

Ms Judith Lakin

# Camellia 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

We inspected the service on 15 March 2016. The inspection was announced. Camellia House is owned and managed by Ms Judith Lakin and offers accommodation for up to four older people. On the day of our inspection four people were using this part of the service. The service also operates a domiciliary care service which provides care and support to people living in their own homes and there were 16 people using this.

The service had a registered manager in place at the time of our 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 were supported by staff who knew how to recognise abuse and how to respond to concerns. Risks in relation to people's daily life were assessed and planned for to protect them from harm.

People were supported by enough staff to ensure they received care and support when they needed it. Medicines were managed safely and people received their medicines as prescribed.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support. People were supported to make decisions and staff knew how to act if people did not have the capacity to make decisions.

People were supported to maintain their nutrition and staff were monitoring and responding to people's health conditions.

People lived in a service where staff listened to them. People's needs were recognised and responded to by a staff team who cared about the individual they were supporting. People were supported to enjoy a social life.

People were involved in giving their views on how the service was run and there were systems in place to monitor and improve the quality of the service provided.

## 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 were kept safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

People received their medicines as prescribed and medicines were managed safely.

There were enough staff to provide care and support to people when they needed it.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who received appropriate training and supervision.

People made decisions in relation to their care and support and gave consent for staff to provide care and support.

People were supported to maintain their nutrition and their health was monitored and responded to appropriately.

### Is the service caring?

Good ●

The service was caring.

People were listened to and cared for in a way they preferred. People's needs were recognised and responded to by a staff team who cared about the individuals they were supporting.

Staff respected people's rights to privacy and treated them with dignity.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care and support. People

were supported to maintain their social life and to follow their interests.

People were supported to raise issues and staff knew what to do if issues arose.

### **Is the service well-led?**

The service was well led.

People were involved in giving their views on how the service was run.

The management team were approachable and there were systems in place to monitor and improve the quality of the service.

**Good** ●

# Camellia House

## **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.

We inspected the service on 15 March 2016. This was an announced inspection. 48 hours' notice of the inspection was given because the service is small and we needed to be sure people would be in. We also needed to be sure someone would be available to assist us in the inspection of the domiciliary part of the service. The inspection team consisted of two inspectors. One inspector inspected the residential accommodation and one inspector looked at the care being provided by the domiciliary service for people living in their own homes.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the visit we spoke with six people who used the service and the relatives of two people. We spoke with seven members of support staff, the registered manager and an external trainer. We looked at the care records of eight people who used the service, including their medicines records. We also looked at a range of records relating to the running of the service including staff recruitment and training records and audits carried out by the registered manager.

## Is the service safe?

### Our findings

People were protected from abuse and avoidable harm. People we spoke with told us they felt safe and the relatives we spoke with also felt their relations were safe in the service. One person told us, "I feel very safe indeed; I don't feel on edge with them." Another person told us, "I feel safe; they (staff) are really very good."

People were supported by staff who recognised the signs of potential abuse and how to protect people from harm. Staff had received training in protecting people from the risk of abuse and staff we spoke with had a good knowledge of how to recognise the signs that a person may be at risk of harm and to escalate concerns to the registered manager or to external organisations such as the local authority. Staff were confident that any concerns they raised with the registered manager would be dealt with straight away. The staff member described when they had raised concerns with the registered manager about a person who was receiving support in their own home and said this had been acted on straight away.

The registered manager had taken steps to protect people from staff who may not be fit and safe to support them. We saw from staff files that before staff were employed the registered manager carried out checks to determine if staff were of good character and requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions. A recently appointed care worker described the recruitment process they went through. This included completing an application form, attending an interview and providing two referees. We spoke with the registered manager about the staff application form, which did not have sufficient space for a list of previous employment and asked some unnecessary personal questions. The registered manager agreed this needed to be updated and had arranged for a new one to be produced before the end of the inspection, which they said would be used in future.

Risks to individuals were assessed and staff had access to information about how to manage the risks. For example one person was at risk if they went out into the community and there was information in their care plans guiding staff on how to minimise this risk. Information on what support people would need in the event of an emergency, such as a fire, was available for staff to ensure they would be able to respond quickly. People who used the service were involved in fire drills so they could practice evacuating the service and staff were given training in how to support people safely.

