicines audits. There was a service improvement plan for environmental actions which helped make larger scale improvements to the environment.

The home was clean, and staff were cleaning touchpoints more frequently. Staff had access to personal protective equipment and had been given training and guidance on using it safely. Staff were being tested for COVID-19 weekly and people were tested monthly as per the government guidance.

Staff followed government guidance for new admissions into the home making sure people isolated as needed. Visiting for relatives was not permitted at the time of inspection due to national lockdown. Though staff supported relatives with compassionate visiting as needed by making sure they had personal protective equipment.

Risk management plans were in place to guide staff on how to provide care and support safely. Referrals to other professionals had taken place and risks were reviewed monthly. Accidents and incidents were recorded and reviewed to identify any learning. The registered manager carried out monthly monitoring of all incidents and looked for any patterns or trends.

Maintenance checks were carried out and equipment serviced regularly. There was regular testing of fire systems and staff were given fire training and completed drills. The registered manager had an environmental action plan to ensure there was a regular refurbishment of areas in the home.

People and relatives spoke positively about the registered manager and their approach and most staff spoke positively about the culture at the service. The service worked in partnership with professionals and we received positive feedback about the service and staff.

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 Good (published 19 December 2018).

Why we inspected

This inspection was prompted to seek assurances about the safety and care of people following information received as part of an ongoing safeguarding concern. As the investigation was ongoing this inspection did not examine the circumstances of that incident. We undertook a focused inspection to review the key questions of Safe and Well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the Safe and Well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Camelot Care Homes Ltd on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified one breach of regulation for failing to manage medicines safely at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for 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?

The service was not always safe.

Details are in our safe 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 ●

Camelot Care Homes Ltd

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Camelot Care Homes Ltd 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

We reviewed information we had received about the service since the last 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 used all of this information to plan our inspection.

During the inspection

We spoke with four members of staff and the registered manager while we were at the service. We reviewed a range of records which included eight people's care records and multiple medication records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed.

Following our site visit we arranged for an expert by experience to speak on the telephone with two people and six relatives about their experiences of care and support provided. We also spoke with a further eight members of staff and arranged a further discussion with the registered manager on the telephone. We spoke with the nominated individual by telephone. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We organised telephone calls to limit the amount of time we spent at the service due to the pandemic.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at meeting minutes, medicines audits, quality monitoring and policies and procedures. We also contacted eight health and social care professionals for their feedback about the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant 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.

Using medicines safely

- People were at risk of not having their medicines as prescribed as medicines were not always managed safely.
- Seven people who had medicines that were prescribed 'as required' did not have guidance in place to direct staff how to administer this type of medicine. For some people there was some guidance in their care plan but for others there was not. During the inspection a staff member showed us a protocol completed for one person for one of their medicines. The provider told us the remaining protocols had been completed following the site visit.
- 'As required' protocols that were in place for some pain medicines had an inaccurate maximum dose recorded. This put people at risk of overdose. Staff told us they would rectify this error without delay.
- Not all medicines had been counted and added to people's records so staff could carry out stock checks. This meant the provider did not know how many medicines should be in stock.
- Where medicines had been counted and added to records, we found discrepancies in some stock. For example, for one person's medicines for constipation there were too many tablets in stock compared to what had been signed as administered in their records. For another person who had been prescribed pain relief we found there were too many tablets in stock for what had been signed as administered. For another person's medicines we found there was not enough stock. Staff we spoke with could not account for the missing medicines. They told us they would look into this without delay.
- One person prescribed a tablet to be taken daily, had gaps for 10 days on the medicines administration record (MAR). Staff we spoke with were not sure if they had been administered their medicine and staff had omitted to record on the MAR. We checked the stock and counted there were too many tablets in stock which meant the person had not been administered their medicine daily as prescribed.
- People had been prescribed topical creams to be applied to their skin. We found not all creams prescribed had been added to the person's topical medicines administration record (TMAR). This meant the provider did not have a record of all creams being applied. Following the inspection, the provider informed us action had been taken to address this shortfall.
- For some people who had a TMAR in place for their topical creams there was no guidance for staff to know where to apply the cream. There were no body maps in place or guidance in people's care plans. Following the inspection, the provider informed us action had been taken to address this shortfall.
- We also saw there was gaps in the recording on TMAR's. For example, for one person who was prescribed a cream to be applied daily, staff had signed on one occasion to record administration on the TMAR over four weeks. Staff we spoke with told us the cream had been applied but staff had not signed the TMAR. The provider did not have accurate records of topical creams being applied as prescribed.

