

DK Care Limited

Camber Lodge

Inspection report

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Camber
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23 October 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We undertook an inspection at Camber Lodge on 20 and 23 October 2017. Camber Lodge provides accommodation, care and support for up to eight adults with a learning disability. At the time of our inspection there were seven people living at the home.

There was a registered manager in post. 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 and associated regulations about how the service is run.

We had carried out an inspection in October 2016 where we found the provider was not meeting all the regulations. The provider sent us an action plan and told us they would address these issues by February 2017. At this inspection we found although improvements had been made further improvements were still required. Where people lived with health related conditions some guidance was not in place about how to support people. Some risks identified had not been fully addressed. We made a recommendation about this.

There was an audit system in place however, this had not identified the shortfalls we found in relation to people's records, which were not always person-centred and did not contain all the information staff needed. This did not impact on people because staff knew them well. They had a clear understanding of the support people needed and how they liked this provided.

There was a system in place which ensured medicines were stored, administered, disposed of and safely managed.

Staff had a clear understanding of the risks associated with the people they supported and how to keep people safe. There were procedures in place to safeguard people from abuse. There were enough staff who worked each shift to meet people's needs. Staff had been safely recruited.

Staff knew people really well. They treated them with kindness, respect and understanding. Staff worked with people to help develop their confidence and independence. People were involved in making decisions about what they did during the day. Staff understood people's needs and preferences and communicated

with them in a way that met their individual needs.

The manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff received the training they needed to look after people effectively.

People were supported to eat and drink a variety of meals that met their individual needs and preferences. Staff ensured people had access to external healthcare professionals when they needed it.

People received support that was individualised and responsive to their needs because staff had a good understanding of people's individual needs and choices. People had the opportunity to engage in activities of their choice and staff supported them to participate if they wanted to.

A complaints policy was in place and people approached the manager or staff with any concerns.

We found a breach of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 ●

Camber Lodge was not consistently safe.

Where people lived with health conditions some guidance was not in place and risks identified had not been fully addressed. We made a recommendation about this.

Medicines were stored, administered and disposed of safely.

Staff understood the risks associated with the people they supported.

There were procedures in place to safeguard people from abuse.

There were enough staff who had been safely recruited to meet people's needs.

Is the service effective?

Good ●

Camber Lodge was effective.

The manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff received the training they needed to look after people effectively.

People were supported to eat and drink a variety of meals that met their individual needs and preferences.

Staff ensured people had access to external healthcare professionals when they needed it.

Is the service caring?

Good ●

Camber Lodge was caring.

Staff knew people well and treated them with kindness, respect and understanding.

People were involved in making decisions about what they did during the day. They were supported to maintain and improve their independence.

Is the service responsive?

Good ●

Camber Lodge was responsive.

People received support that was individualised and responsive to their needs because staff had a good understanding of people's individual needs and choices.

People had the opportunity to engage in activities of their choice and staff supported them to participate if they wanted to.

A complaints policy was in place and people approached the manager or staff with any concerns.

Is the service well-led?

Requires Improvement ●

Camber Lodge was not consistently well-led.

People's records did not always reflect the care they required or received.

Quality assurance systems were in place but these were not always effective.

Camber Lodge

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 was an announced inspection by one inspector on 20 and 23 October 2017. We told the registered manager that we were visiting because they were sometimes out of the home supporting people who use the service. We needed to be sure that they would be in.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed the information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records of the home. These included staff training records, staff files including staff recruitment, training and supervision records, medicine records, complaint records, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We also looked at three care plans and risk assessments for people along with other relevant documentation about their care to support our findings. We also 'pathway tracked' people living at the home. This is when we looked at their care documentation in depth and obtained views on their life at the

home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection, we spoke with people who lived at the home and six staff members including the registered manager. Following the inspection we contacted the relatives of four people and five healthcare professionals who visit the service to ask for their feedback.