People who received care and support in their own homes told us they felt staff understood how to use any equipment they needed. One person told us, "They use the equipment; they know how to do so safely." One member of staff who gave care and support to people in their own home told us that having the same care workers visit each person contributed to keeping people safe. They told us they read through all the care documentation so they knew how to make each person feel safe. The care worker also said they asked people how they were feeling to ensure they felt safe.

We saw that where people received care and support in their own home, risks in relation to the environment were assessed and plans put in place to minimise the risk. There were also risk assessments on the use of any equipment in people's homes such as mobility aids and wheelchairs. One person we spoke with

confirmed their properly had been assessed to ensure they could receive their care and support safely. Staff we spoke with told us they tried to encourage and support people to be as independent with their care as possible.

People received the care and support they needed in a timely way. People we spoke with told us there was always a member of staff available if they needed support. One person said, "There is always someone around if you need them." People who received care and support in their own homes told us that staff were generally on time and took the time they needed to complete all of the tasks required. One person told us, "They (staff) arrive promptly and stay the agreed amount of time." Another person said, "They (staff) are always punctual and will ring if they are going to be late. They always turn up."

On the day of our visit we observed there were a number of staff available to meet the requests and needs of people. Staff were readily available to support people when they needed or requested it. Staff told us they felt there were enough staff employed to meet the needs of people and that shifts were easily covered if a member of staff was unavailable for work. One member of staff told us, "There are sometimes more staff than residents."

Staff who provided care and support to people living in their own homes confirmed their rota included enough travelling time between calls for them to arrive on time. Care workers told us they would phone the person they were due to visit on the odd occasion where unforeseen circumstances such as heavy traffic meant they were running a few minutes late.

People who lived in the service had been assessed as not being safe to administer their own medicines and so relied on staff to do this for them. People we spoke with told us that staff gave them their medicines when they were supposed to. One person told us, "They give everyone here their tablets when they should, they are good at that." People who received support in their own homes told us staff supported them with their medicines. One person told us, "They sort the medication out for me." Another person told us, "They prompt me to take my medicines to make sure I remember to take them."

We found medicines systems were organised and people were receiving their medicines as prescribed. Staff were following safe protocols and were administering medicines when they should. Staff had received training in the safe handling and administration of medicines and had their competency assessed prior to being authorised to administer medicines. We discussed some recording issues with the registered manager and she agreed to improve the audits in relation to medicines to ensure more detailed checks were made on the record keeping.

## Is the service effective?

### Our findings

People were supported by staff who were trained to support them safely. People we spoke with told us they felt the staff had the knowledge and skills to support them. One person told us, "They have the skills they need and more besides." Another person said, "I think they seem good at what they do."

We observed staff supporting people and saw they were confident in what they were doing and had the skills needed to care for people appropriately. Staff we spoke with told us they had been given the training they needed to ensure they knew how to do their job safely. They told us they felt the training was appropriate in giving them the skills and knowledge they needed to support the people who used the service. They told us they had an annual training plan they followed and had regular training to refresh their skills. The registered manager had engaged a training specialist and they regularly attended the service to deliver training to staff. We spoke with the training specialist and they told us staff were engaged in the training and showed a willingness to learn. One member of staff told us about the trainer and said, "[Name] is brilliant."

We saw records which showed that staff had been given training in various aspects of care delivery such as safe food handling, moving and handling and infection control. Staff were given an induction when they first started working in the service. The registered manager told us that new staff were completing the care certificate. A recently appointed staff member told us they had signed up to the care certificate and had been working on this with regular discussion with other staff on safe practice. The care certificate is a recently introduced nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care.

People were cared for by staff who received feedback from the management team on how well they were performing and to discuss their development needs. Staff told us they had regular supervision from the registered manager and were given feedback on their performance and we saw records which confirmed this. Staff who provided care and support to people in their own homes told us that as part of their induction they shadowed other more experienced staff and were given feedback to ensure they knew people and how to support them appropriately.

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).

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.

