Camelot Care Homes Limited

Camelot Care Homes Ltd

Inspection report

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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?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

Camelot Care Homes Ltd provides accommodation with nursing and personal care for up to 57 older people, some of whom have dementia. At the time of our inspection 52 people were resident in the home. 20 of the beds were for people to stay for a short period of 'intermediate care'. This gave people the opportunity to regain their independence after leaving hospital before returning home, for example after an injury or planned surgery. A multi-disciplinary team of a physiotherapist, rehabilitation assistant and occupational therapist was based at the home to provide support for people with their recovery.

This inspection took place on 5 May 2016 and was unannounced. We returned on 11 May 2016 to complete the inspection.

There was a registered manager in post at the service. 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.

At the last inspection we found the systems for assessing and managing risks did not always ensure there was clear information for staff on the action that was needed to keep people safe. At this inspection we found the registered manager had taken action to address this concern. Risks people faced were assessed and plans were in place showing staff how to manage them.

Medicines were not always managed in ways that protected people or were safe. There was a lack of information about when people should be supported to take 'as required' medicines. Medicines were not always stored securely and the records did not always match medicines held in the home.

People were not always able to choose when they received care and support. Comments from people included, "We just do as we're told" and "You've got to follow and fit in with everyone else". Care plans contained information about what people's needs were, but not always how those needs should be met. Staff provided the care people needed, but sometimes this was task focussd, and not focussed on the person and their wishes.

People said they felt safe living at Camelot. Comments included ''I do feel safe here" and "I feel safe and well looked after". A relative told us "I'm confident (my relative) is safe and happy here".
Systems were in place to protect people from abuse and harm and staff knew how to use them. Staff understood the needs of the people they were supporting. We saw that care was provided with kindness and compassion.

Staff were appropriately trained and skilled. They received a thorough induction when they started work at the service. They demonstrated a good understanding of their roles and responsibilities, as well as the values and philosophy of the service. The staff had completed training to ensure the care and support

provided to people was safe and effective to meet their needs.

People were confident that they could raise concerns or complaints and they would be listened to.

The provider and registered manager assessed and monitored the quality of care. The service encouraged feedback from people and their relatives, which they used to make improvements. We received positive feedback from health and social care professionals about the registered manager and their ability to resolve concerns or shortfalls in the service.

We found breaches 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

The service was not always safe.

Medicines were not always recorded or stored safely. There was not always clear information about when to support people to take medicines that had been prescribed 'as required'.

The systems for assessing and managing risks ensured there was clear information for staff on the action that was needed to keep people safe.

There were sufficient staff to meet people's needs safely. People felt safe because staff treated them well and responded promptly when they called for assistance. Systems were in place to ensure people were protected from abuse.

Is the service effective?

Good

The service was effective.

Staff had suitable skills and received training to ensure they could meet the needs of the people they supported.

People's health care needs were assessed and staff supported people to stay healthy. People were supported to eat and drink enough to meet their needs.

Staff recognised when people's needs were changing and worked with other health and social care professionals to make changes to their care package.

Is the service caring?

Good

The service was caring.

People and their relatives spoke positively about staff and the care they received. We observed that staff were caring in their contact with people.

People received the care they needed and were supported to maintain and develop skills to maximise their independence.

Staff provided care in a way that maintained people's dignity and upheld their rights. Care was delivered in private and people were treated with respect.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were not always able to choose when they received care and support. Staff provided the care people needed, but sometimes this was task focussd, and not focussed on the person and their wishes.

People told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

Is the service well-led?

Good

The service was well led.

The provider and registered manager provided strong leadership. They demonstrated the values they wanted staff to work to and challenged staff where necessary. There were clear reporting lines from the service through the management structure.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned. Quality assurance systems involved people, their representatives and staff and were used to improve the quality of the service.

Camelot Care Homes Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 May 2016 and was unannounced. We returned on 11 May 2016 to complete the inspection.

The inspection was completed by two inspectors. We reviewed the Provider Information Record (PIR) before the inspection. The PIR was information given to us by the provider, which enabled us to ensure we were addressing potential areas of concern. We also looked at the notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We received feedback from a social worker, training consultant and a commissioner from the local clinical commissioning group who had contact with the service. During the inspection we spoke with a visiting GP and an occupational therapist who was based at the home to provide rehabilitation to people staying at the home for a short period before returning home.

During the visit we spoke with 17 people who use the service, five relatives, eight staff and the registered manager. We spent time observing the way staff interacted with people who use the service and looked at the records relating to care and decision making for six people. We also looked at records about the management of the service.