Some people who lived at Camber Lodge were unable to verbally share with us all their experiences of life at the home because of their learning disability. Therefore we spent time observing people in areas throughout the home and were able to see the interaction between people and staff and watched how people were being supported for by staff in communal areas. This included the lunchtime meals. This helped us understand the experience of people who could not talk with us.



Our findings

At our inspection in October 2016 we found the provider had not taken appropriate steps to ensure there were measures in place to keep people safe. There were not always enough staff on duty at night and risk assessments were not always in place to provide guidance for staff. The provider sent us an action plan and told us they would address these issues by February 2017.

At this inspection we found improvements had been made in relation to the number of staff on duty. However, improvements were still required in relation to assessing the risks to people.

Throughout the inspection we saw people were comfortable in the presence of staff. We observed them seeking out staff and happily spending time in their company. One relative told us they were reassured by the support their loved one received at the home.

Some people were living with health related conditions. Staff had a good understanding of how to support them appropriately. They were able to tell us how they supported one person to ensure their diabetes was well managed. This included the normal blood sugar levels, how often they were tested and the dosage of insulin the person required. Staff told us that if the person's blood sugar levels rose about a certain level they required extra insulin. They said if the person's sugar levels were above a certain level they would contact the registered manager or senior staff member to help make the decision about administering more insulin. Staff were clear about when and how much insulin was required. However, there was no written guidance in place. The registered manager told us this practice had been in place for some time following direction from the GP but this original information was no longer available. The registered manager believed it had been recently archived. This could leave the person at risk of receiving support that was inconsistent or unsafe. We saw this person's blood sugar levels were regularly monitored and appropriate actions taken if the level was deemed to be lower or higher than usual limits for this person. Following the inspection the registered manager contacted us and told us this had been discussed with the GP and written guidance had been obtained. Staff told us they were putting the cap back on the needle after giving the injection of insulin. Best practice as stated by the Health and Safety Executive (HSE) 'Avoiding sharps injuries' the cap should not be put back on the needle. This is to prevent injury to staff. Staff told us they had previously used needles that were self-covering following use however the person did not like these and became distressed. Therefore staff had reverted to covering the needle. There was no risk assessment in place to guide staff to ensure they took all steps to reduce the risk of injury. There was no evidence that any alternative advice or solutions had been sought. Staff were aware of the risks and knew what steps to take to minimise the risks. The registered manager told us no needle stick injuries had occurred.

We recommend the provider seeks guidance from a suitably qualified professional to ensure all aspects of diabetes care reflect current best practice.

Staff understood the risks related to people they supported and there were a range of risk assessments in place. This was clear from our discussions with staff and through observations. These included mobility, going out and behaviours that may challenge. Where people displayed behaviours that may challenge staff were clear about the triggers, what steps to take to prevent it occurring and to prevent escalation.

Accidents and incidents had been recorded with the immediate actions taken. There was further information to which showed the incident had been followed up and action taken to prevent a reoccurrence. Incidents were analysed for each person every month to identify any themes or trends. Where trends had been identified measures were put in place to prevent or reduce the risk of a reoccurrence.

Staff told us there were enough staff on duty to meet people's needs. During the day there were three staff working. At night there were two staff at night, one of who was a 'sleep-in'. A 'sleep-in' member of staff is somebody who works for an agreed number of hours at the start and end of a shift and may be called on at any time during the night depending on people's needs. During the day we saw people were attended to in a timely way. This meant people could always be assured that there were sufficient numbers of staff available to support them and respond to their care and needs at night.

People were protected against the risks of harm and abuse because staff knew what actions to take to protect people if they believed they were at risk. They told us how they would observe people for changes in behaviours which may identify if they were being abused. Staff were clear all concerns would be reported to the most senior person on duty and to the local authority. Each person had a safeguarding care plan in place which helped staff to identify how an individual may be at risk of abuse.