People were supported to make decisions on a day to day basis. We observed people decided how and where they spent their time and made decisions about their care and support. We saw that some people chose to get up later in the day and this was respected. One person told us, "I go to bed when I am ready; no-one tells me when I should go." Another said, "They (staff) listen to me." People who had care and support delivered in their own homes told us they felt they were supported with decision making. One person told us, "They ask me if it is alright to do whatever they want me to do."

We saw people had signed forms in their care plans to consent to staff directing some aspects of their care, such as administering their medicines. People who received care and support in their own homes had signed to consent where care workers held a key to their property so they could let themselves in.

Staff we spoke with had an understanding of the MCA and their role in relation to this. The registered manager told us that all of the people who used the service had the capacity to make their own decisions and so capacity assessments had not needed to be undertaken.

The registered manager displayed an understanding of DoLS and had discussed if a DoLS application was needed for one person with the person's advocate. This meant people would not be restricted without the required authorisation.

People were supported to eat and drink enough. We spoke with people who lived in the service about the food and they told us they had enough to eat and we observed people were given enough to eat and drink. People were able to access the kitchen area at any time if they were hungry or thirsty and we observed one person making themselves a drink during our visit. People who received care and support in their own homes told us they were supported to maintain their nutrition. One person told us, "They (staff) help me with my breakfast and dinner." Another person said, "They will prepare my dinner. They take me shopping every week to choose what to eat. They always make sure I have something to eat."

We observed one person who lived in the service had been poorly, was given extra support with their meal. Staff gave the person help to cut up their meal and gave regular prompts for them to eat this and we saw this resulted in the person eating all of their meal.

Staff we spoke with told us how they supported people in their own homes to maintain their nutrition. They told us they cooked meals for some people and tried to ensure they had plenty to eat. One staff member described cooking a larger amount so they could give people a meal and then freeze some for people to have at a later time. They described how they went shopping with one person to purchase what food they would like then cooked this with them. We heard a staff member say to a person that they had stopped to get some bread so they could have a nice bacon sandwich with fresh bread.

People's nutritional needs were assessed regularly and there was information in support plans detailing people's nutritional needs. We saw there was a nutritional screening tool used and people were weighed regularly to ensure any unplanned weight loss or gain would be identified. Staff we spoke with had a very good knowledge of what people's dietary preferences were and any special diets, such as diabetic diets were known.

People were supported with their day to day healthcare. One person told us, "They help me attend my appointments with the doctor and the dentist." Another told us, "They take me to hospital appointments, I ask them to come in with me and answer any questions I forget. I can get confused."

The staff we spoke with confirmed they supported people to attend healthcare appointments. Staff who supported people who lived in their own homes told us they liaised with healthcare professionals as and when necessary such as the district nurse. They also told us in some circumstances they visited people if they were admitted to hospital.

Staff we spoke with told us they were given information about people's health conditions and some also spoke of researching themselves for more information to help them have a greater understanding. We saw that where people had health conditions these were recorded in their care plans. For example where people were at risk in relation to their skin conditions, this was recorded in the person's care plan and there was guidance to inform staff how to monitor this.

## Is the service caring?

### Our findings

People we spoke with, who lived in the service and who received support in their own homes told us they felt the staff were kind and caring and were happy with the service they received. Comments from people who lived in the service included, "It's like home from home. It's wonderful here" and "They are really nice pleasant people." Comments from people who received support in their own home's included, "They are brilliant" and "They all care and met my needs." We saw one person had written a compliment card to the staff and had said, "They are like my extended family. So caring and considerate to whatever I need. I have never known such a devoted team."

Staff we spoke with told us they enjoyed working for the service and one member of staff said, "I love it." Another member of staff told us, "It is like being at home." A third member of staff told us, "I've been here a couple of months and am loving it." Observations and discussions with staff showed that staff clearly knew people's needs and preferences. We saw in people's care plans that their preferences for how they were supported were recorded, along with their likes, dislikes and what was important to them.

People who lived in the service and staff had built up positive relationships. We observed staff interactions with people and we saw staff were kind and caring to people when they were supporting them. One person needed some extra support as they had been poorly and we saw staff were very compassionate with this person and gave frequent reassurance and supported the person to have bed rest in the afternoon when they requested it.

