

Camino Healthcare Limited

Camino Healthcare West Bromwich (Cromwell 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

Cromwell 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.

Cromwell House is a care home with nursing, which can accommodate up to 14 people between two on-site buildings, one being an independent living service. At the time of our inspection 13 people were using the service. These included people with mental health difficulties.

At our last inspection in January 2016 we rated the service as 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 on-going 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.

The inspection visit took place on 10 December 2018 and was unannounced.

There was a registered manager in post who was there at the time of the inspection. 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.

People continued to receive care that made them feel safe and staff understood how to protect people from abuse and harm. Risks to people were assessed and guidance about how to manage these was available for staff to refer to and follow. Safe recruitment of staff was carried out and adequate numbers of staff were available to people. People received medicines as required.

People continued to receive effective support from staff with a sufficient level of skills and knowledge to meet their specific needs. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. People were assisted to access appropriate healthcare support and received an adequate diet and hydration.

The care people received was provided with kindness, compassion and dignity. People were supported to express their views and be involved as much as possible in making decisions. Staff supported people to have choices and independence, wherever possible. People's diverse needs were recognised and staff enabled people to access activities should they so wish.

The provider had effective systems in place to regularly review people's care provision, with their involvement. People's care was personalised and care plans contained information about the person, their needs, choices and cultural needs. Care staff knew people's needs and respected them. People could speak

openly with staff and understood how to make a complaint.

The service continued to be well-led, including making detailed checks and monitoring of the quality of the service. People and staff were positive about the leadership skills of the registered manager. We were provided with information about the service where required.

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 remained Good.

Is the service effective?

Good ●

The service remained Good

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remained Good.

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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 checked 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 unannounced comprehensive inspection was completed by one inspector on 10 December 2018.

We reviewed information we held about the service, this included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority who commission services to gather their feedback. We received a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We spoke with two people who used the service, two members of care staff, the registered manager and provider. We spent time observing how staff provided care for people to help us better understand their experiences of the care and support they received. We carried out a Short Observational Framework for Inspection (SOFI) to observe the interactions of people unable to speak with us.

We looked at two people's care records, two medicine administration records and two staff recruitment files. We also looked at records relating to the management of the service including quality checks and audits.

Is the service safe?

Our findings

At the last inspection in January 2016 the key question of Safe was rated Good. At this inspection the rating was unchanged.

One person told us, "I am safe". A relative said, "[Person] is kept very safe. The staff are very cautious in their care of [person], which is needed". A staff member told us, "Everything we do is focussed on keeping people safe". Staff told us they understood safeguarding procedures and one staff member told us, "I know how to make a safeguarding alert if I have a concern". We saw that a process was in place to address safeguarding concerns with the relevant external agencies contacted. Staff spoke to us about how they would react in the event of an emergency. One staff member said, "I would call 999 and make sure the person was safe".

We found that any risks were managed well and that detailed risk assessments were in place. Risk assessments included, but were not limited to, personal care, health and mental health, diet and nutrition, medicines and mobility. Risk assessments were updated as required. We saw that there was a fire risk emergency plan in place and each person had an individual plan in place, which gave staff directions on how best to evacuate the person in the event of an emergency. Accidents and emergency procedures were in place and these were dealt with accordingly with records kept.

People felt there were enough staff. One person said, "There are enough staff, they are really responsive to me". A relative told us, "I always see enough staff here". A staff member told us, "There are enough staff, we are always around to support people". We saw staff having time for people and some positive interactions. The staff rota reflected the amount of staff available to people during the inspection.

We found that recruitment checks included identity checks, references from previous employers and a check with the Disclosure and Barring Service (DBS) had been carried out. The DBS check would show if a person had a criminal record or had been barred from working with vulnerable adults.

People were happy with how staff supported them with their medicines. One person told us, "Yes the staff make sure I take my meds". A staff member told us, "People get their medicines when they need to, that is very important". We found that people received their medicines as required and that records tallied with medications available. Medicines were stored and disposed of safely.

