

Ms Judith Lakin

Camellia House

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 ●

Summary of findings

Overall summary

We inspected this service on 11 and 15 October 2018. Camellia House 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.

This service is also a domiciliary care agency. It provides personal care to 14 people living in their own houses and flats. It provides a service to older adults.

The service is operated from the provider's home in the Nottinghamshire village of Calverton.

A registered manager was in place. 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.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring, that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to feel safe and staff ensured that risks to their health and safety were reduced. We found that sufficient staff were deployed to safely meet people's needs and that staff had received appropriate training to ensure they had the knowledge to protect people whilst providing care.

People were protected from the risks of infection as the service employed dedicated cleaning staff to ensure the environment was clean and had appropriate policies and procedures to monitor and reduce the risk

Systems were in place to support people to take their medicines. Staff received relevant training and felt well supported. People were asked for their consent and appropriate steps were taken to support people who lacked capacity to make decisions.

People were supported to eat and drink enough to maintain good health.

There were positive and caring relationships between people and the staff who cared for them. Staff promoted people's right to make their own decisions where possible and respected the choices they made. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with dignity and respect by staff who understood the importance of this.

People received person-centred and responsive care from staff who had a clear understanding of their current support needs. Care plans were in place, which provided information about the care people required.

People knew how to make a complaint and there was a clear complaints procedure in place. When people were at the end of their life the service had effective measures in place to support them and ensure their wishes and needs were met.

An open and transparent culture enabled people and staff to speak up if they wished to. The management team provided strong leadership and a clear direction to staff.

There were robust quality monitoring procedures in place. The management structure of the service was clear.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The Service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Camellia 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.

We visited the service on 11 October 2018 and spoke with two people on 15 October; this was an announced comprehensive inspection as the service is very small and we needed to ensure staff and people using the service would be available. The inspection team consisted of one inspector

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted commissioners (who fund the care for some people who use the service) and asked them for their views.

On this occasion, we did not ask the provider to send us a provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

During our inspection we spoke with four people who were using the service and four relatives. We also attempted to speak with five people who received personal care in their own homes. We also spoke with three members of care staff and the registered manager. We looked at the care plans of four people and any associated daily records such as the daily log and medicine administration records. We also looked at a range of records relating to the running of the service such as training records and quality audits.

Is the service safe?

Our findings

People and their relatives told us they felt safe living at Camellia House and that staff promoted and protected their safety. One person's relative said, "I think [relative] is very safe. The home is further away for me to travel but I would rather [relative] was here where they are safe and loved, than closer for my convenience." Other relatives we spoke with also felt that their loved ones were safe living at the home. A staff member told us, "It's such a friendly place to work. If I had to choose a home for [my family member] I'd choose here."

During our visit, we observed a warm, pleasant, family orientated and relaxed atmosphere. We observed positive, caring and friendly interactions between staff and people. One relative said, "They [staff] are friendly and they get on well together. They have a good way with the people and know how to motivate them." A second relative said, "They are all very friendly."

People were protected from abuse and avoidable harm. Staff were aware of their role in protecting people from harm and had received regular safeguarding training. The provider had clear procedures in place to enable staff to raise a concern. Staff were able to explain their role and gave informed examples of signs of abuse they would look for and how they would raise a concern.

People were further protected from avoidable harm as assessment of risks were included in all care records and regularly reviewed. Measures identified to reduce risk in people's risk assessment were in place to ensure their safety. For example, one person's care record included an assessment to manage the risk of skin problems due to diabetes, including guidance for staff to follow. Staff we spoke with were aware of the guidance and records showed this was followed.

The registered manager had measures in place to manage environmental risks to people, for example staff showed a good knowledge of managing people's safety should there be a fire at the premises. Personal emergency evacuation profiles (PEEP)'s were in place for people to assist staff and the fire service, should people need evacuating in the event of an emergency.

