Camelot Care Homes Limited

Camelot Care Homes Ltd

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Camelot Care Homes Ltd provides accommodation with nursing and personal care for up to 57 older people, some of whom have dementia. At the time of our inspection 48 people were resident in the home. Five of the beds were for people to stay for a short period of 'intermediate care'. This gave people the opportunity to regain their independence after leaving hospital before returning home, for example after an injury or planned surgery.

This inspection took place on 17 August 2017 and was unannounced. We returned on 18 August 2017 to complete the inspection.

There was a registered manager in post at the service. 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 and associated Regulations about how the service is run.

At the last inspection in May 2016 we found medicines were not always managed in ways that protected people or were safe. At this inspection we found the registered manager had taken action to address these concerns and ensure medicines were managed safely. People received support to take the medicines they had been prescribed and staff kept good records of medicines they supported people to take. Medicines were stored securely.

At the last inspection in May 2016 we found people did not always have a care plan in place and people received personal care at times that did not suit them. At this inspection we found the provider had taken action to address these concerns. The provider had reviewed the care plans in place for people. People had a care plan which was personal to them. The plans included information on maintaining health, daily routines and goals to maintain skills and maximise independence. Care plans set out what people's needs were and how they wanted them to be met.

Although the provider had taken action to address the issues we found at the last inspection, we found further shortfalls at this inspection.

The home was not clean and action was needed to control the risk of cross infection. Bathrooms, shower rooms and toilets in both wings of the home had not been effectively cleaned. Equipment had not been maintained in a good state of repair, which increased the risk of cross infection.

During the inspection we found an area of the home that was unsafe. A window on the first floor of the home had a broken pane of glass. This had left the window with exposed sharp edged glass, which was accessible to people using the service. Staff were not able to tell us when the window had been broken. Action had been taken to board up the broken window by the second day of the inspection.

The service had audit and quality assurance systems in place. However, these systems were not effective and had not ensured shortfalls in the home were identified quickly and action taken to resolve them. This is the third inspection we have completed since the service was registered. At each of these three inspections we have identified breaches in the regulations and told the provider improvements were needed. The provider had taken action to address the specific issues we have raised on the two previous occasions. However, on each subsequent inspection we have identified different breaches of regulations. The provider did not have effective systems to assess, monitor and improve the quality and safety of the service being provided.

We received mixed feedback from people about the quality of food. Some people were very complimentary about the choice and quality of meals. However, some people did not receive support to meet their dietary needs or preferences.

People told us staff treated them well and they felt safe living at Camelot. People said there were usually enough staff available to provide care for them when they needed it and most staff understood their needs. Comments included, "They have worked so hard to meet my needs" and "We get what we need".

Systems were in place to protect people from abuse and harm and staff knew how to use them. Staff were appropriately trained and skilled. They received a thorough induction when they started work at the service. They demonstrated a good understanding of their roles and responsibilities.

People were confident that they could raise concerns or complaints and they would be listened to.

We received positive feedback from a social care professional about the way the service worked with them to meet people's needs.

We found continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see details of the action we took in the main section of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe.

The home was not clean and action was needed to control the risk of cross infection.

One area of the home was not safe, due to broken glass. The maintenance systems had not ensured unsafe areas were identified and repaired promptly.

Staff recruitment procedures were not always followed and some staff were not thoroughly checked before they started work in the home.

There were sufficient staff to meet people's needs and systems were in place to ensure people were protected from abuse.

Is the service effective?

Requires Improvement

The service was not always effective.

People were not always supported to follow their dietary needs or preferences.

Staff had suitable skills and received training to ensure they could meet the needs of the people they supported.

People's health care needs were assessed and staff supported people to stay healthy.

Staff recognised when people's needs were changing and worked with other health and social care professionals to make changes to their care package.

Is the service caring?

Good

The service was caring.

People and their relatives spoke positively about most staff and the care they received. We observed that staff were caring in their contact with people.

People were supported to maintain and develop skills to maximise their independence.

