

Roseberry Care Centres (England) Ltd

Cameron House Care Home

Inspection report

Cameron Street
Bury
Lancashire
BL8 2QH

Date of inspection visit:
26 January 2021
27 January 2021
28 January 2021

Date of publication:
18 February 2021

Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Cameron House Care Home is a care home providing personal and nursing care to 33 people aged 65 and over, younger adults, people living with dementia and people with a physical disability at the time of the inspection. The service can support up to 40 people.

The home has two floors which supports a mixture of people with residential and nursing needs. There is a large communal lounge and dining area, a smaller lounge and conservatory with garden area. All bedrooms are single.

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

Staff were aware of their responsibilities to report any concerns they had in relation to safeguarding vulnerable people. People were supported in a safe environment. Risks to people were minimised and staff were aware of how to manage risk. Staff were recruited safely and there were sufficient numbers of staff working at the home. Infection Control was well managed. Processes were in place to support people to live safely during the pandemic. The home was part of regular whole home testing to check for COVID-19. Medicines were managed safely, and staff received training to ensure they were aware of their responsibilities in relation to the safe management of medicines.

The new provider had made improvements to auditing processes. Action plans were implemented following audits to highlight where improvements needed to be made. Action plans were regularly reviewed. The leadership in the home created an open culture and relatives and staff were positive about the registered and deputy manager. The provider was aware of their responsibilities under their registration.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 23 May 2020 and was the first inspection. The last rating for the service under the previous provider was requires improvement (Published 20 November 2019).

Why we inspected

We received concerns in relation to the safety of people at night. 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 have made changes to the way we work due to the COVID-19 pandemic. This is to avoid putting pressure on services that are caring for people. We completed a focussed inspection. During this inspection we looked at the key questions of 'is the service safe?' and 'is the service well-led?'. We do not look at all of the five key questions during a focussed inspection. Therefore, the service was not given an overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cameron House Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Cameron House Care Home

Detailed findings

Background to this 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

Two inspectors attended the first day of inspection at the home. A third inspector carried out phone calls to staff members on the second and third days and an Expert by Experience carried out phone calls to relatives of people living at the home. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Cameron 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.

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

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was to enable us to check the COVID-19 status of the service and ask for documents to be ready for our arrival.

What we did before the inspection

We reviewed information we had received about the service since registration.

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. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and six relatives about their experience of the care provided. We spoke with eleven members of staff including the registered manager, the regional manager, the deputy manager, and four care workers. 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.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training information and quality assurance records and policies and procedures. We spoke with one professional who regularly has contact with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This was the first inspection for this newly registered service. This key question has been rated as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received regular training in protecting vulnerable people and whistleblowing. They could describe signs of abuse and what action they would take to report any concerns they had.
- Staff were confident any concerns would be acted upon by the registered manager or deputy manager. Any concerning information had been shared with the local authority safeguarding team for investigation.
- Relatives felt their loved one was safe. One relative said, "[Name] is well looked after," and another said, "[Name] is safe now as [they] were wandering and we never had any peace. We can sleep safe now."

Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored and reviewed.
- Assessments were in place to mitigate risks to skin integrity, falls, choking and moving and handling. Staff could accurately describe risks each person presented and what action was taken to reduce the risk. One staff member told us, "We read the risk assessments and are told about any changes."
- A relative told us, "[Name] uses a wheelchair and has to be hoisted. There are always two staff who used the hoist and [Name] never seems to be in any discomfort."
- The premises were regularly reviewed to ensure it was safe and suitable for the people living at Cameron House Care Home. Internal and external safety checks were in place and action taken promptly to rectify any concerns.
- Moving and handling equipment was safely stored within the home.

Staffing and recruitment

- Staff were recruited safely. Recruitment checks were robust and ensured suitable staff were employed at the home.
- People we spoke with and their relatives confirmed staffing levels were appropriate. Staff working during the day told us staffing levels were sufficient, but night staff said the nights were busy. Staffing levels were regularly reviewed and the registered manager assured us they will continue to review the night staffing levels as people's needs change.
- A relative told us, "There's always an abundance of staff about, they are always busy."

Using medicines safely

- Medicines were safely managed and administered by trained staff.
- Accurate records were kept for the safe receipt, storage, administration and disposal of medicines.
- Protocols were in place to support people who needed medicines when required such as pain relief.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Relatives told us, "The home is clean and well maintained." and "The home is always clean. [Name's] room is always spotless."

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed to prevent future occurrences.

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.

This was the first inspection for this newly registered service. This key question has been rated as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- A new auditing framework had been implemented by the new provider which had identified areas for improvement. Action plans were in place to embed any improvements. The action plan was regularly reviewed.
- The provider acted in accordance with regulatory requirements, including sending notifications about certain events which occurred in the home.
- The registered manager completed regular supervision with staff and encouraged the attendance of staff meetings.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager ensured there was a positive and person-centred culture across the home.
- Staff told us the registered manager had been extremely supportive and in particular, this support had been welcomed during the pandemic. One staff member told us, "[Registered manager's] door is always open, whatever it is. It's been stressful and you can go to [Registered manager] with anything."
- Relatives told us the registered manager had been very pro-active in keeping them informed of their loved one's welfare during the pandemic. One relative said, "[Name] can't cope with Zoom but they (staff) have phoned periodically to keep in touch. I went to visit [Name] on their birthday as they are on the ground floor. The staff had kindly re arranged the furniture, so [Name] was able to get nearer to the window to hear me." Another relative told us the registered manager and staff had support visits for their loved one at the end of life and the staff had been extremely supportive.
- Staff were included in handovers and a daily huddle to share information and changes to people's well-being. One staff member told us, "We are verbally updated and read the handover sheets for any changes."

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 provider was aware of their responsibility under duty of candour.
- People and their relatives were encouraged to raise any information to assist the service to improve.

Continuous learning and improving care

- Regular feedback was obtained from people and their relatives to assist in improving the service.

- Staff were able to contribute to feedback and told us, "We are listened to with suggestions or ideas."

Working in partnership with others

- The home and the staff team worked alongside other professionals in the best interests of the people living at Cameron House Care Home.
- Health professionals regularly visited the home and worked with staff to diagnose and treat people who were unwell. The local authority worked with the home to complete compliance visits and reviews of the service.