There was a system in place to ensure medicines were ordered, stored, administered and disposed of safely. Medicines were stored in a locked cupboard in the office and given to people individually. After staff had given medicines the medicine administration record (MAR) was checked by another staff member and medicines counted to ensure they had been given and given correctly. There was information within the MAR about the medicines people were taking. This meant staff had knowledge about what each medicine was for. There was information in the MAR about each person's preferred routine of taking their medicines. Staff only administered medicines after they had received the appropriate training. There were no formal competency assessments in place but staff told us they initially observed a colleague and were then observed themselves by the registered manager to ensure they understood the medicine system. The registered manager and staff told us the ongoing checking system helped to support staff that were new to administering medicines.

People were protected as far as possible by a safe recruitment process. The recruitment processes ensured staff employed were suitable to work at the home and had the appropriate skills and qualifications to undertake their allocated role. Staff recruitment records included application forms, identification, two references and employment history. Each member of staff had a disclosure and barring check (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or adults.

People were supported to keep their own bedrooms clean and tidy. Staff were responsible for the cleanliness of the communal areas and the kitchen. There were cleaning schedules in place to guide and support staff. There was a maintenance and redecoration plan to ensure ongoing improvements throughout the home. There were regular servicing contracts in place for example the electric, electrical appliances and

water temperature. There were regular fire checks and each person had their own personal evacuation and emergency plan. There was guidance for staff on what action to take in case of an emergency and there were local arrangements in the event the home had to be evacuated. Staff were aware of these arrangements. On the first day of the inspection there had been a disruption to the water supply to the local area. This meant the local contingency arrangements were not appropriate on this occasion. Therefore the registered manager ensured alternative arrangements were made to re-locate people to a safe area in a nearby town where there were appropriate facilities.



Our findings

At our inspection in October 2016 we found that staff had not always received the training they needed to support people effectively. The provider sent us an action plan and told us they would address this by February 2017.

At this inspection we found improvements had been made and the provider is now meeting these regulations.

Staff had received the training they needed to work effectively in their role. One healthcare professional told us, "They (staff) are well trained and conscientious in their approach to their work." Staff told us they received regular training which enabled them to provide the support people needed. Since our last inspection staff had received training and had their competencies assessed in relation to administering insulin. There was an ongoing training programme in place and training updates were identified by the registered manager and completed by staff as necessary. There was a training matrix which showed the training staff had received and showed future training had been booked. Training included moving and handling, infection control, food hygiene and fire safety. Staff also received training in relation to the particular needs of people who lived at the home. This included epilepsy awareness, behaviours that challenge and dysphasia training. When staff commenced work at the home they completed an induction and 'shadowed' experienced members of staff to ensure they were competent to work unsupervised.

At our previous inspection there was no process in place to ensure staff received regular supervision. We saw supervisions had taken place with some staff. Other staff told us they had not yet received one and felt this would be useful. The registered manager told us she had an open door policy in place where staff were able to discuss issues with her whenever they wished. She told us supervisions had commenced but they were not yet fully embedded into practice.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their

best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had made appropriate DoLS applications to the local authority where people had been assessed as lacking capacity to be able to consent to all aspects of their care.

Where people needed support to make a big decision there would be a best interest meeting. The registered manager told us a best interest meeting was planned for one person. This included the appropriate professionals and an independent advocate to support the person. This advocate was already known to the person and had an understanding of their needs. An advocate is an independent person who is not connected with the service but who can support people to express their views.

There was no information in people's care plans about their capacity, how their DoLS authorisation may affect them or how to support them in the least restrictive way. However, this did not impact on people because staff had a clear understanding. Staff understood why DoLS applications had been made and why authorisations were in place. They told us everybody had the capacity to make day to day choices and each person had their own way of expressing these choices. One staff member told us, "If someone doesn't want to do something they would soon let us know and we respect that." Throughout the inspection we saw staff asking people's consent and offering choices prior to providing support.