Staff provided care in a way that maintained people's dignity and upheld their rights. Care was delivered in private and people were treated with respect.

Is the service responsive?

Good

The service was responsive.

People had a care plan which was personal to them. The plans included information on maintaining health, daily routines and goals to maintain skills and maximise independence.

People told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

Is the service well-led?

Requires Improvement

The service was not well led.

The quality assurance systems were not effective and had not ensured shortfalls in the home were identified quickly and action taken to resolve them.

The provider had not ensured the service met the requirements of relevant regulations.

Staff felt they received good support from the registered manager.

Camelot Care Homes Ltd

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 17 August 2017 and was unannounced. We returned on 18 August 2017 to complete the inspection.

The inspection was completed by two inspectors. We reviewed the Provider Information Record (PIR) before the inspection. The PIR was information given to us by the provider, which enabled us to ensure we were addressing potential areas of concern. We also looked at the notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We received feedback from a social care professional who had contact with the service.

During the visit we spoke with 12 people who use the service, two relatives, seven staff and the registered manager. We spent time observing the way staff interacted with people and looked at the records relating to care and decision making for seven people. We also looked at records about the management of the service.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in May 2016 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not always managed safely. At this inspection we found the provider had taken action to address these concerns and medicines were managed safely.

Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. A medication administration record had been fully completed. This gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this. There was a record of all medicines received into the home and disposed of. Where people were prescribed 'as required' medicines, there were protocols in place detailing when they should be administered. These procedures had been followed before people were supported to take 'as required' medicines. People told us staff provided good support with their medicines, bringing them what they needed at the right time. People also told us they were able to have painkillers when they needed them.

The home was not clean and action was needed to control the risk of cross infection. Bathrooms, shower rooms and toilets in both wings of the home had not been effectively cleaned. Equipment had not been maintained in a good state of repair, which increased the risk of cross infection.

The shower room on the first floor of Comilla wing had a shower chair with a tear in the vinyl seat cover, exposing the foam and wooden frame to shower water and bodily fluids. The wheels of the shower chair were visibly dirty with sticky dust and grime. The flooring of this shower room had a crack by the toilet, enabling the flooring to soak up bodily fluids. The shower room had a wooden radiator cover, which had soaked up liquid, expanded and broken apart. This exposed the absorbent wood to bodily fluids and shower water. A venetian blind in this shower room was broken and visibly dirty, with sticky dust. The exposed absorbent surfaces in this room meant it was not possible to clean it effectively and increased the risk of cross infection.

A toilet on the first floor of Comilla wing was found to be soiled and blocked with faeces at 9.30am on the first day of the inspection. The toilet brush was soiled with faeces and toilet paper. The toilet was still blocked and in the same state when we checked again at 12.30pm. By 4.15pm the toilet had a note placed on the seat asking people not to use it, but it was still soiled and blocked with faeces. The floor of this toilet room had vinyl tiles which did not fit, visibly exposing the wooden floor board by the toilet to spilt bodily fluids. The exposed absorbent surfaces in this room meant it was not possible to clean it effectively and increased the risk of cross infection.

The bath in the bathroom on the first floor of Comilla wing had no hot tap and was dirty, with a dust residue in the bath. There was a build up of lime scale on the bottom of the bath. The bin in this room did not have a bag in it, exposing the bin to the contents. The toilet seat in this room was loose and the surfaces of soap and paper towel dispensers were visibly dirty.

The bathroom on the ground floor of Comilla wing had wooden casing at the back of the toilet, which had absorbed liquid and expanded. This exposed absorbent surfaces to bodily fluids. We found a soiled washing up bowl in a cupboard under the sink in this room. Staff did not know what the bowl had been used for, but disposed of it when we pointed it out to them. A hoist in this room had dirt and dust residue on the base and the sink was dirty. The surfaces of soap and paper towel dispensers were visibly dirty. The exposed absorbent surfaces in this room meant it was not possible to clean it effectively and increased the risk of cross infection.