People who received support in their own homes told us they received care and support from the same staff and had built positive relationships with them. One person who used the service told us, "I look at them as good friends coming round to see me." One care worker told us they felt it was lovely as people who used the service had the same staff members visiting them and this enabled them to build up a close relationship and helped people's confidence. Another member of staff told us they had built up relationships with people they visited and had received positive feedback from the registered manager about what people had said about them. They told us this had made them feel really pleased.

People we spoke with told us they got to make choices for example about when and where they ate, how they spent their time and what activities they did. One person told us, "I can do what I want to really." We observed people's choices were respected on the day of our visit. We saw from the care plan of one person that it was important for them to have their blanket with them and we observed staff ensured the person had this with them at all times on the day we visited.

We saw that food menus were chosen by the people who lived in the service and records showed that people were encouraged to speak up if they wanted any changes to be made. We saw the menu was displayed to remind people what was available and one person told us, "If you don't like what is on the menu you just ask for something else." People who received support in their own homes told us they were involved in making choices. A relative told us their relation was fully involved. They said each Friday the care worker would plan the following week by asking their relation what they would like and then they would

complete the plan together.

People told us they were supported to go to a place of worship if they wished and we saw people's religious and cultural needs were assessed on admission. Staff who supported people in their own homes told us people were supported with their religious needs and said, "I have taken some people to their place of worship."

The registered manager told us that one person had used an advocate recently and said the noticeboard was currently being updated and that advocacy information would be placed back on display. This meant that people were supported to access advocacy services if they needed it. Advocates are trained professionals who support, enable and empower people to speak up.

People were supported to be independent. For example, we observed one person who accessed the kitchen independently and made themselves a drink. Another person told us they went to local shops each morning to fetch a newspaper. There was information in people's care plans detailing what they could do independently and what they would need support with.

People were supported to have their privacy and were treated with dignity. People we spoke with told us they felt staff were respectful. We observed people were treated as individuals and staff were respectful of people's preferred needs. Staff were mindful not to have discussions about people in front of other people and they spoke to people with respect.

We saw there was information on display in the service to remind people who lived there and staff of the dignity values and what people had a right to respect in relation to these. Staff told us they were given training in privacy and dignity values and staff we spoke with showed they understood the values in relation to respecting privacy and dignity.

People who were supported in their own homes told us they felt staff respected them and felt they communicated well with them. One person told us, "They always say please and thank you. If ever they want to use the bathroom they ask first." Another told us, "They are very respectful in the way they talk to me." A relative told us the staff member allocated to them always rang to let them know if they were going to be a few minutes late. This stopped them worrying if they were going to turn up. A member of staff told us they felt that having the same few staff members visit helped people to be more comfortable their own home.

## Is the service responsive?

### Our findings

People were involved in planning and making choices about their care and support. We saw that people who lived in the service had been involved in writing some aspects of their care plan and had signed these to show their involvement. People we spoke with confirmed they knew about their care plan and were able to read these if they wished to. One person told us, "I feel involved, they help and advise me that's what I need them to do to help me." Another person told us, "I have got a care plan, it was prepared with me. They do reviews with me as well." A member of staff we spoke with told us they felt people who used the service were instrumental in deciding how their care was delivered. They said they prepared people's care plans with them at their home and another member of staff said, "It is done the way they want them."

People were supported by staff who were given information about their support needs. We saw that people's care plans contained information about people's physical and mental health needs and guided staff in how to support them. For example, one person had a health condition and there was guidance detailing how staff should support this person with their condition and how to recognise if they needed to seek advice from a healthcare professional. We saw another person had the same condition and there was a lack of guidance for staff and the registered manager rectified this on the day we visited.

People who received care in their own homes had plans in place which detailed what support they needed. Staff we spoke with told us the care plans provided them with the information they needed to provide people with the care and support they required. The care plans we saw contained detailed information on people's support needs including details of the correct equipment to be used. The plans were reviewed monthly and were updated when people's needs changed.

