

# Larchwood Care Homes (South) Limited

# Cameron 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

### About the service

Cameron House is a residential care home providing personal and nursing care to 33 people aged 65 and over at the time of the inspection. The service can support up to 44 people.

Cameron House is one building set over two floors. There are two double bedrooms with the rest being single rooms. All rooms have ensuite toilet and hand basin facilities.

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

People and relatives told us staff were caring and respectful. They said staff were very dedicated and organised. Relatives spoke highly of the registered manager and deputy manager and said the communication with service was good.

The mealtime experience was positive. People chose where they wanted to dine. Staff were attentive to people's needs and offered choice of meals and beverages. Staff were patient and treated people with dignity.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service had an activities co-ordinator who provided a varied programme of activities. On the day of the inspection, there was an entertainer who visited the service regularly. People were enjoying the singing and we observed staff interacting in a positive way with people.

Staff had received infection control training. The service was clean, tidy and odour free. Personal protective equipment was available to staff and we observed staff following infection control procedures.

Medicines were stored safely. Medicine stock and administration records reviewed were found to be correct, demonstrating people received their medicines as prescribed.

People had access to health and social care professionals. One professional told us that communication with the service was good and the staff were caring.

The registered manager had made improvements since the last inspection. They were enthusiastic and passionate about the service and maintaining standards of care. Audits were carried out by the registered manager and the area manager who visited regularly.

Safe staff recruitment process was followed, which included an induction programme and staff completed the Care Certificate. Staff received training through on-line and face to face sessions for practical courses.

Staff meetings were held, and staff told us they felt supported by the registered manager.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 13 March 2019) and there were two breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about this service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

Details are in our safe findings below

### Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good 

The service was well-led.

Details are in our well-Led findings below.

# Cameron House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector who attended on both inspection days. An Expert by Experience assisted with the inspection and attended on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Cameron House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced on 27 February 2020 and announced on 04 March 2020.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with nine people who used the service and four relatives about their experience of the care provided. We spoke with 12 members of staff including the area manager, registered manager, deputy manager, senior care workers, care workers, activities co-ordinator, maintenance, cook and head chef. 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 reviewed a range of records. This included four people's care records and multiple medication records and care notes. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection, people's care and support needs were not provided in a safe way and risks to people were not recorded. Medicine practices and procedures were not always followed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspections there were concerns around the secure storage of medicines and people's profiles lacked detail. At this inspection we found improvement in the management of medicines.
- There was medicine storage on both floors of the building, and we checked both medicine rooms and medicine trolleys.
- There was a robust checking system in place and medicines were tallied when they were given and when we checked, they all tallied. The medicine administration records (MARs) were completed correctly and signed which demonstrated that medicines were given as prescribed.
- 'As required' or PRN (pro re nata) medicine protocols were clearly written and contained sufficient detail for staff to follow.
- We observed staff administering medicines safely, following correct administration procedures.

### Assessing risk, safety monitoring and management

- At the last inspection it was highlighted that a dual purpose 'jack plug' was not available for use with the alarm mat and call bell for one person, which meant only one appliance could be used at a time. This was rectified immediately, and we saw there were facilities to have both appliances working at the same time.
- Pressure area care was noted at the last inspection as requiring improvement. We saw that people being cared for in bed were assessed for skin integrity and air flow mattresses were in place. We saw that people who were required to be turned regularly were attended to and this was documented.
- Each person had a booklet which contained one week of care notes. The senior staff checked recordings and signed each book at the end of the day.
- Risk assessments for individual areas of care were conducted and documented in each person's care plan.
- Quality assurance audits were completed by the registered manager. There was oversight by the area manager who conducted their own monitoring visits.
- Environmental health & safety checks were conducted by the maintenance team. We were unable to review the late January and February entries for health and safety checks as they were recorded on a new computerised system which we could not access. We reviewed checks for early January and a selection from

the previous year, and they had been completed. We discussed this with the registered manager as a concern as it would be difficult to monitor and compare outcomes from month to month. Since the inspection, the registered manager had discussed our concerns with the area manager and the provider was arranging for the audit outcomes to be made available on-line.

- Utility checks including electricity, legionella testing, and specialist equipment checks were completed with certificates on file.

#### Staffing and recruitment

- Staffing levels were raised as a concern in the last report. The rotas we reviewed showed consistency with staffing numbers and were adjusted in line with dependency. The registered manager told us they had enough staff to meet the needs of the number of people living at the home at the present time.
- There were mixed views from people and relatives regarding staffing levels and response times to call bells. One person told us, "I do have to use my alarm, I don't wait long. There is enough staff." Another said, "There is enough staff now, it wasn't great a year ago, but it has improved." In contrast, one person said, "There definitely is not enough staff" and one relative told us, "There is not enough staff, but you could always do with more."
- We spoke with the registered manager about call bells and call bell response times. They told us the system highlighted if there was a delay in staff responding to call bells and call bell response times were audited. We also spoke with members of the night staff team, who told us they have enough staff on duty to meet people's needs and they answered call bells promptly.
- Personnel files demonstrated safe recruitment procedures. The necessary checks to ensure staff were suitable to work with vulnerable adults were completed.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe using the service. One person said, "Oh, I definitely feel safe, oh yes."
- Staff had received training in safeguarding and those spoken with recognised types of abuse and were confident to report any concerns to the management team.
- The registered manager was aware of how to raise a safeguarding alert notification in the event of an allegation of abuse.
- The service had a safeguarding policy and procedure in place and a separate whistle blowing policy.
- The notice boards in the entrance and corridors contained posters and information about how to raise a concern and details of professional organisations to contact.