The bathroom on the first floor of Countess wing had a hoist that was visibly dirty on the base and foot rest. Staff had signed to state they had cleaned this equipment every day until the day before the inspection. There was a venetian blind that had a sticky dirt and dust residue on it. The window and frame had large cobwebs and dirt on them. There was no seat on the toilet in this room.

The bathroom on the ground floor of Countess wing had a bin with no bag. This bin was used for the storage of used incontinence pads and used personal protective equipment, such as gloves that had been used when supporting people with intimate personal care. The lack of a bag exposed the bin to contaminated products that required disposal in a clinical waste collection. This room had a blind on the window that had sticky dirt and dust residue. The walls of this bathroom were stained and dirty.

Bed rails in two bedrooms had cracks in the vinyl covering, exposing the foam cushioning to bodily fluids. The bedrails were used for people who received some of their personal care in bed and who were incontinent of urine and faeces. The cracks meant it was not possible to clean the bed rails effectively and increased the risk of cross infection.

The home had trolleys to collect laundry which included a section for laundry that was soiled, for example as a result of incontinence or other spillages of bodily fluids. On the first floor of Comilla wing we saw that a bag of soiled laundry had been placed on top of this trolley, rather than in the correct storage bin. This exposed the surrounding area to the soiled laundry and increased the risk of cross infection.

On the second day of the inspection we showed the registered manager the areas we were concerned about. The registered manager said the home had a vacancy for a member of housekeeping staff, which had caused difficulties in keeping the home clean. The registered manager said she was in the process of recruiting new housekeeping staff.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we found an area of the home that was unsafe. On the first day of the inspection, we found a window on the first floor of Comilla wing that had a broken pane of glass. Half of the glass had fallen out of the window onto a sloping roof below. This had left the window with exposed sharp edged glass, which was accessible to people using the service. Staff were not able to say how long the window had been broken or what action was being taken to repair it. We brought this to the attention of the senior nurse on duty, who took action to ensure the window was boarded up until the glass was replaced. On the second day of the inspection we spoke with the registered manager about the broken window. The registered manager was not aware when the window was broken or what action had been taken by staff to keep people safe. On the second day of the inspection the broken pane of glass was still on the sloping roof below the window. It was directly above a fire exit from the ground floor. There was a risk that the glass could fall from the roof, injuring a person below. The glass was removed from the roof during the second day of the inspection.

This was a breach of Regulation 12 (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said they sometimes had difficulty communicating with some staff due to their English language skills. During the inspection we spoke with two members of care staff who found it difficult to understand some of our questions. These staff did understand key information about people's needs, but found it difficult to respond to wider questions or engage in a discussion. We discussed this with the registered manager, who confirmed they were supporting these staff to develop their language skills, including supporting them to attend courses at a local college. The registered manager said she always interviewed prospective new staff herself, but found people's language skills were sometimes different when they were working and providing care for people. The registered manager said she was changing the recruitment process to ensure staff language skills were suitable before they started work in the home.

We inspected the records for three staff recruited in the previous six months. The service completed Disclosure and Barring Service (DBS) checks for staff and contacted previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. The provider also checked that nurses employed in the home had a valid registration with the Nursing and Midwifery Council. However, the provider had not always obtained a full employment history for staff, giving detail of where they had worked and any gaps in employment. Of the three staff files we inspected, two did not have complete details of their employment history. Without this information the provider was not able to ensure they were aware where staff had worked previously and had a satisfactory explanation for any gaps in their employment. The registered manager said the lack of this information was an oversight and this was information that was usually obtained when staff were recruited. The registered manager said she would review the records with staff to ensure any gaps were explained.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risk assessments were in place to support most people to be as independent as possible, balancing protecting people with supporting people to maintain their freedom. Assessments included, for example, information about how to support people to minimise the risk of falls, risks associated with the use of bed rails, maintain suitable nutrition and to minimise the risk of developing pressure ulcers.