One person told us, "It is clean and tidy, very hygienic". We found the environment was clear from hazards and people were protected by the systems in place for prevention and control of infection. Checks to evidence the environment was safe were completed. We saw only approved cleaning products were used. The kitchen was kept in a hygienic condition and there were no odours within the home.

Is the service effective?

Our findings

At the last inspection in January 2016 the key question of Effective was rated Good. At this inspection the rating was unchanged.

Pre-placement assessment information was in place, and this provided information on the person's needs such as mental health needs, personal care, medical care and diagnosis and wellbeing. It gave a past medical history and information on what care the person required.

Staff members told us that they received training that helped maintain their skills and that the provider was supportive of them developing their knowledge further. One staff member told us, "The training here is excellent". We saw that the training matrix evidenced training staff had completed and were due to complete. We found that staff had completed inductions and where they were new to the care sector they completed the Care Certificate as part of their induction. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of people working in the care sector. Staff told us that they felt well prepared prior to completing their first shift. A staff member told us, "I have regular supervision which is really useful. [The registered manager] is also always available at any time". We saw supervisions were recorded and included discussions around care provided to people and the staff members wellbeing.

Staff were able to speak with us about people's needs and their knowledge reflected the information held within care plans. One staff member told us, "We know that people want to live their best life and we have knowledge on how to help them".

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met and found they were. Applications for DoLS had been submitted to the appropriate authorities as required. Staff were able to tell us who the DoLS applications were for and why, with one staff member saying, "DoLS is in place where people lack the capacity to keep themselves safe and we have to take the decision for them in the correct way". Staff confirmed they had received the appropriate level of training and demonstrated they supported people in line with the principles of the MCA. One person told us, "They [staff] always ask before coming into my room or helping me". Staff told us they gained people's consent prior to any action being implemented and we saw this being carried out.

People told us that they were happy with the meals provided, with one person saying, "The food is nice, it is

something different every day and it is cooked well. The staff put a lot of effort into it. I have never had a meal here that I didn't like". A relative told us, "[Person gets enough food, staff know their appetite. They like a takeaway and can have one". A staff member told us, "People told us what food they wanted and so we did it, an example is fish and chips on Fridays". People shared with us they could have drinks and snacks as they wished and could help themselves from the kitchen.

People were supported to access the health care they needed. A person said, "The staff would get the doctor if I needed one". A staff member told us, "If someone is poorly, the staff just know and would get the GP". Care files noted ongoing support that some people required for certain conditions and we saw how staff used these instructions to support people. People attended medical appointments as required.

We found that decoration around the home was clean and tidy and people were able to move around the home freely. Homely decorations were displayed in the lounge and people kept their own belongings in their bedrooms.

Is the service caring?

Our findings

At the last inspection in January 2016 the key question of Caring was rated Good. At this inspection the rating was unchanged.

People told us they thought the staff were friendly and caring towards them. One person said, "The staff are really friendly". A relative told us, "[Person] trusts the staff and they have a lot of patience". A staff member told us, "We respect and care for everybody who lives here, that is very important". We observed positive interactions between people and staff. For example, we saw a person being encouraged to participate in a craft session and praised for the work they did.

People shared with us they were able to make their own choices and decisions and one person told us, "I choose my own items for my room, I can have whatever I want to decorate it. I choose my own food, clothing and where I want to go". A staff member told us, "This is people's home we are just here to support them, they are encouraged to make decisions". We saw people's rooms were designed to reflect their own taste.

A relative told us, "Staff encourage [person] to be as independent as possible, they support them to get change when they buy things from the shop and to tidy after themselves". Care plans gave information on how independent a person could be and what they were able to do. We saw people encouraged to use the kitchen as they wished, with one person choosing to eat later and only have a light snack.

We saw that people's privacy and dignity was respected in the way that staff spoke to people and acted towards them. One person said, "They [staff] give me my privacy and dignity at all times and I have my own key to my room, so if I don't want people in I just tell them". Staff told us how they only entered people's rooms when invited and that respect was a high priority for them. We saw staff acting respectfully towards people.

We saw from minutes of meetings that people were encouraged to raise any issues they had and these were dealt with effectively. Staff meetings were well attended and gave staff the opportunity to discuss the care they provided to people and their own wellbeing.