#### Preventing and controlling infection

- Staff had undertaken infection control training and were aware of how to minimise risk of cross infection.
- The service provided personal protective equipment (PPE) including gloves and aprons. A size range of gloves were available from the dispensers which were easily accessible.
- The laundry was clean and tidy. The multi-linen bag trolley allowed the staff to separate soiled and unclean linen. We saw that clothes were ironed and put into named baskets and taken to people's rooms in the afternoon.
- We viewed the sluice rooms and found them to be clean with the appropriate clinical waste pedal bins.

#### Learning lessons when things go wrong

- Systems were in place for shared lessons learned from incidents and complaints through staff handovers and staff meetings.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed holistically for their needs. Care plans were person-centred, providing guidance to staff on how to support people in line with legislation and current care practices.
- People were empowered to make choices. We observed people being offered choice throughout our visit for example in relation to meals and beverages and with activities. One person told us, "I choose what time I get up." Others said, "They [staff] let me make my own decisions" and, "I go to bed when I want to."

Staff support: induction, training, skills and experience

- Staff received an induction when they were first employed at the service. All staff completed the Care Certificate which is an identified minimum set of standards that sets out the knowledge and skills expected of specific job roles in health and social care.
- Training was completed on-line with some courses conducted face to face such as moving and handling and basic first aid. Staff were positive about the training and told us the registered manager reviewed the training record every week and notified them when their refresher courses were due.
- Staff told us they were supported with their career development. Some of the care staff followed the senior care assistant programme to develop skills to enable them to confidently undertake a more senior role. One staff member said, "The training is good, they are supporting me" and, another said, "I love it here. I have been supported to undertake my senior training."
- Staff received regular supervisions and annual appraisals.

Supporting people to eat and drink enough to maintain a balanced diet

- The head chef focused on a new menu to meet people's nutritional needs whilst providing variety and choice. They told us they discussed dietary requirements for individuals with the registered manager. The service catered for specialised diets, including pureed meals which were presented in an appealing way.
- People chose where they wished to dine. The dining room tables were pleasantly laid with central flowers, condiments, serviettes and placemats.
- People were offered a choice of meals. People's dignity was observed. We saw one staff member cutting up a person's food at the hot trolley and then taking it to the table rather than performing this task at the table in front of others.
- The kitchen was clean, tidy and well organised. We saw that the routine checks were completed.
- The meal looked appetising. Beverages were served throughout the day. Night staff told us they had access to a variety of light foods during the night if people required something. People told us, "I always have my meal in the room" and, "The food is good, they have always got tea and coffee on the go."

- We observed staff supporting those who required assistance. We checked the care notes and they had been completed, recording food and fluid intake.

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live healthier lives, access healthcare services and support

- The service worked closely with health and social care professionals. We spoke to a visiting health professional who told us they found the staff to be caring and engaging. They said the communication with the service was good and they referred people in a timely manner.
- Staff supported people to attend outpatient appointments, including dentist, optician and audio clinics. Comments from people confirmed this. One person said, "I have a nurse visit three times a week." Others said, "They do call the doctor if needed" and, "The nurses who come in are perfectionists, they check me from top to bottom."

Adapting service, design, decoration to meet people's needs

- Areas of the environment were dementia friendly such as the coloured bedroom 'front door' designs, contrasting coloured handrails in the corridors and pictures on the entrances of communal areas which identified the room.
- People's bedrooms were personalised, with some having brought their own bedroom furniture with them.
- The service was clean, tidy and odour free. There were housekeepers on each floor, and they followed a cleaning schedule. One relative told us, "The cleaners are brilliant, sometimes you wouldn't notice they were not care staff."

Ensuring consent to care and treatment in line with law and guidance

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 when this is in their best interests and legally authorised under the MCA. 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.

- People were assessed for their mental capacity for each area of care practices and this provided guidance for staff on how to offer choice when providing care.
- Where necessary DoLS were obtained and they were reviewed as required in a timely manner.
- Care plans identified power of attorney where applicable.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Care plans were person-centred, highlighted people's likes and dislikes. They provided guidance for staff on how to support people. People's religious and spiritual preferences were recorded.
- We observed staff giving people choice with regard meals and beverages and whether they wished to join in with activities.
- We were told people and in some cases relatives, were involved in their care planning when care plans were reviewed monthly. One relative told us, "I haven't been involved in a care plan; I don't know what one is." Another relative said, "[Name] has a care plan and we were both involved.