People had a choice of food and drink throughout the day and were encouraged to eat meals that were nutritious and healthy. There was a weekly menu displayed on the white board in the dining room. The registered manager told us people were involved in planning the menu through discussions each week. Some people were less able to express their choices verbally and the registered manager described how staff looked through recipe books with one person to enable them to make different meal choices.

People told us generally they enjoyed the food. One person told us, "If I don't like what we're having I can have something else from the freezer." Staff ensured that people had enough to eat and drink throughout the day. One staff member told us, "People can have drinks whenever they like throughout the day." The staff member went on to say there were also regular times throughout the day when people were offered a drink. They told us this ensured people who did not request drinks were offered them regularly.

Staff had a good understanding of people's dietary needs and there was information about how to support people with eating and drinking within their care plans and in the kitchen. Where people required a pureed or diabetic diet we saw these were provided. The registered manager told us how staff supported one person who required a pureed diet. This person would have preferred not to have had a pureed diet and was on occasions reluctant to eat. To support this person staff showed the person food prior to it being pureed so that they were fully aware of what they were eating and ensuring it was well presented. Some people required support from staff at meals times for example to cut up their meals or use specialist cutlery and this was provided appropriately. There were records of what people ate each day, and although staff currently knew people really well this also helped identify if there was food people did not enjoy.

People were supported to maintain good health and received on-going healthcare support from the appropriate healthcare professionals. One person told us about their recent visit to the GP and we were told another person had an appointment booked for later in the week. This included the GP, speech and language therapist, optician and chiropodist. A visiting professional told us, "Staff have been very proactive in seeking timely medical support for (person's name) and this has been vital in keeping them well." Where people had specific health needs they received regular checks and advice and there was a system in place to

ensure people who required regular monitoring, for example blood tests received them. Where people's health changed they were supported to obtain appropriate care and treatment. Staff were attentive to changes in people's health needs and responded in a timely way. They told us what changes they looked for and how they would respond.

Hospital passports were in place for some people who required them. They took with them if they needed to go into hospital. Hospital passports are communication booklets which provide important information about the person and provide hospital staff with a straightforward guidance about supporting the person. Staff demonstrated a caring approach to people in all aspects of their life. The registered manager and staff told us about the support provided to people if they were admitted to hospital. They told us they would accompany the person and stay with them. The registered manager said, "If someone's in hospital you'll find me at their bedside doing my work from there. I can't leave people somewhere without staff that know them, it's not right." A visiting professional also told us this was a very positive aspect of the care provided.



Our findings

People were treated with kindness, respect and understanding by staff. Interactions and conversations between staff and people were positive and supportive, and people were happy and having fun. People told us they liked the staff. One person told us, "All staff are good in their own way." This person went on to tell us about one staff member who they particularly liked. They said, "I like the way (staff member) responds to me when I'm angry or upset." Relatives spoke very highly of the caring nature of the registered manager and staff. One relative said, "The love and devotion that is shown to all of their charges by all the staff goes above and beyond any care home that I have had to visit in the past." Another relative told us, "I think the staff at Camber Lodge are amazing. They really care about their residents. They have become an extended family to us. Camber Lodge is (person's name) home and they are happy there."

Throughout the inspection there was a happy atmosphere at Camber Lodge. People were relaxed and cheerful, it was clearly thought of by people as their home. There was an open and friendly relationship between people and staff. Staff were attentive and supported people with good humour. We observed and heard a lot of friendly chat and laughter between people and staff. Staff knew people well and people were familiar with staff. People were happy to approach staff if they needed support or had concerns or worries. Staff were alert to people's needs and behaviours, they were aware of what people were doing and how they could support each individual.

Staff had a good understanding of people as individuals; they were able to tell us about their support needs, choices, personal histories and interests. People were involved in decisions about their day to day care and support and were able to decide what care and support they required. People chose where to spend their day and chose what they would like to do. Where appropriate staff reminded, prompted and encouraged people to participate in their own support.