The manager told us that should a person require the services of an advocate this would be arranged for them. Staff also told us of how they had advocated for people around their health and finances, an example being contacting government agencies to speak on a person's behalf. An advocate speaks on behalf of a person to ensure that their rights and needs are recognised.

Is the service responsive?

Our findings

At the last inspection in January 2016 the key question of Responsive was rated Good. At this inspection the rating was unchanged.

We found that people's care plans were detailed and they gave information on needs and requirements and how people wanted their care needs met. We saw that care plans included, but were not limited to; people's preferred routine, what support they may need, likes and dislikes, interests and hobbies, communication, mental health and general health and medicines and diagnosis. Any medicines taken were listed. We saw that reviews were carried out in a timely manner. People and staff told us how they had worked together to compile the care plans. Pre-admission information was in place which provided a detailed overview of the person's needs.

People were supported to fulfil their religious and cultural needs. These were recorded and information was provided on how staff could assist people to pursue their needs. We saw that people had been supported to attend their place of worship including, churches, mosques and temples. Cultural food was also offered. Some people told us that they wanted to celebrate the upcoming Christmas festival and we saw that decorations were up and plans had been made.

We saw that activities took place and we saw a craft session being enjoyed by people. Staff told us of plans for a Christmas 'bake off' session and a Christmas meal for everyone at a local restaurant. One person told us, "I go out shopping and go out". A relative told us, "[Person] doesn't really want to do much, so they [staff] don't push it and respect their decision. They like to go on their laptop, so this is always available". A staff member told us how some people had been encouraged to carry out voluntary work in the community, which they enjoyed greatly. Staff had made links within the community to facilitate this work experience and explained to us how successful it had been in raising people's self-esteem and confidence.

There was a complaints procedure in place and this gave information on how to make a complaint and was in an easily understandable format. We saw that any complaints had been dealt with effectively with the outcome recorded.

Care plans covering end of life were not deemed appropriate for the people currently residing in the home, but the registered manager told us, should there be a need for them, then this would be put into place.

Is the service well-led?

Our findings

At the last inspection in January 2016 the key question of Well Led was rated Good. At this inspection the rating was unchanged.

There was a registered manager 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.'

One person said, "The [registered manager's name] is super, I can talk to them at any time". A relative told us, "The registered manager is a very good manager and very visible and hands-on within the home". Staff members told us they felt supported by the registered manager and provider and that there were open lines of communication between them. One staff member told us, "[Registered managers name] is the best manager they really care about the people, the staff and the service, they are just excellent and they are changing things for the better".

People spoke to us about their experiences of the service. One person told us, "I would recommend this place, it is a good home and I get lots of help and support. We all get on well and I have no issues". A relative said, "I am very impressed with the quality of care and there is a very warm atmosphere".

Feedback was taken from people using the service and staff and included comments such as, 'I was well looked after by staff and management. The staff here are fabulous and work so very hard'. There had also been feedback requested from residential neighbours and comments included, 'The staff are lovely and it is a great company'. We saw that where any questions had been asked or issues raised these had been responded to effectively. An example being the staff survey had reported some issues around morale following a time of uncertainty and change in management. This had been dealt with by the registered manager effectively and staff had been invited in for 1-1 discussions.

Staff meetings took place and discussed issues such as staffing and updates on the service. Meetings for people using the service were held and one person said, "I sometimes attend, it gives me a chance to have my say and the staff listen".

Staff were aware of the whistle blowing procedure and told us that they would follow it, if they were not satisfied with any responses from the registered manager or provider. To whistle blow is to expose any information or activity that is deemed incorrect within an organisation. We found the service worked in partnership with other agencies and that records detailed how medical and health professionals had been involved in people's care.

Regular audits were carried out and these provided a clear overview of any patterns or trends within the service. Audits covered, but were not limited to; infection control and the environment, medicines, staffing, care plans and recording.

Notifications were shared with us as expected, so that we were able to see how any issues had been dealt with. We found that the previous inspection rating was displayed as required.