Supporting people to express their views and be involved in making decisions about their care

- During the inspection, we saw people enjoying song and dance activities in the lounge with the visiting entertainer. Staff interacted positively with people, adapting the activities to meet the mental capacity and ability of each person.
- People were treated as individuals. The registered manager told us about the variable activities for those living with dementia which included doll therapy and 'household tasks'. They told us that one person liked to have a duster and help with the dusting whilst another enjoyed pairing up socks from a basket of 'laundry'. We observed people enjoying these pursuits and appeared relaxed and happy.
- We observed staff treating people with kindness. People and relatives told us staff were caring, respectful and dedicated. One relative said, "They are a nice crowd here, they [staff] are respectful. A person told us, "The staff do more than they should, you can have a laugh with them, and that's what keeps you going." Another person said, "Staff are very helpful, whatever you want they are there."

Respecting and promoting people's privacy, dignity and independence

- We observed people being treated with dignity and respect. We saw privacy being observed with staff knocking on doors before entering. One person told us, "They give me a wash every day, they are very good, they always cover me up."
- People told us their independence was promoted in relation to personal care.
- During lunchtime, staff were polite and encouraging whilst assisting people to eat.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At the last inspection people's care records did not fully reflect people's care and support needs or provide enough guidance for staff on how to care for people. At this inspection care plans had been reviewed and now provided full details about all aspects of care. There was clear guidance for staff on how to meet people's needs.
- Daily records had improved since the last inspection and those we reviewed had been completed accurately.
- The service had an activity co-ordinator who provided a recreational programme for group activities and one-to-one with people who were cared for in their bedroom. The activity co-ordinator told us the activities were varied including entertainment, reminiscence, quizzes, pat dogs and pamper days. The garden had raised beds for people to carry out gardening activities more easily.
- The response from people and relatives varied around recreation and activities. One person told us, "I do the garden, water and weed it. You can't complain the staff are amazing." A relative said, "They do lots of activities, sing songs." Some people did however say they were bored at times. One person said, "Oh yes, I get bored, I do colouring." A relative told us, "[Name] doesn't get enough stimulation. They [staff] try to encourage them, they go above and beyond to accommodate [name]."
- Although there was an entertainer on one day of the inspection, we did not see any other group activities. The activities co-ordinator was working with people on an individual basis which meant there were periods in the day when there was little to occupy people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were documented in their care plan. This included how to support people with hearing aids and glasses.
- We saw staff assisting people with meals and beverages by prompting them. The daily menu on the table had pictures of the food to promote recognition.

Improving care quality in response to complaints or concerns

- The service had a complaints policy. Complaints were logged, investigated and outcomes documented.
- The notice board contained information about raising a complaint if required. One person told us, "No, I

have never complained, just niggles I have mentioned to staff. They have listened and responded." A relative told us, "There is nothing to complain about."

#### End of life care and support

- There was no one receiving end of life care at the time of inspection.
- Care plans contained a section relating to end of life wishes and the daily care notes related to aspects of personal care.
- Staff had completed palliative care training.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

At our last inspection, effective arrangements were not in place to ensure compliance with regulatory requirements to monitor the service. This demonstrated a breach of regulation 17(Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- We spoke with the registered manager and area manager, and both understood duty of candour and their legal responsibilities.
- The registered manager was positive about the provider and felt supported by the area manager who visited regularly and carried out monitoring audits. They were proactive in dealing with concerns and acted as required. Issues raised at the last inspection were addressed.
- Staff told us the registered manager was approachable. One staff member told us, "The registered manager is very good, they listen to suggestions." Another said, "The registered manager and deputy manager [named] are supportive. They do spot checks at night."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was experienced and worked closely with the deputy manager to provide united leadership. They spoke enthusiastically and passionately about the service and meeting people's needs.
- The registered manager was visible during the day, providing oversight and support to the staff. A relative told us, "The service is very good, the manager runs it well." Others said, "The manager is lovely" and, "Any problems you can go to the manager. She is lovely, amazing."
- Staff spoke with compassion when talking about the service and people they cared for. They understood their role and the standards of care that were expected of them. One staff member told us, "The people are lovely." Another said, "I love working here, it is friendly, just like a family. Everyone is easy to get on with."
- Staff meetings were held, and staff told us they contributed to the agenda and felt they were listened to.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics and working in partnership with others

- People were invited to attend meetings. Opinions and suggestions were obtained from people through

surveys as well as speaking directly to staff. Feedback about the food was gathered by the kitchen staff as either the cook or chef approach people for their views on the meal at lunchtime.

- The service had arranged relatives' meetings, but these were poorly attended. The registered manager was in the process of reviewing the advertising approach to create a more supportive network group. The registered manager had an open-door policy and in addition, held a weekly evening surgery for relatives who wished to speak directly with them.

Continuous learning and improving care

- We observed the staff handover where information about the people being cared for during one shift is passed to the staff coming on duty. We found this to be informative and staff were attentive and interactive.
- Staff told us they were supported with their career development.