Sufficient numbers of suitably qualified and experienced staff were deployed to safely meet people's needs. We observed staff were able to respond to people's requests for assistance in a timely manner and had the opportunity to sit with people to talk and support them with activities. Staff told us they had enough time and support from colleagues and the high staffing levels had helped them meet people's needs. One staff member said, "You get loads of time with people, so you get to know them really well and they get to know you." A member of staff working with the domiciliary care agency told us, "We've got loads of staff and time, we don't do any [care calls] under an hour so we've plenty of time." The staff member told us they had sufficient time to travel between calls and could stay for the allotted time.

People were supported by staff who had been recruited safely. The registered manager looked at potential staff's work history and obtained references from their previous employer. They also used the Disclosure and Barring Service (DBS) to check if potential staff had a criminal record which would preclude them from

working with vulnerable people. This protected people from the risk of unsuitable staff.

People received their medicines as prescribed and at the correct time. We saw that all the people at the service had been assessed as needing assistance with their medication. We observed a medication round and saw that staff were knowledgeable and administered medicine as prescribed. People's relatives told us they had no concerns in relation to medicines. One relative said, "We've no concerns with medicines. They [staff] always come with the medicine when [person] needs it."

We found that people were protected from the risk and spread of infection. Staff we spoke with showed a good understanding of protecting people from the risk of infection. Personal protective equipment (PPE) was in place, and staff were seen using this appropriately. The provider employed a dedicated cleaning team who had access to sufficient cleaning materials and PPE to maintain a clean environment.

We found that the provider had systems in place to monitor and review any incidents, accidents and complaints and that any learning from these was shared with staff. For example, the provider submitted timely notifications to CQC regarding any incidents at the service and carried out regular audits of these which were discussed at staff meetings and individual supervisions.

Is the service effective?

Our findings

People's care needs were assessed using evidence based assessment tools to ensure care was appropriate to their needs, including monitoring diet and weight. Staff used the evidence from the tool to monitor people's diets so they received individualised nutritional support. Staff worked with people to give them the support they needed to make decisions in relation to their care and were aware the characteristics of the Equality Act. While no one had any needs under the Act, we saw staff working with people to support them make their needs known. We witnessed staff asking people questions in several different ways and sitting with people to give the time they needed to respond.

People received a detailed assessment of their needs prior to admission to the service and these were reviewed regularly. We saw that where possible, people and their relatives were involved in the design and review of their care.

People were cared for by a staff team who received appropriate training, and they felt well supported. One person's relatives told us, "[Registered manager] always ensures there is ongoing training and new staff learn the ways they work here." The staff we spoke with told us that the training they received was relevant and helped them carry out their roles. The provider's training matrix confirmed staff had received relevant recent training that would help them meet people's needs including, safeguarding, moving and handling and food safety. Staff received regular one to one supervision with their line manager to assess their performance and allow them to raise any issues. Staff told us they found these supervision meetings helpful and felt able to be open and honest. Staff said they felt confident that issues raised during these meetings would be addressed. A staff member told us, "They [supervision meetings] are great, any problems you've got you can take them and you've got time to say what you want and express yourself." Staff further told us that they felt well supported by all the management team. Another staff member said, "When I first started I was asking for support every five minutes and they [management] were brilliant."

People were supported to maintain good nutrition and hydration as they received sufficient amounts to eat and drink. People we spoke with told us they enjoyed the food provided. One person said, "The food is very tasty, it always is." Another person said, "There's always plenty of it [food]." A third person said, "You don't just get one option you get four!" People's relatives commented positively about the food provided. One relative said, "The meals are really very good. [Registered manager] is very particular about food, where it comes from and how its cooked." Staff we spoke with had a good knowledge of people's diets. There had been appropriate referrals to health professionals including speech and language therapy and dieticians. We observed the lunchtime meal and noted people were sat together conversing and appearing to enjoy the food offered which looked appetising and plentiful. People had easy access to healthcare support and advice when required and we saw that staff and the registered manager supported people to attend medical appointments including, a dietician, district nurse and diabetic nurse. Additionally, the registered manager had arranged a visit to the service from the optician. This allowed all people using the service to access the appointment without the need for individual appointments and lengthy trips from the service. Staff told us they worked as a key worker for each person using the service so they could identify their needs and monitor their health. This enabled them to support people to healthcare appointments and arrange

appointments or request advice for all people using the service. One staff member told us, "[Person using the service] doesn't communicate well, but we are able to identify if something is up by the way [they] react or if they are not eating."