- For some people who were not able to verbalise their needs in relation to pain, staff used an observation tool to assess people's pain needs. We saw for one person staff had recorded they were not in pain on the observation tool, but staff had administered pain relief. This did not demonstrate staff were using pain observation tools effectively.

We found no evidence that people had been harmed however, the provider had failed to manage people's medicines safely. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were stored safely, and staff checked temperatures of the storage regularly.
- Staff had been trained in medicines management and had their competencies checked annually.

Systems and processes to safeguard people from the risk of abuse

- People and relatives we spoke with told us they felt safe at the service. Comments included, "I do believe that my relative is absolutely safe in the home", "My relative is very safe here. I have every confidence in the staff and their capabilities" and "I do feel safe in the home."
- Staff were provided with training on safeguarding and understood their responsibility to report any concerns. Staff told us they would report concerns to the registered manager and senior nursing staff. Staff were confident appropriate action would be taken.
- Staff were also aware of how to report any concerns outside of the service if needed. One member of staff said, "If I did have concerns I would whistleblow, I would not hesitate to phone safeguarding and tell them. I am aware of whistleblowing and how to do this."

Staffing and recruitment

- People, relatives and staff's comments about staffing were mixed. Feedback we received demonstrated that there were some concerns about the numbers of staff working at the home.
- Comments from people and relatives about the staffing included, "There is not enough staff at the moment because of the pandemic, but normally there is enough staff. I can't speak to [relative] now because of the lower staff numbers. There are not enough staff available to take [relative] down to the dining room where the phone reception is much better", "There are sufficient staff but they could do with a couple more to ease the pressure of all their work with residents" and "They are sometimes short of staff and they have agency staff to cover the session, particularly to cover the night."
- Some people and relatives thought there was enough staff. Comments included, "If [relative] presses [their] buzzer they [staff] respond quickly which gives me confidence" and "I do think there is enough staff in the home. About two years ago the response to the buzzer was very poor but it is so much better now. They [staff] now respond much quicker now."
- On the day of our site visit there were enough staff on duty. The registered manager used a dependency tool to calculate staffing numbers. Issues arose when staff called in sick at short notice. Trying to cover those shifts was difficult.
- We spoke with the provider and registered manager about staffing and shared the comments we had received. The registered manager told us that due to the pandemic the home had stopped using bank staff. This was because bank staff were working in other services which was a risk to people at Camelot Care Home.
- Some nursing staff were working excessive hours to cover shifts on the rota. We discussed this with the provider who told us this was a short-term need. They had recently employed nurses which would add numbers to the staff rotas.

We recommend the provider reviews staffing levels to include listening to people and relatives' experiences

of care to assist them in determining the level of staff required.

- Staff were recruited safely as the required pre-employment checks had been carried out. This included obtaining references and a Disclosure and Barring Service (DBS) check.

Assessing risk, safety monitoring and management

- People had risk management plans in place where risks had been identified. Nursing staff reviewed them regularly and updated them where changes had been noted.
- Risk management plans were in place for areas such as choking, risk of developing pressure ulcers and malnutrition. Actions were recorded to mitigate risks such as use of pressure relieving cushions and mattresses for people at risk of developing pressure ulcers. People at risk of choking had guidance on what type of food they could eat and fluids to drink. People had also been referred to the speech and language therapists for further guidance on managing the risks.
- People who had behaviour the service found at times challenging had behaviour support plans in place. Additional support had been sought from other professionals such as the mental health team.

Preventing and controlling infection

- The home was clean and smelt fresh. Staff were cleaning regularly and high contact areas such as door handles were cleaned more often. Comments about the cleanliness from people and relatives included, "My room is always cleaned", "The dining room is very clean. They [staff] are doing much more cleaning since the start of the pandemic" and "The home is spotlessly clean."
- Staff were observed wearing personal protective equipment (PPE) appropriately. We observed there were stocks of PPE around the home as well as hand sanitiser.
- Staff had been trained on infection prevention and control and how to safely use PPE. There was guidance available for staff on COVID-19 and how to work safely. One person told us, "The staff all wear the full PPE; Masks, gloves and aprons."
- The home had experienced an outbreak of COVID-19 prior to our inspection and had been closed to visitors. The registered manager liaised with appropriate agencies to ensure the most up to date guidance was followed.
- People and staff were tested regularly for COVID-19 as per the government guidance.
- In August 2019 the local authority environmental health officer (EHO) visited and awarded the service a rating of '3' for kitchen hygiene standards. The registered manager produced an action plan to carry out work required to improve cleanliness in the kitchen. We saw this action had been taken and the kitchen was clean. The service was expecting another EHO visit soon.

