

Camelot Rest Home Limited

Camelot Rest Home

Inspection report

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Tel: 01384214290

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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

Camelot Rest Home is registered to provide accommodation and personal care for up to 33 people, who are mainly older people with dementia. At the time of our inspection 29 people were using the service. Our inspection was unannounced and took place on 22 June 2016. The service was last inspected on the 12 December 2013 where the provider was found to be meeting all of the required standards.

The manager was registered with us as is required by law. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Medicines were given appropriately and the recording of their administration was clear and concise. They were kept and disposed of as they should be. People's long term health needs were addressed and people saw medical professionals when they needed to. People received adequate food and drink.

There were a suitable amount of staff on duty with the skills, experience and training in order to meet people's needs. People felt safe and they were able to raise any concerns they had and felt confident they would be acted upon.

People's ability to make important decisions was considered in line with the requirements of the Mental Capacity Act 2005. Staff interacted with people in a positive manner and their consent was sought before any care was carried out. Staff maintained people's privacy and dignity whilst encouraging them to remain as independent as possible.

People, their relatives and staff spoke positively about the approachable nature and leadership skills of the registered manager. Structures for supervision, allowing staff to understand their roles, and responsibilities were in place. Systems for updating and reviewing risk assessments and care plans to reflect people's level of support needs were effective. Quality assurance audits were undertaken regularly and the provider gave the registered manager support.

Notifications were sent to us as required, so that we could be aware of how any incidents had been responded to.

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.

People felt safe and risk assessments were in place.

There was an adequate number of staff available to support people.

Medicines were managed and given appropriately.

Is the service effective?

Good ●

The service was effective.

Staff were knowledgeable and received regular training.

Staff understood the Mental Capacity Act and Deprivation of Liberty Safeguards and worked within its guidelines.

People received adequate food and drinks.

Is the service caring?

Good ●

The service was caring.

Staff were kind and compassionate.

People were encouraged to make their own decisions.

Staff maintained people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People were involved in their care plans.

People were encouraged to participate in activities.

People were aware of the complaints procedure.

Is the service well-led?

Good ●

The service was well led.

People knew the registered manager and talked of their open nature.

Quality assurance was carried out regularly.

We received notifications as required.

Camelot Rest Home

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 22 June 2016 and was unannounced. The inspection was carried out by two Inspectors and an Expert by Experience. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are details that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury. We liaised with the Local Authority Commissioning team to identify areas we may wish to focus upon in the planning of this inspection.

We requested that the provider sent us a completed Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make and we used this information to assist with our inspection.

We spoke with seven people who used the service, two relatives, four staff members and the registered manager. We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to four people by reviewing their care records. We reviewed three staff recruitment and/or disciplinary records, the staff training matrix, three medication records and a variety of quality assurance audits.

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.

Is the service safe?

Our findings

People told us that they felt safe. One person said, "I feel safe when the carers move me from my armchair into the wheelchair; they tell me what they are going to do and that's okay with me". A second person told us, "I feel safe because I can do most things myself, but the carers are around if I need any help". A relative said, "We are very happy with the home and the care staff. All the staff look after our relative very well and we have no concerns about our relative's safety, health and well-being". A staff member told us, "People are kept safe and we understand their needs. If someone was at risk of falls we would get the occupational therapist involved and find a way to assist, such as making use of a walking frame".

We found that detailed risk assessments were in place to ensure that people were kept as safe as possible. These included, risks related to mobility and falls, weight, nutrition, health and hygiene and the prevention of pressure areas. Staff were able to discuss possible risks to people, such as who required assistance to walk or to eat and what measures were put in place to assist those people. Where risk assessments deemed that an action be put in place, such as the use of sensor mats in bedrooms to know when a person at high risk of falls moves, we saw that this had been carried out. This would notify staff if the person required assistance.

Staff told us that they knew how to cope in emergencies. We found that each person had a personal emergency evacuation plan, detailing the best method of getting them to safety should an emergency arise within the home. Staff were knowledgeable about these plans and those we spoke with said that their first priority would be to call the emergency services and to ensure that people were made as safe as possible. We found that any accidents or incidents had been recorded appropriately and any learning or changes to practice was cascaded down to staff.

Staff told us that they were aware of how to protect people from abuse or harm, with one staff member saying, "If staff have any safeguarding concerns they are logged with the manager who passes them onto the local authority safeguarding team". We saw that there was a process in place where the registered manager referred concerns onto the appropriate external agencies. Staff we spoke with had received training and were able to discuss with us how they may recognise any safeguarding concerns and told us that they felt confident to report them.