Throughout our inspection we observed staff treat people with dignity and respect and ensure they gained people's consent when they provided care. People's relatives we spoke with confirmed staff always respected people's wishes and informed people and asked consent before delivering care and support. A staff member said, "I always ask if they mind if I help rather than just doing it. I wouldn't want someone treating me in that way." Systems were in place to ensure that, where people's capacity to make a decision was in doubt, appropriate assessments were carried out. This ensured that staff were acting in people's best interests, should the person not be able to make the decision for themselves.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

Is the service caring?

Our findings

There was a positive and caring attitude among staff at the service, and people and their relatives told us staff were kind in their approach. We observed these positive interactions throughout our inspection and staff told us that caring for and supporting people was the most enjoyable aspect of their role. A staff member said, "I love being able to help and do something for someone who can't do it for themselves."

Staff respected the choices people made and clearly understood the importance of doing so. One person said, "I choose what I want to wear every morning, sometimes I try five outfits before I choose." A staff member confirmed they supported the person with this choice. Staff also told us how they supported people to make choices in their daily life. A staff member said, "One person likes to choose their shirt and obviously people have choices for what to eat and what activities we do." People's care plans provided information about their likes, dislikes and their life history. Where possible, people had been involved in providing information for their care plan about the way in which their care should be delivered.

People's religious and cultural needs were assessed on admission and provided for although we noted at the time of our inspection that none of the people living at the service accessed any religious services or requested culturally specific meals. No one using the service used an independent advocate although the provider had access to such if required. An advocate is an independent trained professional who supports people to speak up for themselves.

People and their relatives told us they were treated with dignity and respect by staff. One person's relative said, "All residents are treated the same [with dignity], they get the same treatment, it's good treatment." We observed that staff were polite and respectful when speaking with people and gave them space when it was apparent they wished to be left alone. The staff we spoke with clearly described the ways in which they would ensure a person's privacy was maintained whilst carrying out any personal care. One member of staff told us, "I always make sure I knock before I enter the room and ensure [people] are covered if I'm doing personal care." Where necessary, there was clear information in people's care plans about any personal care to be carried out and how this should be done. This took into account people's wishes and preferences.

The provider had effective systems in place to ensure people's personal data was protected and their confidentiality was maintained at all times.

People were encouraged and supported to maintain independence. We saw that one person made their own drinks and breakfast and that people were encouraged to carry out small tasks themselves. For example, a staff member told us, "After we've done laundry, I'll ask the person help me fold and put their clothes away. It's good because we get time to chat together as well as it is promoting their independence."

People's relatives told us they could visit without restriction and were always made to feel welcome. We saw that people and their visitors could have privacy if requested. A relative told us, "There are no restrictions on visiting at all. [Registered manager] has always had an open-door policy."

Is the service responsive?

Our findings

People and their relatives told us they were happy with the care they received and that it was responsive to their or their family member's needs. One person's relative told us, "[Relative] always gets the activity, occupation and care they need and staff make sure nothing upsets them."

Each member of staff worked as a nominated 'key worker' for a specific person using the service. This meant that staff had very good knowledge of people's individual needs and ensured these were met. A staff member told us, "It's like a family here, we all have one resident to look after so we get to know them really well." We noted an example where a person using the service had lost weight. As the person required a special diet, staff made a referral to the dietician for advice and guidance on the most appropriate foods to meet the person's dietary requirements whilst ensuring they maintained a healthy weight. This meant that the person received care that was responsive and personalised following the best professional guidance.