Requires Improvement

Is the service safe?

Our findings

At the last inspection we found the systems for assessing and managing risks did not always ensure there was clear information for staff on the action that was needed to keep people safe. Our concerns related to the way risks associated with the use of bed rails, nutrition and pressure relieving equipment were being assessed and managed. We found there was a breach of Regulation 12 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection the registered manager wrote to us and said they would complete actions to address the concerns by the end of August 2015. During this inspection we found the provider had taken action to manage risks effectively.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting people to maintain their freedom. Assessments included, for example, information about how to support people to minimise the risk of falls, risks associated with the use of bed rails, maintain suitable nutrition and to minimise the risk of developing pressure ulcers. There were plans in place to manage the risks that had been identified. Staff demonstrated a good understanding of these plans, and the actions they needed to take to keep people safe. We saw staff implementing the plans throughout the inspection.

Medicines were not always managed in ways that protected people or were safe. One person had not received their prescribed medicine for three days. A nurse told us this was because they had run out of the medicine and had ordered more from the person's GP. The failure to order and obtain this medicine on time meant the person was not receiving the medicine they had been prescribed.

Some people were prescribed medicines to be taken 'as required'. There were protocols in place about when these medicines should be administered to people, but they had not been fully completed. One person was prescribed a medicine to treat anxiety 'as required'. There was no information available to describe how anxiety affected the person, alternative methods of trying to provide support to the person or at what point the person should be offered their medicine. Another person was prescribed medicine for difficulty sleeping. There was no information to describe at what point they should be offered their medicine. A third person had medicine to be taken 'as required', but there was no information about what it was for or when they should be offered the medicine. The 'reason for administration' section of the protocol had been left blank and there was no information about how the person communicated the need for their medicine. This increased the risk that people would receive their medicine when it was not required or not receive it when needed.

Records of the medicines did not always match what was held in the home. One person had left the home and staff reported their medicines had been taken with them. However, records stated their medicine was still held by the home.

On the first day of the inspection, we found a delivery of medicines had been left on the nurses desk whilst waiting to be checked and the door to the office had been left open and unlocked. This meant the medicines were not securely stored. The registered manager reported the door had been left unlocked by a

new member of the intermediate care team working in the service. Action was needed to ensure anyone who had access to the office was aware of the need to keep the door locked when unattended

This was a breach of Regulation 12 (2) (f) and (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with said they felt safe living at Camelot. Comments included ''I do feel safe here" and "I feel safe and well looked after". A relative told us "I'm confident (my relative) is safe and happy here".

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report abuse if they were concerned and were confident the registered manager or provider would act on their concerns. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with. The registered manager had worked with the safeguarding team to address concerns that had been raised.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people.

Sufficient staff were available to support people. People told us there were usually enough staff available to provide care for them when they needed it. Comments included, "Staff come fairly quickly when I use the call bell. There's sometimes a bit of a wait, but not too long" and "Staff provide care when needed. There are enough of them and they come fairly quickly when I use the call bell". Staff told us they were able to provide the care people needed, with comments including, "There are enough staff to meet people's needs. The team works well together" and "Staffing is sufficient to provide the care people need". During our observations we saw staff responding promptly to people's requests for assistance, for example if people called out for help from staff or when people used their call bell. The registered manager completed a weekly assessment of people's needs to help determine the levels of staff that were needed. The registered manager said she was able to amend staffing levels if necessary, where she assessed it was necessary to meet people's needs. Examples had included providing one to one staffing to meet a person's needs and increasing staffing in the early evening.

The home was clean throughout and smelt fresh. People told us the home was always kept clean, with comments including, "The home is always kept clean, no problems" and "The home is kept very clean". A member of housekeeping staff told us they had all the equipment they needed to clean the home effectively and said their cleaning schedules were realistic and worked well. They said staff followed the infection control procedures and there was always supplies of protective equipment available, such as gloves and aprons. During the inspection we observed staff following the infection control procedures.

Good

Is the service effective?

Our findings

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. We saw that these supervision sessions were recorded and the registered manager had scheduled regular one to one and group supervision meetings with all staff throughout the year. The aim was to provide staff supervision sessions every two months. Staff said they received good support and were also able to raise concerns outside of the formal supervision process. Comments from care staff included, "I am confident I have the support I need to do the job effectively" and "We get lots of support and career development as well". New staff told us they had received a good induction to the service and did not work alone until they were confident to do so. Established staff had an annual appraisal of their performance. This set out areas where staff had worked well and identified any training or learning needs.