People told us that they felt sufficient numbers of staff were available to them, with one person saying, "There are lots of staff and they stop for a chat when they can". A relative said, "Each time we come there seems to be plenty of staff to look after our relative". A staff member shared, "Every shift has enough staff to keep people safe. It would be nice to sit and spend more time with people, but there isn't always that time". We found that staff were very visible and that they came to people within a reasonable amount of time, when they were called. Staff told us that they were able to cover leave due to staff sickness within the team, so that people were not disrupted.

Staff told us that prior to commencing in their role they had been requested to provide references, identification and to undertake a Disclosure and Barring Service (DBS) check. The DBS check would show if

a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. We looked at four recruitment files and saw that all the appropriate checks had been completed correctly with a full work history provided by staff members.

People told us that they received their medicines each day as they expected to. One person said, "I have been unwell recently but got all the medicines that I needed. The staff have been very good to me and make sure that I receive my tablets on time". A relative told us, "When they [staff] give our relative their medication they make sure they swallow the tablets". A staff member said, "I am trained to give out medication and feel that I am suitably experienced". Staff that we spoke with told us that they had been competency checked regularly by the registered manager whilst giving medicines. We saw that medicines were signed for correctly, as they were administered and they were recorded on a Medicine Administration Record (MAR) sheet. Medicines prescribed to be taken 'as and when' required had a protocol in place to inform staff how to give the medicine. Medicines were kept at the right temperature and disposed of appropriately.

Is the service effective?

Our findings

People told us that they felt that staff were well trained and knowledgeable. One person said, "Staff know how to help me". A relative told us, "The staff are very caring, approachable and appear to be happy in their work. I think that they know what they are doing and we have never seen anything that gives us any concerns".

We found that staff members had received an appropriate induction. One staff member told us, "My induction was very helpful and I passed with flying colours due to the support I received. It lasted 2-3 weeks and during that time I shadowed experienced staff and gained lots of knowledge". We saw that staff undertook regular training, with one staff member telling us, "We do lots of training, my most recent training has been in Cardio Pulmonary Resuscitation CPR and assisting with continence". Records confirmed that staff had received appropriate training.

Staff told us that they received regular supervision. One staff member said, "I have my supervision three monthly with the deputy manager, it is a chance to chat about the work we do". A second staff member said, "I have supervision every few months, but there is an open door policy and the manager is always happy to listen". We saw that an appraisal was carried out annually for all staff and that this was an opportunity for them to reflect on the previous years practice and set objectives for the year ahead.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People told us that staff members gained their consent before carrying out any actions. One person told us, "They [staff] always ask my consent before helping me". A relative told us, "I always make sure that I get consent from a person before assisting them. This can be verbal or a gesture, such as thumbs up and if the person gets upset then I leave and come back later". A staff member told us, "People's feelings matter wherever they live, I would never do something for someone without checking it was ok first". We saw numerous instances where people were asked for their consent, such as, people being assisted back to their bedroom for a change of clothing or being asked if they wanted to participate in activities. We saw where possible, that consent forms had been signed and were kept in people's records.

We checked whether the service was working within the principles of the MCA. We found that the application for one person had been approved for DoLS with other applications submitted. Staff that we spoke with had a good understanding on MCA and DoLS. One staff member told us, "The person with a DoLS in place tries to go out alone and they have no capacity to understand how to keep themselves safe, so we have to be part of that decision in their best interests".

We found that people enjoyed the food provided, with one person saying, "I have nice food that the staff provide for me". A second person said, "The food is quite nice and we can pick from two choices". A relative told us, "The food always looks and smells great". A staff member shared, "The food is great". We saw that nutritional assessments had been completed when people may be at risk of not taking enough food and drinks; where specific diets were required we saw these were provided. Where a risk assessment stated that a person needed to be assisted with their food or prompted to eat, or required a fortified meal we saw that this was carried out. Weight charts and fluid intake measurements were taken and monitored where there was concern over a person's level of nutrition or hydration.

We saw that people received adequate drinks. One person told us, "I am given a cup of tea whenever I want one. We get lots of drinks throughout the day. When my son comes to visit he is offered one too". A staff member told us, "We [staff] are constantly reminding people to take drinks. We have regular tea rounds, but some people prefer coffee, chocolate or a cold drink, so we always give them a choice". We saw that people were given lots of opportunities to have a drink and that drinks were left where people could access them easily.