People were supported to follow their interests and take part in social activities. One person told us they enjoyed going to the local shops each day and they were supported to do this. Another person told us they preferred not to take part in daily activities but that they enjoyed spending time in the garden when it was warm enough. They told us their main hobby was watching television and they enjoyed doing this in their bedroom each day. People who received support in their own homes told us that staff would support them to go out into the community and one person described staff supporting them to go shopping.

We saw people had been supported to go out to places of interest such as the garden centre, restaurants and boat trips. Activities available in the service included board games, arts and crafts and bingo. The registered manager described reminiscence therapy which often took place after meals when people sat around the table together.

People knew what to do if they had any concerns. The people we spoke with told us they would speak to the registered manager if they had a problem or concern. They told us they felt they would be listened to. One person told us, "I have no concerns whatsoever; I would soon speak up if I did." People who received support from staff in their own homes were also given the opportunity to raise any issues they wished to via a form included in the reviews of their care. One person told us, "They told me about the complaints procedure, I used it once and they did what I wanted. It was a long time ago." A relative told us if anything

went wrong they would ring up the agency and say so.

There was a copy of the complaints procedure in the service and people who received support in their own homes had a copy of the procedure. The registered manager told us they had not received any complaints in the last two years and so we were unable to assess how well complaints would be responded to. However staff were aware of how to respond to complaints and the registered manager had systems in place to deal with complaints if they arose.

## Is the service well-led?

### Our findings

People benefitted from a positive culture which was open and inclusive. People we spoke with told us they felt the registered manager listened to them. One person told us, "They (registered manager) listen to me and I wouldn't hesitate to speak up if I wanted to discuss anything." Another person who received support in their own home told us, "It is a well led service. If I contact the office to tell them or ask them something they are very polite to me. I feel comfortable phoning up and asking them anything." A relative said they had contact with office staff including the registered manager. They said they told them what they needed to know when they contacted them. They described them as, "Always helpful."

People who received support in their own homes were welcome to visit the office, which was based in the residential part of the service. One person told us, "When I visit I get spoilt, I get dinner and a piece of cake. I love going there it is very caring."

People who used the service were supported in having a say in how the service was shaped. We saw there were meetings held for people to get involved and during the meetings people were asked for their input in future events. For example people had made decisions about how the service should be decorated for Christmas and gave ideas for the menu. One person told us about attending the meetings and said, "It is good to hear everyone's point of view."

We saw that feedback forms were sent to people who used the service to gain their views of the service. The results of the most recent survey had been very positive and there had not been any suggestions for improvements for the registered manager to address. We asked people who used the service and staff if they could think of any ways the service could improve and people unanimously told us they didn't feel any improvements were needed.

There was a registered manager in post and people we spoke with knew who the registered manager was and we saw they responded positively to her when she was speaking with them. We found the registered manager was clear about their responsibilities and they had notified us of significant events in the service. People commented positively on the registered manager. One person told us, "She is very nice." Another told us, "She is lovely. She always looks in on us to make sure we are okay."

Staff we spoke with told us they felt the service was well run and said that the registered manager worked with staff as a team and was approachable. One member of staff told us, "We can approach her any time; we are a close knit team." Another member of staff said, "She (the registered manager) is brilliant." Staff told us they would speak up if they had any concerns or suggestions and felt they would be listened to. Staff were also given the opportunity to have a say about the service during staff meetings. We observed staff working well as a team. They were efficient and communicated well with each other.

Staff who supported people in their own homes told us the registered manager was always available if they needed any advice and said they felt supported. One staff member described the registered manager as,

"Fantastic, she works with you it is so different to what I had before." Another staff member said the registered manager was always available and would, "Come out at the drop of a hat" if they needed support.

People could be confident that the quality of the service would be monitored. People who used the service, their relatives and staff we spoke with said they felt the quality of the service was good. One person we spoke with said, "It is very good here. Very good indeed." One relative told us, "I can't fault them." There were systems in place to monitor the quality and safety of the service. We saw that the registered manager carried out audits of the environment to ensure it was clean and safe. There were also audits carried out in relation to the kitchen to ensure food was being prepared safely and equipment to ensure it was well maintained.