Learning lessons when things go wrong

- Accidents and incidents were monitored and reviewed by the registered manager and nursing team. Clinical meetings were held where incidents were discussed, and any learning shared.
- There was a daily handover where information was shared with staff including discussion about incidents and accidents. One member of staff told us, "We have handover every morning with the staff and the nurse. We talk about residents and we get together to discuss things every morning."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. 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; Continuous learning and improving care

- Quality monitoring was in place and had identified some improvements with regards to medicines management. However, recent medicines audits had not identified any concerns with staff failing to consistently sign people's records when they had applied external creams. The audits recorded this area of medicines management did not require any improvement.
- An action plan had been produced to address some shortfalls in medicines management, but it did not have any actions for external creams recorded.
- We saw the same member of staff was completing the monthly medicines audits each month. We discussed this with the registered manager who told us they also carried out spot checks on medicines and would increase the frequency to daily.

We recommend the provider reviews their medicines audit to ensure all improvement required is identified so that action can be taken to address shortfalls.

- There was a service improvement plan in place to identify and monitor the progress of environmental improvements required. For example, the registered manager had identified the home required accessible internet access around the building. The provider had ensured this work was being completed. The registered manager told us they had planned to upgrade the call bell system in one of the buildings. The provider told us they tried to deliver what the registered manager asked for.
- Staff were clear about their roles and were aware of who to go to in the home if they needed support, guidance or to raise concerns. One member of staff told us, "I know what to do, I know why I am there, we are not perfect, but we try."
- The registered manager was clear about their role and responsibilities and were supported by the provider. They told us, "They [the provider] are very supportive. I do speak up and they listen to that." The provider was in regular contact with the registered manager to make sure they had oversight of the service.
- Notifications had been submitted as required by law. The registered manager understood their responsibility to inform the local authority safeguarding team of any concerns.

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

- Feedback we received about the culture from staff was mixed. Nine staff we spoke with talked about a positive culture where they were appreciated, and people were valued. Comments included, "They

[management] told me I am a hard worker. I know they think a lot of me" and "I know [registered manager] cares about the clients and wants the best for them."

- Three members of staff did not feel they were appreciated. One member of staff told us, "The nurses can be rude sometimes the way they speak to staff. I don't think that we are appreciated, the nurses don't say thank you, makes us feel under-valued." Another member of staff said, "There are times you don't get appreciated for what you do, when we need to speak to someone it can be difficult. It can be difficult to go through what we want to say with the manager."
- Whilst some staff felt there was not enough staff on duty, they all talked positively about teamwork at the service. Comments from staff included, "We all work as a team, we all work well with each other. If they [registered manager] provided more staff it would be better, that is the only thing that needs to be sorted out" and "It is like a family here, you know everyone, I like to do what I do with the people, they like me, we are friends, I like working there."
- People and relatives told us the staff were helpful, kind and friendly. Comments included, "The activities lady is very good, getting us to make things. She will also do any shopping for us for those special little things", "They [staff] are all very friendly and indeed I was invited to the home's Christmas Dinner, which was a lovely gesture" and "The staff are all very caring and friendly and will ring if they have any concerns about my relative which gives me peace of mind."
- People and relatives told us they thought the service had a registered manager who was visible and approachable. Comments included, "The manager is very approachable. She with her staff, bend over backwards to make sure that everybody is happy. It's a fantastic place and we love it", "The manager is always about and very approachable and lovely. She is very helpful as are the nurses in fact all the staff are helpful" and "I get on really well with the manager. She is always about and has time to stop and have a chat or just pass the time of day."

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

- Systems were in place to make sure people, relatives and staff had opportunity to share their views. This included using surveys and meetings to gather feedback and make improvements.
- Whilst these methods captured views about overall themes, they did not capture the feedback we have heard during the inspection about staffing numbers. The registered manager told us they were reviewing the use surveys as they were disappointed with the response rates. They were also designing a pictorial survey for people with dementia to use.
- During the pandemic the registered manager had sought feedback from people and relatives about how the service had responded to COVID-19. Six out of seven responses demonstrated that there was confidence in how the service was managing.

Working in partnership with others

- The service worked in partnership with local GP surgeries and other professionals to make sure people received consistent care.
- Feedback we received was positive. One healthcare professional told us, 'Over the past year or so, there appears to have been stability of staff. This has led to great benefits for residents, other staff members and affiliated health care professionals alike. This has led me to feel that Camelot Care Home is running more smoothly than before; I can't put my finger on it, exactly, but it just feels better'.

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
Treatment of disease, disorder or injury	<p>The provider had failed to make sure medicines were managed safely.</p> <p>Regulation 12 (1) (2) (g)</p>