We found that people's on-going health needs were supported and one person told us, "I think the staff are caring and responsive to my needs. If I need to see my GP the staff will arrange this for me and as I have poorly feet I see my chiropodist on a regular basis". A relative told us, "Staff will arrange any medical appointments and a carer will go with our relative if we can't make it, they will inform us of what happened". A staff member told us, "We get the GP as soon as we see that someone is off colour". We saw that files recorded specific issues, such as where people may be prone to experience medical issues such as urinary tract infections and the action that should be taken to address the concern. We also found that all medical appointments were recorded such as dentist, optician, chiropodist and hospital appointments.

Is the service caring?

Our findings

People told us that staff were caring, with one person saying, "I like the staff because they are nice to me and make sure that I'm happy and have everything that I need". A second person said, "It is lovely here, the staff are brilliant". A relative told us, "There is always a happy atmosphere and staff are easy to approach to solve any queries that we may have. We are very happy with the staff". A staff member told us, "You couldn't do this job if you weren't a compassionate person. People deserve to be cared for". We saw acts of compassion towards people, for example a staff member putting a cushion under the head of someone who had fallen asleep in their chair.

People told us that they were able to make their own choices and decisions and one person told us, "I can decide when to get up and what I want to do". A relative told us, "People are encouraged to have a say in what matters to them in their own lives". A staff member told us, "We ask people what they want to wear and what colours they like. Their clothes have to look nice and co-ordinate, so we offer advice, we wouldn't just put them in anything". A second member of staff said, "If people find it hard to make decisions, we help them, like using flashcards, so for example, they know what food they can choose from". We saw that people had chosen items that they wanted to wear and one person showed us some jewellery that they were wearing.

We found that people were encouraged to be independent wherever possible and one person told us, "When staff help with personal care they only help with what I cannot do for myself and this way it keeps me independent". A relative told us, "My relative has lived here a long time and they like to be independent, but the staff help when help is needed". A staff member told us, "We know who likes to be independent and encourage it, but we are always here, just in case".

Staff were unable to tell us if specific people used an advocate, but one staff member said, "If a person needed advocacy support we would ask the manager". The registered manager was able to confirm that they would approach a local advocacy group on behalf of anybody who required the service. Advocacy services are independent and help people to access information, be involved in decisions about their lives and explore their choices and options.

People told us that their privacy and dignity needs were met and one person said, "When staff come to see me in my room they knock on the door say who it is and walk in when I am ready". A second person said, "When they [staff] help me have a wash they close the curtains and doors so no one can see me". A relative told us, "[Person's name] prefers only female carers, so that is what they get. [Person's name] tells us that the staff always keep them covered up with a towel when assisting them to wash". A staff member told us, "We remember people's privacy and dignity, as we ourselves would want people to remember ours". We saw that staff treated people with dignity and maintained their privacy. When a person required some assistance to change their clothing, this was done discretely and they were taken to their bedroom without attention brought to the matter.

One person told us, "They [staff] stop and talk to me and will tell me again when I can't hear". A relative told

us, "Even though our relative can't communicate very well the staff still talk and respond to them". We saw that communication between staff and people was very effective. Staff members took time to speak with people whilst making eye contact and ensured that conversations were conducted at the person's level of ability and understanding. We saw that the way people wished to be addressed, was in their care plans and their preference was recorded. In particular, to assist staff, certain terms of endearment within the Black Country dialect was described, enabling easier communication and we saw that people responded positively to its use.

People told us that relatives were welcome and one person said, "My relative is always welcomed here". A relative told us, "The staff are very good, they don't keep anything from us". A staff member told us, "Relatives are always popping in and out, we get on well with them". We saw that visitors were encouraged to sit and spend time with their loved ones and that they knew staff well and engaged in positive interactions with them.

Is the service responsive?

Our findings

People told us that they had been involved in developing their care plan, with one person saying, "When I first came here we [person and staff] wrote down what I liked and disliked". A second person said, "Staff sometimes talk to me about the care that they give me and was it what I wanted, but I'm not sure if it's written down anywhere". A relative told us, "When our relative first came in some six months ago they [staff] talked to us about the care that was needed, our relative's likes and dislikes and about hobbies and interests. This was then written up and we all signed it. It's a good home and there's nothing that we would want or need to be changed". A staff member told us, "We want to know what is the best way to care for people. That is why we ask them what they want, as part of their care plan".

We found that care plans included details of peoples spiritual needs, dietary needs, medicines and health, and personal care and hygiene amongst others. We saw that where there were specific issues, such as unexplained weight loss then action was taken by staff in a timely manner to address this. We found that questions within the care plan were pictorial, with thumbs up or down to assist people to contribute to the planning of their care.

