

Adiemus Care Limited

Cameron House

Inspection report

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Date of inspection visit: 12 August 2015 and 14 August 2015

Date of publication: 18/09/2015

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



Overall summary

Cameron House provides accommodation and personal care for up to 44 older people. Some people also have dementia related needs.

The inspection was completed on 12 August 2015 and 14 August 2015. There were 43 people living at the service when we inspected.

A registered manager was 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.

The deployment of staff was not appropriate to meet the needs of people who used the service and required reviewing so as to ensure people's care and support needs were met.

Summary of findings

Robust procedures and processes to protect people's rights and prevent people from being abused required improvement.

Inconsistencies across the service in relation to the quality of information included in people's care records were found and improvements were required.

Medicines were safely stored, recorded and administered in line with current guidance to ensure people received their prescribed medicines to meet their needs. This meant that people received their prescribed medicines as they should and in a safe way.

Staff received opportunities for training and this ensured that staff employed at the service had the right skills to meet people's needs. Appropriate recruitment checks were in place which helped to protect people and ensure staff were suitable to work at the service. Staff felt well supported in their role and received regular supervision.

Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

The dining experience for people was positive and people were complimentary about the quality of meals provided. People who used the service and their relatives were involved in making decisions about their care and support and told us that their healthcare needs were well managed.

Staff were able to demonstrate a good understanding and knowledge of people's specific support needs, so as to ensure their and others' safety. People received proper support to have their social care needs met.

People and their relatives told us that if they had any concern they would discuss these with the manager or staff on duty. People were confident that their complaints or concerns were listened to, taken seriously and acted upon.

You can see what actions we told the provider to take at the back of the full version of the report.

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 not consistently safe.

Local safeguarding guidance and the provider's own safeguarding policy and procedure had not been followed so as to ensure people's safety and wellbeing.

The deployment of staff was variable and people did not always feel there were enough staff available to meet their needs.

Medicines management was safe.

Requires improvement



Is the service effective?

The service was effective.

People were well cared for by staff that were well trained and had the right knowledge and skills to carry out their roles.

Staff had a good knowledge and understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Where people lacked capacity, decisions had been made in their best interests.

People were supported to access appropriate services for their on-going healthcare needs.

The provider had arrangements in place for people to have their nutritional needs met.

Good



Is the service caring?

The service was caring.

People were provided with care and support that was personalised to their individual needs.

Staff understood people's care needs and responded appropriately.

The provider had arrangements in place to promote people's dignity and to treat them with respect.

Good



Is the service responsive?

The service was not consistently responsive.

Information recorded within people's care plans were inconsistent and did not always provide sufficient detailed information to enable staff to deliver care that met people's individual needs.

Staff were responsive to people's care and support needs.

People were supported to enjoy and participate in activities of their choice or abilities.

Requires improvement



Summary of findings

Is the service well-led?

The service was not consistently well-led.

Although systems were in place to regularly assess and monitor the quality of the service provided, they were ineffective as they had not highlighted the areas of concern we had identified.

Systems were in place to seek the views of people who used the service and those acting on their behalf.

Positive comments were made about the manager and management team.

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 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.

This inspection took place on 12 August 2015 and 14 August 2015 and was unannounced.

The inspection team consisted of one inspector. In addition, the inspector was accompanied by an Expert by Experience on 12 August 2015. An expert by experience is a person who has had personal experience of caring for older people and people living with dementia.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about 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 10 people who used the service, six relatives, five members of care staff and the service's Project Manager. The Project Manager was present as the registered manager and deputy manager were not available.

We reviewed five people's care plans and care records. We looked at the service's staff support records for six members of staff. We also looked at the service's arrangements for the management of medicines, complaints, compliments and safeguarding information and quality monitoring and audit information.

Is the service safe?

Our findings

People were at risk because the provider had not taken appropriate steps to mitigate risk by ensuring that people that require close monitoring were being effectively supported to safeguard them and others from the risk of harm.

On several occasions we observed that one person who used the service intermittently attempted to either assist staff when caring and providing support to others living at the service or provided support which could place themselves and others at risk. The care records for this person showed that their actions could affect and impede others and required close observation and monitoring from staff. This referred specifically to them assisting others to mobilise or touching others equipment, for example, oxygen machines and catheter bags. Records from June 2015 to August 2015 showed that there were 14 occasions whereby this person had attempted to inappropriately support other people who used the service and placed themselves and others at risk of harm.