However, we found the service did not always ensure the risks people faced were highlighted to staff as soon as they moved into the home. One person had moved into the home two days before the inspection. An assessment completed by their social worker identified they were at high risk of falls, a high risk of pressure ulcers and needed some support regarding mental health issues. There were no plans in place setting out how staff should support this person to manage these risks. This person had not been included on the home's handover sheet. This was a sheet used to update staff on people's needs and changes in the care they needed. Care staff we spoke with were not aware of this person's specific needs, or the risks they faced. The nurse we spoke with was aware of the person's needs and said they would ensure details were added to the handover sheet.

Another person had moved into the home nine days before the inspection. The person was at high risk of pressure ulcers and had a care plan in place, setting out how to manage the risks. However, the person had not been included on the handover sheet, to ensure all staff were aware of their needs. Staff we spoke with were aware of this person's needs, but the lack of information on the handover sheet increased the risk that new or temporary staff would not receive this information.

Following the inspection the registered manager sent us an updated version of the home's handover sheet. This demonstrated that the missing information had been added, ensuring all staff had key information about the risks people faced and how to manage them.

People told us staff treated them well and they felt safe living at Camelot. People said there were usually enough staff available to provide care for them when they needed it. We were told staff came quickly when they used their call bell, although two people told us they would like to have a shower or a bath more frequently. One person said, "I would like to have had a bath more often, but they're busy". During the inspection we observed staff responding promptly to call bells and verbal requests for assistance. Staff appeared calm and were not rushed.

Staff told us the staffing levels were sufficient and they were able to provide the care people needed. The registered manager completed a weekly assessment of people's needs to help determine the levels of staff that were needed. The registered manager said she was able to amend staffing levels if necessary, where she assessed it was necessary to meet people's needs. Examples included providing one to one staffing to meet people's specific needs, including support in the home for one person and enabling another person to go out with family members.

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify allegations of abuse and respond appropriately. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report abuse if they were concerned and were confident the registered manager or provider would act on their concerns. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with. The registered manager had worked with the safeguarding team to address concerns that had been raised.

Requires Improvement

Is the service effective?

Our findings

One person did not receive support to follow their specific dietary needs and some people were not given choices regarding their food. One person was assessed to be lactose intolerant. The person had specific milk available to make drinks with. However, staff did not offer the person non-dairy alternatives to items on the menu. The person told us they had eaten ice-cream, soups that had been fortified with cream and custard made with milk. The person said they were not offered alternatives to these foods. The person told us this was starting to effect their digestive system.

Another person told us they had asked for fish and chips, but had been given fish and mashed potato. The person did not need to follow a softened diet and told us, "I was looking forward to those chips". The person also said the food was sometimes cold, which they didn't like. During lunchtime we observed staff put tomato sauce on scrambled egg for one person, without asking whether they wanted it. We also observed one person who said they didn't want the main meal of liver and onion. A member of staff told the person this was what they had chosen the previous day and said they should eat it as it was "good for you". The person was not offered an alternative meal.

Other people told us they enjoyed the food and had a choice of different meals. Comments included, "The food is generally good. There's a choice of meals and generally there is something I like"; and "The food is excellent. There's always a choice and it's very well cooked". We observed staff providing good support for people who needed help to eat. Staff sat with people, explained what the food was and ensured people were ready to eat and in a good position before offering them a spoon of the food. People's care plans contained details of the texture of food people were assessed to need. This information was also included on the home's handover sheet, which helped to ensure staff were given up to date information.

Staff told us they had regular meetings with the registered manager to receive support and guidance about their work and to discuss training and development needs. We saw that these supervision sessions were recorded and the registered manager had scheduled regular meetings with all staff throughout the year. The aim was to provide staff supervision sessions every two months. The registered manager told us she preferred to meet with all staff herself, so she had a good understanding of how staff were and what was happening in the home. The registered manager said she did not get such a good understanding if the responsibility for staff supervision was delegated.

Staff said they received good support and were able to raise concerns outside of the formal supervision process. Staff said the registered manager listened to them and took action to resolve issues they raised. Established staff had an annual appraisal of their performance. This set out areas where they had worked well and identified any training needs and areas for development.