We found that lots of activities were arranged for people to participate in. One person told us, "The staff put things on to keep me from being bored, like today we have had a sing-a-long and played skittles". A second person said, "Sometimes they have a sing-song, which is nice because it's the old songs that I use to sing to when I was younger". A relative told us, "They [people] have lots of choice when it comes to keeping busy, there is always something going on". A staff member told us, "I love entertaining people, we sing, we laugh, I love their company". We saw that people were encouraged to be a part of the activities going on around them. People were given percussion instruments to play when music was put on and staff gave people gentle instructions for participating in games such as skittles, so they knew what to do.

We found that there was a fully stocked bar in the lounge area that was decorated to offer reminiscence opportunities to people. Although this offered positive interaction, there was a risk involved, as people may take drinks that may cause them to become ill, in particular if they were to mix medicines and alcohol. We spoke with the registered manager to see if there was a risk assessment in place to address this and as there wasn't the alcohol was replaced with non-alcoholic liquid during the inspection.

We saw that people's preferences were acknowledged, one person told us, "They [staff] ask what we want to do and what we like". A staff member said, "People are heavily involved in having a say in their own lives". We saw that care plans noted preferences, such as whether people preferred a bath or a shower, if they wanted to attend any religious services, if they wanted to vote or if they had a preference regarding male or female carers.

We saw examples of friendships being promoted and people told us that they had friends within the home. One person spoke of the person they were sitting with and told us, "This is my friend I love her, she is lovely". We saw staff encouraging people to support each other during activities and where friendships existed people were assisted to spend time together.

People told us that they knew how to complain if they needed to. One person said, "If I'm worried or concerned about anything I tell the carers and they will listen and try and put things right". A relative told us, "If we have any concerns we talk to the staff who are helpful, also if they have any concerns they talk to us about it. The staff will call us at home if they have any concerns and we discuss the best thing to be done". People and their relatives we spoke with told us that they had been given a copy of the complaints policy, but that they had not had to make any formal complaints.

We saw that people, their relatives and staff members were asked for their feedback in order to ensure that the service provided was appropriate. We found that questionnaires were sent to people, their relatives and staff members and the feedback received was positive. Following an analysis of the answers received, by the registered manager, people were updated with the findings. People told us that the feedback they had provided had been around food, entertainment and plans for the service and this reflected what we had viewed.

Is the service well-led?

Our findings

People spoke of how they felt settled in the home. One person shared, "I like it here. I don't think there's anything that could be done better or anything that I would want to change". A second person said, "I am very happy living here, I have a very nice bedroom with my own things in there". A relative told us, "We have no complaints, [person's name] is happy and they tell us that they feel at home".

People told us that they knew the registered manager well, with one person saying, "We hear the name of manager all the time, she is always about". A relative told us, "[Registered manager's name] is a lovely person who gives 100% to the home". A staff member told us, "The home is run very well and I think that is down to having a long serving and consistent manager".

Staff told us that they enjoyed their jobs and one staff member said, "I love working here, I couldn't think of leaving". Another staff member told us, "I love my job, I don't go home when I should and I come in on my days off, as I miss everyone when I'm not here". We saw that the home had a very good atmosphere, with lots of chatter and laughter throughout the day.

We found that the registered manager had forged links within the local community, with a local religious minister visiting to provide services to people. A visiting library service and entertainers coming into the home. People also told us that they visited local shops and the post office.

People, relatives and staff told us that the registered manager was open with them and that they were informed of any changes planned. People told us that the plans for the new extension and changes to the gardens had been discussed with them and that they were asked for their views. Staff members told us that they were encouraged to have a say on the running of the home when they attended staff meetings. We saw minutes of meetings where such issues had been discussed. Resident and relatives meetings also took place and people told us how they were able to participate. We saw that notices were put up around the home notifying people of the next meeting.

Staff told us that the home had a whistle blowing policy, which they could follow if they had any concerns regarding the care given to people. One staff member told us, "If I couldn't go to the manager for any reason then I would take my complaint further and would whistle blow to keep people safe".

We viewed quality assurance records that looked at incidents, risk assessments, care plans, medicine records, food and drink and staffing. The audits undertaken enabled the registered manager to see where any changes were required to ensure that people received the best quality of care that they could. The registered manager told us that the provider visited weekly and was very hands-on offering on-going support where it was needed. We were told that although there had recently been a change in the name of the provider the actual owners of the home had not changed.

We received notifications of incidents and accidents as we should and this allowed us to see how effectively staff responded to people's needs.