Although staff employed at the service had received safeguarding training and they understood what constituted abuse and how to respond appropriately where abuse was suspected, they had not recognised the risks relating to the person who attempted to support people in the service inappropriately. The provider was not able to demonstrate that where safeguarding concerns were highlighted they had responded appropriately. This referred specifically to three incidents whereby one person had attempted to inappropriately support other people living at the service. There was no evidence to show that the incidents had been reported under safeguarding procedures or that further investigation had taken place to check out people's safety and wellbeing. This showed that local safeguarding guidance and the provider's own safeguarding policy and procedures had not been followed and the provider had failed to respond appropriately where it was suspected that abuse had occurred or people's safety had been compromised. This was discussed with the service's Project Manager and they confirmed that no action had been taken at the time of the incidents by the management team to investigate the issues or make a

referral to the Local Authority. As a result of our concerns we requested that the provider make a safeguarding referral to the Local Authority. They confirmed with us that this had been done since our visit.

This is a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In general, people's care and support provided by staff were appropriate and staff met their needs in a timely manner. However, our observations during the inspection indicated that the deployment of staff was not always suitable to ensure people's safety, particularly on the ground floor. On several occasions we noted that the main communal lounge was left unattended and without staff support for between 10 and 20 minutes. This led to the identified concerns we had regarding one person who used the service attempting to support others inappropriately and although, in most cases where we observed them attempting this support, staff eventually intervened, it did mean, because they had not had the level of support as described in their care plan, other people who used the service were at risk of potential harm.

People's comments about staffing levels were variable. The majority of people felt that there were not enough staff and that staffing levels had reduced over a period of time. One person told us, "Not really enough staff but they come quickly if I use the call bell." Another person told us, "Sometimes staff seem pushed. Sometimes adequate." Relatives comments were also variable with some feeling that there were sufficient staff and others feeling that staffing levels could be better. Staff told us that staffing levels were appropriate for the numbers and needs of the people currently being supported and that they could meet people's day-to-day needs safely.

This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they felt safe and secure. One person told us, "Yes, I am safe. They [staff] ask you to let them know if you are afraid of anything." Relatives told us that in their opinion their member of family was kept safe. Relatives told us that they had peace of mind knowing that their relative was well looked after. Comments included, "I've no reason to believe it isn't safe here" and, "I feel that all efforts are made to keep people safe."

Staff knew the people they supported. Where risks were identified to people's health and wellbeing such as the risk

Is the service safe?

of poor nutrition and mobility, staff were aware of people's individual risks. For example, staff were able to tell us who was at risk of falls or poor nutrition and the arrangements in place to help them to manage this safely. In addition, risk assessments were in place to guide staff on the measures in place to reduce and monitor these during the delivery of people's care. Staff's care practice reflected that risks to people were managed well so as to ensure their wellbeing and to help keep people safe. Risk assessments relating to the premises and equipment were completed, for example, risk assessments for legionella.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for staff appointed within the last 12 months showed that the provider had operated a thorough recruitment procedure in line with their policy and procedure. This showed that staff employed had had the appropriate checks to ensure that they were suitable to work with people.

People told us that they received their medicines as they should and at the times they needed them. Some people

also told us that they were enabled to maintain their independence with taking their medicines, for example, they looked after and self-administered their inhalers for the medical condition of asthma.

The arrangements for the management of medicines were safe. Medicines were stored safely for the protection of people who used the service. There were arrangements in place to record when medicines were received into the service, given to people and disposed of. We looked at the records for 10 of the 43 people who used the service. These were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed. Staff involved in the administration of medication had received appropriate training and checks to assess their competency had been completed. Regular medication audits had been completed by the service. Where errors or areas for improvement had been identified an action plan was in place detailing the corrective actions taken.

Is the service effective?

Our findings

People were cared for by staff who were suitably trained and supported to provide care that met people's needs. Staff told us they had received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. One member of staff told us, "Training provided has been suitable and I feel that this has enabled me to do my job well." The staff training plan showed that the majority of staff's compulsory training was up-to-date.