People were supported to maintain relationships with people who were important to them. This included visits from their family and friends and time away from the home with family. People were also supported to develop new friendships through attending clubs and day centres. They were supported to develop and maintain relationships with other people at the home. Staff recognised this they told us people enjoyed spending time together and especially eating out together. Staff recognised this as an important part of people's lives. On occasions everybody went out for a cooked breakfast to a local café. This was clearly something people enjoyed. Staff told us how they had arranged with staff at the café for one person's breakfast to be pureed. This meant everybody could eat out together and maintain their social contacts. Breakfast out had been arranged for the day following inspection and it was clear people were really excited

about this.

People chose where to spend time each day and were supported to do this. Most people spent time in the communal areas with other people and others liked to spend time in their own bedroom. One person joined other people for meals but then returned to their bedroom where they spent most of their time. It was clear this was the person's choice. Each person had their own seat in the lounge area. The registered manager told us this had evolved over time and people had chosen these seats. Some people had their own possessions such as books and craft objects next to their seats. Staff had recognised one person liked to sit with their legs up and this person now had a small sofa which enabled them to sit comfortably.

People were supported by staff to dress according to their individual tastes. People were well-presented and well cared for in clothes that were clean and well-laundered. We observed staff treating people with kindness they respected people and help them to maintain their individuality. People's bedrooms were decorated in their own style, in the colour of their choice and furnished with their own possessions in a way that suited the needs of the person.

People were treated with dignity and their privacy was maintained. Staff knocked before they entered people's bedrooms and spoke to them discreetly when they needed to. People were supported to spend time alone if they wished to. People's right to confidentiality was respected. Records held about them were stored in locked cabinets and offices to ensure that their privacy was maintained. Staff were mindful about not discussing people's needs in communal areas and there were reminders for staff about this.

Where needed, staff had provided care and support to people at the end of their life. Staff spoke about the care they had given people with compassion and understanding. We were told about a person who had passed away whilst living at the home. The registered manager was responsible for arranging the funeral. She told us how she involved other people at the home in decisions about the funeral. Everybody at the home attended the funeral service and joined in a celebration of the person's life afterwards. This showed staff recognised people would be missed by their friends in the home. It allowed people time to grieve and celebrate the person's life together. This demonstrated people received care from staff who know them well and respond to their individual needs in a caring and compassionate way. Both healthcare professionals and relatives told us about the compassionate care they had seen other people receive. One relative told us, "I've seen people very poorly and the care they are given is outstanding."



Our findings

At our inspection in October 2016 we found that people did not always receive the care and support they required because care plans did not contain sufficient detailed guidance for staff. The provider sent us an action plan and told us they would address this by February 2017.

At this inspection we found that people were receiving care and support that was person-centred and met their individual needs. Although people's care plans did not always reflect the care and support people needed and received this did not impact on people because staff knew them well and had a good understanding of their needs. All relatives we spoke with told us they were regularly kept up to date about their loved ones. One relative said, "I know they would tell me immediately if something was wrong." Another relative said, "The manager will always call or text me so I know what's going on. It's important that we are all saying the same thing."

Before moving into the home people's assessments took place make sure their needs and choices could be met. People also visited the home and where possible spent time there to ensure they would get on with others who lived there. The assessment process also helped identify if staff had the knowledge and skills to meet people's needs or if further training would be required. Staff told us about one person with additional needs who may move into the home. The registered manager told us staff would be provided with specific training to be able to meet this person's needs prior to them moving in. Each person had care plans and risk assessments in place. These were reviewed by their key worker. A key worker is a person who co-ordinates all aspects of a person's care and has responsibilities for working with them to develop a relationship to help and support them in their day to day lives.

