

Camelot Care Homes Limited

# Camelot Care Homes Ltd

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

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

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

Since our last inspection improvements had been made in the management of medicines. People received their medicines in line with the prescriber's requirements, from staff who were trained and competent. People who were prescribed medicines to be administered 'as and when required' (PRN) had detailed care plans to guide staff when PRN medicine should be administered.

People and their relatives told us they felt safe, were well supported and there were sufficient numbers of staff providing care. Care plans and risk assessments identified people's needs and how to support them to stay safe. Infection control practices were in line with current government guidance. Staff were recruited safely and received appropriate training, relevant to their role.

The registered manager promoted a culture of learning and putting people first. Good governance arrangements were in place to help monitor the service and management acted to address any shortfalls identified. Staff felt supported by the management team and said they enjoyed their jobs. People and their relatives expressed confidence in the management team. Numerous relatives told us they would recommend the home to others. Staff communicated with health professionals when required to meet people's needs.

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 8 March 2021) and there was a breach in 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

The inspection was prompted in part due to concerns received about the management of medicines and the cleanliness of the service. A decision was made for us to inspect and examine those risks.

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

We found no evidence during this inspection that people were at risk of harm from these concerns. Please

see the safe and well led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well led which contain those requirements.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

#### Follow up

We will continue to monitor information we receive about the 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 well-led?**

**Good** ●

The service was well-led.  
Details are in our well-led findings below.

# Camelot Care Homes Ltd

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

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

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 four people who used the service and 12 relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, nurses, care workers and the chef. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two 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 the last inspection, we identified areas needing improvement. This was because medicines were not always well managed. Medicines stock did not always tally with records, and records did not always detail when people had been administered medicine. 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.

- Medicines were stored, administered and disposed of safely. Medication administration records (MAR) were accurately completed and showed people received their medicines as prescribed.
- People had a care plan in place regarding medicines. Staff followed clear guidance when giving medicines prescribed on an 'as and when required' basis (PRN).

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

- People were protected from the risk of abuse.
- Staff had a good awareness of safeguarding, could identify the different types of abuse and knew what to do if they had any concerns about people's safety.
- People and their relatives told us they felt the service was safe. One relative said, "When I visit, I can see [person] is well looked after and content."

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The service had appropriate measures in place to manage risk associated with eating, drinking, mobility and skin integrity. Care plans contained information for staff to manage risks to people's health and wellbeing.
- Relatives we spoke with praised the staff for their ability to keep their loved ones safe. One relative said, "They [staff] are doing everything possible to keep [person] safe."
- Staff showed an understanding of the risks people faced. We found risk assessments had been completed, specific to the individual, including, taking medicines, nutrition, moving and handling and pressure care.
- Information was shared across the organisation to support learning and promote good practice.
- The service recently moved to an electronic recording system. Staff used a handheld device to have

instant access to people's information to best support them.

#### Staffing and recruitment

- Staff were recruited safely. People were supported by staff who knew them well.
- The service had experienced some staffing issues but had managed this by having regular and consistent agency staff. Staff told us there were enough of them on shift to keep people safe. A staff member said, "We're [service] in a good place with permanent agency staff".
- The registered manager told us four care staff had been recruited and interviews were arranged for other vacancies in the service.
- Appropriate pre-employment checks were carried out to protect people from the employment of unsuitable staff.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

# 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.

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

- At the previous inspection [18 March 2021] we recommended the service reviewed their medicines audit process. At this inspection we saw evidence of improvements had been made.
- The registered manager told us, and records confirmed, audits had taken place so action plans could be created that identified areas of improvement.
- We reviewed accidents and incidents records and saw that where incidents occurred, there was analysis of the actions taken at the time, staff debrief and any identified training.
- Staff understood their responsibilities and what was expected of them. They told us they participated in team meetings and received supervision. This gave staff the opportunity for learning and development.

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

- The provider, registered manager, and staff demonstrated they had a clear vision and strategy to deliver high-quality person-centred care with a focus on good outcomes for people with an ethos of, "Residents first, ourselves afterwards."
- Staff commented that they all worked together and approached concerns as a team. A member of staff told us, "Camelot is a really good place. It's like a family here."
- People and their relatives expressed confidence in the management team. A relative said, "[Manager] is always on the ball, will make sure the care staff are treating you as family, rather than just a visitor. [Manager] makes me feel part of the Camelot family."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their regulatory requirements. Relevant statutory notifications had been submitted to CQC, to inform us of significant accidents, incidents, safeguarding matters and deaths.
- Throughout the inspection the registered manager was honest and open with us. Where they saw improvements were needed, they took prompt action.

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

- Daily handover meetings were held with staff to ensure they were updated with any new changes within the home.
- Relatives told us communication with staff was good, however felt the pandemic had impacted their involvement with the service. All relatives said they were happy to raise any concerns directly with the registered manager.
- Surveys were carried out to ask people and their relatives about their views on the service so the service could continually improve.
- We were shown minutes from staff meetings and staff told us they had plenty of opportunities to feedback to the registered manager through meetings, handovers and supervision meetings. A member of staff said, "We have monthly team meetings and talk about improvements to the service."

Continuous learning and improving care; Working in partnership with others

- The registered manager told us the service encouraged a culture of learning and promotes "Every day is a learning day".
- Healthcare professionals told us the staff liaised with them appropriately and acted on any advice they gave.