Staff confirmed that when they commenced employment at the service they had received an induction. This included an 'orientation' induction of the premises and training in key areas appropriate to the needs of the people they supported. Records showed that staff's induction was in line with Skills for Care Common Induction Standards and the new Skills for Care 'Care Certificate'. The Care Certificate was introduced in March 2015 and replaced the Skills for Care Common Induction Standards. These are industry best practice standards to support staff working in adult social care to gain good basic care skills and are designed to enable staff to demonstrate their understanding of how to provide high quality care and support over several weeks. Staff confirmed that opportunities were given whereby they had shadowed a more experienced member of staff for several shifts. Staff told us that they had found this to be invaluable.

Staff told us that they received good day-to-day support from work colleagues, formal supervision at regular intervals and an annual appraisal. They told us that supervision was used to help support them to improve their work practices. Records confirmed what staff had told us. Staff told us that this was a two-way process and that they felt supported by senior members of staff and the manager. A member of staff told us, "I receive regular supervision but can speak to the manager at any time. The manager is very approachable and is always there to help."

People's choices were respected and their rights protected. Staff had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff were able to demonstrate that they were knowledgeable and had a good understanding of MCA and a basic

understanding of DoLS, how people's ability to make informed decisions can change and fluctuate from time to time and when these should be applied. Records showed that the majority of people living at the service were deemed to have capacity to make day-to-day decisions in their best interests. People were observed being offered choices throughout the day and these included decisions about their day-to-day care and support needs. People told us that they could choose what time they got up in the morning and the time they retired to bed each day, where they ate their meals and whether or not they participated in social activities.

People received a varied diet which suited their individual and assessed needs. Comments about the quality of the meals were positive. People told us that they liked the meals provided. One person told us, "The meals are very good. There's so much." Another person told us, "The food is good. There's a set menu but they [staff] will do something else." Two relatives told us that their relative's appetite had improved since moving to the service and their weight had increased. They also told us that the meals looked appetising and if their relative did not like what was on offer they would be provided with an alternative.

Where people required assistance from staff to eat and drink, this was provided in a sensitive and dignified manner, for example, people were not rushed to eat their meal and positive encouragement to eat and drink was provided.

Staff had a good understanding of each person's nutritional needs and how these were to be met. People's nutritional requirements had been assessed and documented. Where people were at risk of poor nutrition, this had been identified and appropriate actions taken. Where appropriate, referrals had been made to a suitable healthcare professional, such as, dietician or the Speech and Language Team [SALT].

People's healthcare needs were well managed. People told us that they were supported to attend healthcare appointments and had access to a range of healthcare professionals as and when required. Relatives told us they were kept informed of the outcome of healthcare appointments. People's care records showed that their healthcare needs were clearly recorded and this included evidence of staff interventions and the outcomes of healthcare appointments.

Is the service caring?

Our findings

People made many positive comments about the quality of the care provided. One person told us, “Yes, staff are caring. If they see you are unhappy they are always there to help you.” Another person told us, “The staff are lovely.” The majority of relatives were also very positive. One relative told us, “Staff are very caring. I have seen them give my relative a hug and if they are distressed they will sit with them.”

We observed that staff interactions with people were positive and the atmosphere within the service was seen to be warm and relaxed. We saw that staff communicated well with people living at the service, for example, staff were seen to kneel down beside the person to talk to them or to sit next to them and staff provided clear explanations to people about the care and support to be provided. In addition, staff rapport with people living at the service was friendly and cheerful. This was clearly enjoyed by people living at the service and there was positive chit-chat between both parties.

Staff understood people’s care needs and the things that were important to them in their lives, for example, members of their family, key events and their individual personal preferences. People were encouraged to make

day-to-day choices and their independence was promoted and encouraged where appropriate according to their abilities. One person told us, “They encourage me to do what I can.” Another person told us that they were enabled to maintain their independence with their personal care needs. However, if they required support by staff this was provided. This showed that people were empowered to retain their independence where appropriate according to their needs and abilities.

Our observations showed that staff respected people’s privacy and dignity. We saw that staff knocked on people’s doors before entering and staff were observed to use the term of address favoured by the individual. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were able to wear clothes they liked that suited their individual needs and staff were seen to respect this. One person told us, “They [staff] knock before they come in and call me by my name.”

People were supported to maintain relationships with others. People’s relatives and those acting on their behalf visited at any time. Relative confirmed this and told us that they were able to visit their relative whenever they wanted and at a time of their choosing.

Is the service responsive?