People were supported by staff who had a good understanding of their communication needs and could engage well with them. Some people were able to communicate verbally. Where they needed support to do this there was also information in their care plans. For example one person needed to be given time to talk and respond to information. Other people used Makaton that had been adapted to meet their individual needs. Makaton is a language programme which uses signs and symbols to help people to communicate. Staff told us how each person communicated using Makaton and what each sign meant to each individual. Staff understood the importance of knowing how each person used the language because they didn't always use traditional Makaton. There was information on the dining room wall about a small range of Makaton signs which supported staff and other people to maintain communication. The registered manager and staff also explained how people communicated through the use of body language. Staff told us they were in no doubt if somebody wanted something. Throughout the inspection we saw continuous good

communication between people and staff.

Some people needed support with their personal hygiene. There was information in people's care plans about the support they needed and how this should be provided. There was also information in people's ensuite bathrooms to guide staff and ensured they had the appropriate information when they. Where people required support to maintain their continence there was guidance for staff. One person's care plan informed staff if the person declined continence support to be mindful of the impact this may have on the person's skin integrity. There was detailed guidance in place to ensure one person who had complex care needs received consistent care and support.

Some people at Camber Lodge did not respond very well to change. The registered manager had told us that she was due to leave the service and a new manager had been appointed. To support people through this period of change the new manager had visited the home to meet people and plans were in place for them to work at the home with the registered manager to help ensure a smooth transition.

People were supported to take part in a range of activities each day. Some people attended day centres and were supported to do this. Staff were attentive to people's enjoyment and engagement at the day centres and would arrange alternatives if people were not happy. People were supported to maintain their own hobbies and interests and we observed staff supporting two people with their knitting. Relatives told us their loved ones were supported to do what they wanted to each day. One relative told us their loved one was "constantly asked" what they would like to do. Another relative told us their loved one had been supported to become more independent. We observed people helping to prepare the midday meal and another person was helping with the laundry. Staff told us about one person who liked to help clear the table after mealtimes. People were able to take part in a range of trips out and discussions were held at meetings and on a day to day basis about where people may like to go.

People were supported to maintain their own independence. One relative told us, (Name) receives lots of support from the staff. "They (staff) supply them with everything they need and support them in doing things that they can do for herself. They encourage them to do what they can, even if they are reluctant, so that they have as much independence as they possibly can given their ability."

There was a complaints policy and procedure and complaints were recorded and responded to. We saw complaints had been investigated and the people responded to appropriately. This was available in an easy-read format for people who required it. People told us if they had any concerns they would talk to the staff. Staff regularly spoke with people throughout the day and their feedback was sought. If people expressed any concerns these were addressed promptly. The registered manager told us resident meetings had recently been introduced. People took turns to chair the meeting supported by staff. Minutes from the meetings showed people had discussed menu choices and trips out that they might enjoy.



Our findings

At our inspection in October 2016 we found the service was not consistently well-led. The provider had not ensured that the appropriate notifications of incidents such as safeguarding and notifications of authorisation to deprive an individual of their liberty were made to the Care Quality Commission (CQC). There was insufficient monitoring of the quality of the service. The audits were not effective at identifying or addressing shortfalls. The provider sent us an action plan and told us they would address this by February 2017.

At this inspection we found some improvements had been made. We had received a number of notifications however we had not received any notifications of authorisation to deprive an individual of their liberty. We discussed this with the registered manager who told us she would address this immediately.

We recommend the provider familiarises themselves with their responsibilities in relation to notifications.

We found Camber Lodge was not consistently well-led.

Not all staff had received supervision, this had been identified at our last inspection. The registered manager told us she had an open door policy and staff could speak with her at any time. One staff member identified this with us as an area of concern. They told us they had no measure of how well they were doing, what further training they could do or other opportunities that were available to them.

Although there was a quality assurance system in place however this had not identified that people's records were not always accurate or consistent and did not contain all the information staff needed to look after people.

Accidents and incidents were analysed on an individual basis however there was no analysis to identify themes and trends across the service. Some people displayed behaviours that may challenge but there was no information to demonstrate how this may impact on other people. Staff had a clear understanding of this and were able to identify themes and trends. However, the lack of consistent guidance and analysis could leave people at risk of receiving inconsistent or inappropriate care.

