

Sunbreeze Healthcare Limited

# Camden Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Camden Care Home is a residential care home providing personal care. At the time of the inspection there was 16 adults using the service. Some were living with dementia. The service can support up to 18 adults. The accommodation is over two floors with communal areas provided on the ground floor.

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

People were not always protected against the spread of infection. Staff were not always following infection control policies and procedures. People were not always protected from risks. Environmental and individual risks, were not always assessed, to ensure appropriate action to minimise risks was taken. Governance arrangements did not provide assurance that the service was well-led.

People were happy with the support they received but all staff spoken with told us the staffing levels were not sufficient during the day. The provider addressed this in consultation with the staff.

People told us they liked the staff and felt safe with them. Staff told us they felt supported by the management team. Staff had received training and understood the procedure to follow to protect people from abuse. Staff followed people's care plans and had received training. Staff who administered medicines were trained to support people and medicines were managed safely. The recruitment practices in place showed that appropriate checks were completed before staff started work.

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

The last rating for this service was Good ( published on 27/09/2019).

### Why we inspected

We received concerns in relation to infection control procedures, a lack of equipment, staffing levels and the overall management of the home. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. 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.

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 coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion, were used in calculating the overall rating at this inspection. The overall rating for the service has

changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

#### 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?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-Led findings below.

# Camden Care Home

## 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

The team comprised of one inspector on site and an assistant inspector making phone calls to staff and people's relatives off-site.

#### Service and service type

Camden Care Home 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 provider is legally responsible for how the service is run and for the quality and safety of the care provided. The service did not have a manager registered with the Care Quality Commission at the time of the inspection. The previous manager deregistered in October 2020. A new manager had been appointed and was due to commence employment within the month. An acting manager had been appointed in the interim.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We reviewed information received from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us 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.

#### During the inspection

We spoke with four people who used the service. We spoke with nine members of staff including the providers, acting manager, deputy manager, senior care workers, care workers, the activities coordinator and the cook.

We reviewed a range of records. This included multiple care and medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with four people's relatives and a further four staff by telephone. We looked at training data and quality assurance records.

# 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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people were not safe and were at risk of avoidable harm.

### Preventing and controlling infection

- People were not always safe from the spread of infection. Good infection control practices were not always followed. For example, although track and trace and temperature checks were in place; these were not done when we entered the building. One bathroom had no hand wash or hand gel available to use.
- We were not assured that the provider was promoting safety through the hygiene practices of the premises. Although cleaning schedules were in place and followed, infection control best practice for cleaning high touch points such as door handles and other areas that are likely to be touched were not recorded.
- Overall the home appeared clean, but some carpeted areas needed hoovering. We saw that some new chairs had been purchased.
- One toilet on the first floor had an open waste bin with no lid. This does not follow good infection control practices.
- We were not assured that the provider was promoting safety through the layout of the communal areas. Arm chairs had not been repositioned to create space between each person. This may need the provider to consider altering the layout of the dining and living room space. This was discussed with the deputy manager at the inspection.
- There was no room to enable staff to take their breaks away from the main area of the home. The provider told us that staff had been told to use the manager's office for breaks. However, this was not done on the day of the inspection. We saw staff taking their lunch break in the dining area where other people were.
- Staff changed into and out of their uniform in the laundry room, as there was no designated room provided for this purpose.

We recommend the provider considers allocating a room, with facilities, for the sole purpose of staff to take their breaks individually and to change into and out of uniform.

### Assessing risk, safety monitoring and management

- Risks assessments were in place for most areas of support. However, we found that in some areas of care, only a care plan was in place.
- For example, where people were at nutritional risk, although a care plan was in place, there was no risk assessment to show how the care plan had been developed to manage the identified risk. Where people were at risk of falls and had a sensor mat or crash mat in place; a care plan was in place but no risk assessment, to demonstrate how the care plan had been developed. Staff practice observed and discussions with staff demonstrated they knew people well and understood the level of support they needed.