Our findings

We found inconsistencies across the service in the quality of the information included in people's care records. Some provided sufficient detail to give staff the information they needed to provide personalised care and support that was consistent and responsive to their individual needs. However, others were not fully reflective or accurate of people's care needs, for example, some people's care plans did not contain sufficient relevant information on how people's dementia affected their day-to-day living and how they were to be supported. They did not include detail about people's strengths, abilities and aspirations. This meant that there was a potential risk that staff did not have the information required to support the person appropriately so as to ensure their and others safety and wellbeing.

Staff told us that there were some people who could become anxious or distressed. The care plans for these people did not consider individual people's reasons for becoming anxious and the steps staff should take to reassure them. Clear guidance and directions on the best ways to support the person were not recorded, for example, although the care plan for one person detailed that they should be closely monitored, our observations showed that this instruction was not being followed by staff and the person was not receiving personalised care that met their needs.

Staff were made aware of changes in people's needs through handover meetings, discussions with senior members of staff and the manager. One member of staff told us, "We have handover meetings between every shift. These are important in making sure we have up-to-date information about our residents." This meant that staff had the information required so as to ensure that people who used the service would receive the care and support they needed.

Relatives told us that they had had the opportunity to contribute and be involved in their member of family's care and support. Where life histories were recorded, there was

evidence to show that, where appropriate, these had been completed with the person's relative or those acting on their behalf. This included a personal record of important events, experiences, people and places in their life. This provided staff with the opportunity for greater interaction with people, to explore the person's life and memories and to raise the person's self-esteem and improve their wellbeing. Relatives confirmed that where possible they attended reviews. Information to support this was recorded within people's care plan documentation.

People told us there were sufficient opportunities for them to participate in a range of social activities. People told us that they had the choice as to whether or not they joined in and some people confirmed that they preferred to spend time in their room. Where people participated, they told us that they enjoyed the activities provided. One person told us, "I love music and like it when they get people in." They also confirmed that staff had supported them to visit the local market, shops or the nearby lake. One relative told us that their family member used the service's summer house. Our observations throughout the inspection showed that people were provided with a newspaper, enjoyed art and craft activities, played cards and went out for a walk. Although a planned activity programme was in place the person responsible for activities advised that the programme was flexible and social activities could be provided on an 'ad-hoc' basis. They told us that people were able to participate in a range of activities and that their aim was to facilitate six people from the service each day to access the local community. Records showed that the latter was happening.

People and their relatives told us that if they had any concerns they would discuss these with staff on duty or other members of the management team. People told us that if they raised a minor issue, it was always dealt with quickly. Staff told us they were aware of the complaints procedure and knew how to respond to people's complaints. A record was maintained of each complaint and included the details of the investigation and action taken.

Is the service well-led?

Our findings

There was a lack of managerial and provider oversight of the service in relation to key areas. The provider was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. This included the use of questionnaires for people who used the service and those acting on their behalf. In addition to this the management team monitored the quality of the service through the completion of a number of audits. This also included an internal review by the organisation's internal quality assurance team at regular intervals. Although these systems were in place, they were ineffective and had not highlighted the areas of concern we had identified, particularly, in relation to staff deployment and the service's safeguarding arrangements.

Despite these concerns, relatives told us that that the service was well run and managed. There was nothing but praise and positive comments for the manager from people who used the service and those acting on their behalf. Comments about the manager included, "Couldn't wish for

better. Very friendly. She comes round and chats to see if we are OK," "Manager good and very approachable" and, "Fantastic. Stops and speaks to residents." Staff told us that the overall culture across the service was open and inclusive and that they received very good support from the manager. Staff also told us that they felt valued as a member of staff and received both positive and constructive criticism feedback.

The provider confirmed that the views of people who used the service and those acting on their behalf were sought each month through a specific topic. The majority of the comments received were noted to be positive and raised no issues for further corrective action.

The provider told us that regular meetings with staff were undertaken so as to facilitate good effective communication and to understand what was happening within the service. Although records confirmed and staff told us that these took place, where actions were required to be completed, these did not include the actions taken so as to ensure that lessons were learned and that any risk of reoccurrence across the service was reduced.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>We found that the registered provider had not ensured that there were sufficient numbers of staff deployed so as to make sure that they can meet people's care and treatment needs. This was in breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>We found that the registered person had not protected people as they had not responded appropriately to an allegation of abuse. This was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

The enforcement action we took:

We have served a warning notice to be met by 21 September 2015