People told us most staff understood their needs and provided the care they needed, with comments including, "They have worked so hard to meet my needs" and "We get what we need".

We spoke with a visiting social care professional, who told us the service worked well with them to meet

people's needs. They gave examples of staff working with them and other health professionals to set boundaries with one person to manage behaviour and making arrangements for specific support for another person.

Staff told us they received regular training to give them the skills to meet people's needs. The training was specific to the needs of people using the service and included classroom and on-line courses and observation of practice. The nurses told us they were able to keep their clinical skills up to date and undertake professional development. Care staff were supported to undertake the health and social care diploma. This is a national qualification which is externally assessed to ensure candidates have demonstrated their knowledge and skills. The registered manager had a record of training staff had completed and used this to plan the training timetable. The registered manager addressed individual issues with people where additional training was identified as necessary

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 legally authorised under the MCA. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

Applications to authorise restrictions for some people had been made by the registered manger. Cases were kept under review and if people's capacity to make decisions changed then decisions were amended. Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity. Capacity assessments had been completed and best interest decision making processes had been followed, for example in relation to people receiving constant staff supervision and receiving their medicines. Decisions had been made with input from relatives, people's GP and social workers.

Good

Is the service caring?

Our findings

People told us they were treated well and staff were caring. Comments included, "I have been blown away by the care", "[The staff are] all very nice" and "The staff are kind. They look after me so well I'm not sure I want to go home". We observed staff interacting with people in a friendly and respectful way. Staff responded promptly to requests for support, for example if people used their call bell or called out for staff.

Staff supported people to maximise their independence and maintain or develop the skills to do this. Staff worked closely with occupational therapists and physiotherapists and specialist nurses to provide support for people. This was a particular focus for people receiving intermediate care, supporting them to move back home where possible and live independently. People's care plans contained details of the support they needed to regain skills needed to live independently.

Apart from a lack of information in handover records for two people who had recently moved into the home, staff had recorded important information about people. This included personal history, plans for the future and important relationships. People's preferences regarding their daily support were recorded. Staff demonstrated a good understanding of what was important to most people and how they liked their support to be provided, for example people's preferences for the way staff supported them with their personal care needs.

People and those who knew them well were supported to contribute to decisions about their care and were involved wherever possible. Details of these reviews and any actions were recorded in people's care plans. The service had information about local advocacy services and had made sure advocacy was available to people. This ensured people and their relatives were able to discuss issues or important decisions with people outside the service.

The social care professional we received feedback from said the service had provided good support to a person whose relative was dying. Staff had supported the person to visit their relative in hospital and to make funeral arrangements.

Staff received training to ensure they understood how to respect people's privacy, dignity and rights. This formed part of the skills expected from care staff and was assessed as part of the registered manager's observations of practice. People told us staff treated them with respect.

Staff described how they would ensure people had privacy and dignity when providing personal care, for example ensuring doors were closed and not discussing personal details in front of other people.

Good

Is the service responsive?

Our findings

At the last inspection in May 2016 we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people did not always have a care plan in place and people received personal care at times that did not suit them. At this inspection we found the provider had taken action to address these concerns.

Since the last inspection the provider had reviewed the care plans in place for people. People had a care plan which was personal to them. The plans included information on maintaining health, daily routines and goals to maintain skills and maximise independence. Care plans set out what people's needs were and how they wanted them to be met. One page profiles had been developed with people, setting out the key information that staff needed to be able to get to know the person and understand their needs. This gave staff access to information which enabled them to provide support in line with people's individual wishes and preferences. The plans were regularly reviewed with people and we saw changes had been made following people's feedback. People told us staff respected their choices and most said they received care at times that suited them. Two people told us they would like to have a bath more frequently. We fed this information back to the nurse who said they would make arrangements for this to happen.