- We saw that people's weights were monitored. We saw that some people, who were nutritionally at risk had fluctuating weights recorded. The provider had identified prior to the inspection, that sling scales were needed for these people, as they were not able to independently sit in the chair scales. This meant the weights recorded for them were unlikely to be accurate. The provider confirmed the sling scales were on order.
- One staircase at the rear of the property was accessible. This potentially put people who were at risk of falls in danger, if they attempted to climb the stairs. The provider took action to address this and contacted the local fire officer who was supporting them to address this.
- People had personal evacuation plans to identify how staff needed to support them, if they needed to leave the building quickly. Fire risk assessments were in place and equipment was serviced following manufacturer's instructions and health and safety requirements.

#### Using medicines safely

- Protocols for as required medicines, known as PRN medicines, were not in place. These provide an additional safeguard to ensure PRN medicines are given in a safe way and when needed.
- An electronic medicines management system was in place that was effective, and staff confirmed this system reduced errors occurring.
- Medicines were stored safely and administered by trained staff.

#### Learning lessons when things go wrong

- Staff confirmed that any accidents or incidents were recorded on the providers electronic system and were then discussed at staff handovers. This was to reflect on what happened and any actions needed to reduce the risk of further incidents. Staff told us they found this practice helpful.

#### Staffing and recruitment

- People told us staff were available to them when needed. Relatives did not raise any issues regarding the staffing levels.
- Staff said they needed an additional staff member to enable care to be provided effectively. This was fed back to the provider and in consultation with the staff, an additional staff member was added to the shifts, at busy times in the morning and evening.
- The provider checked staff's suitability to work with people before they commenced employment. We saw the appropriate references and checks were completed in line with current guidance

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

- Staff knew how to identify abuse and who to report their concerns to. Staff were aware of their duties to report concerns to the local authority or CQC if this was needed.
- Staff were confident that the management team would take action and report to the local authority safeguarding team when needed.
- The provider had policies and procedures in place to support staff knowledge.
- Relatives we spoke to told us they thought their family members were safe. One told us that the staff knew their relative well and would contact them if they had any concerns. Another relative said, "Staff are great, it's a friendly atmosphere."



# 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 Good. At this inspection this key question has deteriorated to Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Quality assurance arrangements and systems for identifying risk were not always effective and there had been a lack of consistent management oversight of the service. We found improvements were needed with infection prevention and control practices and assessing risks.
- Some people's care records had not been updated. For example, one person who had been under the care of the dietician had been discharged four months earlier. Their care review had not been updated to reflect this.
- There was no evidence to demonstrate that people or their family representatives had been involved in their care reviews.
- Although discussions took place with staff to learn from incidents and accidents this information was not recorded effectively.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Audits were undertaken by the management team. These showed the actions that were being taken or had been taken to make improvements.
- The provider sent us the results of surveys sent out to relatives and to the staff team in June 2020. The majority of feedback was positive. Where improvements were identified an action plan was in place to show how this would be achieved and by when.
- There was no registered manager in post at the time of our inspection and one of the deputy manager's was acting as manager for Camden Care Home and the provider's other home which was next door. They were supported by the other deputy manager employed.
- Staff confirmed the acting manager and deputy manager were supportive and approachable.
- The provider had recruited a new manager who was due to commence employment later in the month. We discussed the responsibilities and practicalities involved in one person managing two separate homes.
- Notifications had been submitted to CQC regarding events that the provider is required to notify us of by law.

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

- People's relatives and friends confirmed they were able to contact the home, and some had been to the home for a window visit or spoken to their relative or friend on the phone or via a video chat call.
- One person told us they were consulted about menu choices and the cook was aware of people's preferences and dietary needs. However, the information they had regarding the allergens in the food they prepared was limited. The provider addressed this following the inspection to promote people's safety.
- There was an activities coordinator at the home on the day of the inspection. They confirmed they worked at the service and the providers sister home. They divided their time between the two. They discussed the activities they were doing with people for the D Day celebrations.
- We saw for one person there was limited interaction, other than when staff were supporting them. They spent a lot of their time in their room with little available to stimulate them. The provider took action to address this following the inspection and this remains ongoing at the time of this report.

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 acting manager and deputy manager understood their duty to be open and honest with people. One relative told us that they were contacted if there had been any accidents or incidents with their relative. They confirmed, "The home contact me when there are things I need to be told about."
- Staff told us they felt able to raise any concern and were confident they would be listened to and actions taken as needed.

Working in partnership with others

- The service worked well with external health and social care professionals.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Quality assurance arrangements and systems for identifying risk were not always effective and there had been a lack of consistent management oversight of the service.