People's care and support needs were recorded in care plans including clear guidance to allow staff to meet these safely and effectively. Daily records confirmed the care and support was provided to people as per their agreed care plan. The care plans we reviewed were detailed and very person centred giving the reader a detailed understanding not only of the person's care and support needs, but also their likes and dislikes and life and family history. We found the care plans offered in depth, detailed advice to staff on supporting the person to live a fulfilled life as well as meeting their support needs. We found that care plans were regularly reviewed with the involvement of people and their relatives and that information was presented in an accessible format. People's relatives we spoke with confirmed they were involved in reviews of the care and support of their loved one. Staff told us they found the care plans very helpful in ensuring they provided care that was responsive and met people's needs. A staff member said, "They are very useful, if I'm not sure of something I can just go to the section I need and the information is there."

There were a range of activities available for people who used the service. We observed staff assisting people to participate in activities including card games. People's relatives we spoke with told us they thought their loved ones enjoyed joining in the different activities offered. One person's relative said, "[Registered manager] always ensures everyone has the occupation and activities they need." We saw that one person had enjoyed building models prior to living at Camellia House. Staff provided model kits of airplanes and assisted the person to build these which they greatly enjoyed.

There was a clear complaints procedure in place and the people and relatives we spoke with knew how to complain if they needed to. One person's relative said, "I don't think we've ever had cause to complain, but we'd be more than happy to if needed." Staff were aware of the complaints procedure and how to support people to raise an issue if required.

Everyone we spoke with told us they could and would go to the registered manager or a member of senior staff if necessary. People and their relatives were provided with a copy of the complaints procedure when they first started to use the service and it was also displayed in a prominent place in the home.

Where people had agreed, their preferences about how they wished to be supported at the end of their life were documented in their care plans. We saw that staff had received training on how to support people at the end of their life. Staff we spoke with told us they worked with people, their families and relevant health professionals to make sure people were supported to have a comfortable, dignified and pain-free death.

Is the service well-led?

Our findings

The service had a registered manager in place which met their registration requirements. The registered manager was clear about their responsibilities, they had notified us of significant events, and the last CQC inspection rating was displayed in the service. It is a legal requirement that the latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments.

The people and relatives we spoke with felt the management team and staff were approachable and that they listened to people. One person's relative said, "They (management) communicate regularly and when we visit [registered manager] always takes time to sit with us and give an update." Staff we spoke with felt the service was well led and told us the registered manager and senior staff were visible and approachable. They said there was a clear management structure in place when the registered manager was not on duty. The registered manager worked with a nurse practitioner in a consultancy role who was well known to the service to provide support and guidance to staff and people using the service in their absence. A staff member told us, "We've all got [consultant's] number. If ever we need anything we can just call them." A second staff member said, "[Consultant] is always available and very supportive."

Staff we spoke with understood their roles and responsibilities and told us the management team led by example. They felt supported, and the registered manager and consultant listened to their views and ideas. Staff told us they received individual supervision and found this very helpful. They were aware of the whistle blowing policy at the service, and would feel confident to use this should they need to.

The management team also carried out a series of audits on a regular basis to assure themselves of the quality of the service. The audits gave the registered manager and provider's quality assurance team effective oversight of the quality of the service. We noted that care plans were audited every six months or when a person's needs changed. The provider also carried out regular audits of staff medicines competency, health and safety, infection prevention and control and staff files. This shows the registered manager continually worked to reduce the risks to people and improve the quality of the service.

The registered manager ensured that regular staff meetings were held. We saw records of these which showed staff could be open and raise issues for discussion and these were acted on. For example, a staff member suggested a change of venue for community trips out as they had visited the same place many times. We saw that this was changed. A staff member told us, "We have staff meetings about once a month. They are good and [registered manager] always listens to us all." All staff also added that they had raised issues directly with the registered manager in the past and these had been addressed.

The registered manager had attempted to hold regular relative and resident meetings although due to the size of the service these had not been well attended. The registered manager developed a satisfaction survey which was sent to all people and their relatives. The feedback from this was overwhelmingly positive with people expressing their satisfaction with the service. Comments seen included, 'Everyone is so supportive', 'I am very satisfied with everything', 'Very good and excellent care at Camellia House' and 'I am

content with everything'.

Effective systems were in place to ensure the service and all equipment used was safe and well maintained. We noted the provider carried out regular safety monitoring including fire safety checks, legionella monitoring and gas and electrical safety checks.