Throughout the inspection it was clear people received care that reflected their individual needs. However, this was not reflected in their care plans. Care plans were not always person-centred and lacked the level of detail that was needed to support people appropriately. There was no information about people's capacity

or whether they had a DoLS authorisation in place. There was no information to guide staff about how to minimise restrictions. People engaged in a range of activities throughout the week. Although there was information in people's care plans about what they were supported to do each day, plans did not include guidance about how to help them maintain their hobbies and interests. One person's care plan stated they enjoyed a particular television programme but there was no guidance for staff about when the person may like to watch this. Another person's care plan stated they displayed behaviours that may challenge. Guidance stated that staff would 'gain knowledge of what will assist with calming.' However, there was no information about what this may be. We observed staff supported people to communicate well. This included very specific information for some people. We were told people could express themselves well through their body language. This information had not been included in people's care plans.

One person was being supported to improve their daily living skills with a long term goal of moving to more independent living. Staff knew how to support this person and what they needed to do to help them to gain appropriate knowledge and skills. However, there was no detailed guidance for staff to follow and no evidence of how their skills had been measured to determine achievements or where further support was required.

Some people were living with health related conditions. Some were prone to seizures. One person had not experienced a seizure for many years, there was no guidance about what action staff should take in the event of a seizure occurring. The registered manager told us if this happened then medical assistance would be sought. This had not been included in the care plan. One person living with diabetes had information in place about how to support them to maintain good sugar levels. This was not all kept in the care plan some information had been displayed on the office wall. This meant staff had to know where to look to find all the relevant information which could prove confusing.

Throughout the inspection it was clear people were involved in choosing their own care and support. However, care plans and key worker reviews did not always demonstrate that discussions had taken place with people or that people were involved in their development.

Although this did not currently impact on people because staff knew them well we were told about a number of forthcoming changes at the home which included new staff and a new manager. This reliance on verbal information left people at risk of receiving care and support that was inappropriate or inconsistent. We discussed specific examples with the registered manager and further discussed how these should be applied across everybody's care plans.

At the last inspection we had identified that people's records did not reflect the care people required and received. The provider had failed to take action to ensure this had been fully addressed.

The above concerns demonstrate the provider has failed to have effective systems and processes in place to assess and monitor the quality of the services provided and ensure people's records were accurate and complete. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff knew people really well. They were able to give us detailed information about people's support needs and choices. They were updated each day at handover and regularly throughout the shift and had a clear understanding of their roles and responsibilities.

The registered manager told us she was aware that some of the staff team were not happy and there was a feeling of general unrest. She told us she believed some of this was due to the forthcoming changes at the

home including the change in registered manager. We received mixed feedback from staff about how well supported they felt working at Camber Lodge. All staff felt supported by their colleagues, some told us they were well supported by the registered manager and others said they were not. One staff member told us whilst they enjoyed their job they felt, "defeated and not listened to." Another staff member told us, "Staff are discontented." Staff told us they had emailed the provider about recent concerns but had not received a response. They reassured us this did not impact on the care and support people received. Following the inspection the provider told us they were aware of staff concerns and were taking steps to address them. The provider said they continued to work hard with staff to encourage an open culture.

During the inspection we observed good interactions between staff and the registered manager. However, there was a risk that this will impact on people at the home and we identified it as an area that needs to be improved.

Despite the above concerns it was clear the priority of the registered manager and all staff was the quality of life and well-being of people who lived at the home. Staff spoke about people with genuine compassion and understanding. It was clear their aim was for people to live as happy and fulfilled life as possible. Relatives spoke highly of the registered manager and told us she would be missed.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider has failed to have effective systems and processes in place to assess and monitor the quality of the services provided and ensure people's records were accurate and complete.</p>