People told us they were able to keep in contact with friends and relatives and we saw visitors were made welcome in the home. Most people we spoke with said they could take part in activities they enjoyed, with examples of group and individual activities. The home was holding a summer fete on the day following the inspection and preparations were being made for the event. One person told us they had knitted a number of soft toys for a stall and a relative said they had brought items in for the raffle. People said they were looking forward to the fete.

During the visit we observed people socialising, watching television programmes and listening to music. There was a programme of organised group activities, with events including trips out to local places of interest, crafts and visiting entertainers. People spent time socialising in one of the dining rooms after lunch, with some people singing to entertain others and animated discussions taking place.

People said they were confident that any concerns or complaints they raised would be responded to and action would be taken to address their problem. People told us they knew how to complain and would speak to the registered manager or one of the nurses if there was anything they were not happy about. Comments included, "I would speak to the staff if I had any concerns" and "I have no concerns. I would talk to the nurse if there was a problem". The registered manager reported that the service had a complaints procedure, which was provided to people when they moved in. The procedure was also displayed on a notice board for people to access. Complaints were monitored each month, to assess whether there were any trends emerging and whether suitable action had been taken to resolve them. We saw that complaints had been investigated and a response provided to the complainant, including an apology where appropriate. Staff were aware of the complaints procedure and how they would address any issues people raised with them.

Requires Improvement

Is the service well-led?

Our findings

The service had audit and quality assurance systems in place. However, these systems were not effective and had not ensured shortfalls in the home were identified quickly and action taken to resolve them.

Audits had been completed of the environment and the registered manager had asked an infection control nurse to assess some aspects of the service. The infection control nurse visited the service in April 2017 and made recommendations regarding removal of lime scale from baths and improvements to the décor in bathrooms. Prior to the infection control nurse visit, the home had completed an infection control audit in March 2017. This audit had not identified any areas of concern and gave the service a score of 100%. No other infection control audits were available to demonstrate action taken following the visit by the infection control nurse.

A visit to the service was completed by a director of Camelot Care Homes Limited on 10 August 2017, a week before this inspection took place. The report of this visit did not identify any issues with the cleanliness of the home. The report did not identify that maintenance or replacement was needed for fixtures in the bathrooms, shower rooms and toilets such as radiator covers, floor coverings and shower chairs. The report did not identify that areas of the home were dirty, particularly surfaces, blinds and equipment in the bathrooms, shower rooms and toilets. The visit by the director of Camelot Care Homes Limited was not effective at identifying shortfalls in the way the service was operating and ensuring action was taken to address any issues.

Camelot Care Homes Limited has been registered to provide the service since January 2015. This is the third inspection we have completed since the service was registered. At each of these three inspections we have identified breaches in the regulations and told the provider improvements were needed. The provider had taken action to address the specific issues we have raised on the two previous occasions. However, on each subsequent inspection we have identified different breaches of regulations. The provider did not have effective systems to assess, monitor and improve the quality and safety of the service being provided.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager in post at Camelot Care Home. The registered manager had clear values about the way care should be provided and the service people should receive. These values were based on providing high quality care for people and supporting people to regain their independence where possible. Staff valued the people they cared for and were motivated to provide people with high quality care. The registered manager told us she attended regular learning and development events outside of the service to keep up to date with current best practice.

Care staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. Staff said the registered manager gave them good support and direction. Comments from staff included, "I'm confident [the registered manager] will deal with any issues" and "[The registered

manager] listens to us. We're not scared to go to her with any issues".

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There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the service and how they expected staff to work. Staff also reported that they were encouraged to raise any difficulties and the manager worked with them to find solutions.

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 The provider had not ensured the premises was safe to use. Regulation 12 (2) (d).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had not ensured the premises and equipment used was clean and hygienic. Regulation 15 (1) (a) and (2).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not ensured recruitment procedures were operated effectively and staff were thoroughly checked before they started work in the service. Regulation 19 (2) and (3).

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems to assess, monitor and improve the quality of the service provided. Regulation 17 (2) (a).

The enforcement action we took:

We served a warning notice on the provider.