People told us staff understood their needs and provided the care they needed, with comments including, "Staff know my needs and provide care when needed" and "They always ask what I want and how I want it done. You couldn't get any better".

Staff told us they received regular training to give them the skills to meet people's needs. The training was specific to the needs of people using the service and included classroom and on-line courses and observation of practice. The nurses told us they were able to keep their clinical skills up to date and undertake professional development. Care staff were supported to undertake the health and social care diploma. This is a national qualification which is externally assessed to ensure candidates have demonstrated their knowledge and skills. We received feedback from the home's training consultant, who was positive about knowledge staff had about people's individual needs. The consultant reported the manager had requested specific topics to be covered in the training programme as a result of issues raised in previous inspections and the quality assurance systems. This helped to ensure staff were supported to change their practice where concerns were raised.

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 legally authorised under the MCA. 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 are called the Deprivation of Liberty Safeguards (DoLS).

Staff demonstrated a good understanding of the principles of the MCA. Applications to authorise restrictions for some people had been made by the service and were being processed by Wiltshire Council, the supervisory body. Cases were kept under review and if people's capacity to make decisions changed then decisions were amended. Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity. Capacity assessments had been completed and best interest decision making processes had been followed, for

example in relation to people receiving their medicines and personal care. Decisions had been made with input from relatives, people's GP and social workers.

Most people told us they enjoyed the food. People said they were able to choose their meal and the chef provided alternatives where they did not like the food on the menu. Comments included, "The food is good, and there's a choice", "The food is excellent, well cooked and a choice of meals" and "The food is OK, nothing special but quite pleasant". One person told us they didn't like the food as they did not like the way it was cooked. This person said they had not raised their concerns with the chef or management. There was a picture menu to help some people choose meals. We observed staff providing good support for people who needed help to eat. Staff sat with people, explained what the food was and ensured people were ready to eat and in a good position before offering them a spoon of the food. People's specific dietary needs were recorded in their care plans and staff demonstrated a good understanding of them. For example, staff were clear who needed to have a soft diet because of swallowing difficulties and what consistency people needed their drinks thickening to.

In addition to people who lived at the home permanently, there were up to 20 beds for people to stay for a short period of intermediate care. This gave people the opportunity to regain their independence after leaving hospital before returning home, for example after an injury or planned surgery. A multi-disciplinary team of a physiotherapist, rehabilitation assistant and occupational therapist was based at the home to provide support for people with their recovery. The occupational therapist told us there was good communication with the home staff and the teams worked well together. A member of the commissioning team told us the service worked well with the intermediate care team. They said staff came to the multi-disciplinary team meetings well prepared, with a thorough knowledge of people and their specific needs.

There was one GP for people receiving intermediate care, who visited three times each week. People who were permanent residents at the home were supported to register with a local GP. Care records demonstrated people received a range of health services appropriate to their conditions.

Good

Is the service caring?

Our findings

People told us they were treated well and staff were caring. Comments included, "The staff are all very nice and kind", "The staff are kind to me, they're lovely people" and "I am happy here, I feel well looked after". We observed staff interacting with people in a friendly and respectful way. Staff respected people's choices and privacy and responded promptly to requests for support.

Feedback from health and social care professionals who visited the service commented on the positive relationships staff had developed with people and the way staff treated people with dignity and respect. Comments included, "I have only ever observed residents being treated with respect, compassion, kindness and I have never witnessed any incidents where a resident's dignity has been compromised", "I have seen residents being treated with respect and their dignity being upheld. It has been good to see service users and staff joking and laughing together" and "During my period at Camelot, staff appeared caring and showing compassion to the residents."

Staff supported people to maximise their independence and maintain or develop the skills to do this. Staff worked closely with the occupational therapists and physiotherapists to provide support for people. This was a particular focus for people receiving intermediate care, supporting them to move back home where possible and live independently. One of the health professionals who provided feedback told us staff at Camelot support the intermediate care philosophy of promoting independence and work to achieve this in their support of people.

People and those who knew them well were supported to contribute to decisions about their care and were involved wherever possible. Details of these reviews and any actions were recorded in people's care plans. The service had information about local advocacy services and had made sure advocacy was available to people. This ensured people and their relatives were able to discuss issues or important decisions with people outside the service.

Staff received training to ensure they understood how to respect people's privacy, dignity and rights. This formed part of the skills expected from care staff and was being assessed as part of the management team's observations of practice. Relatives told us staff put this training into practice and treated people with respect.

Staff described how they would ensure people had privacy and how their modesty was protected when providing personal care, for example ensuring doors were closed and not discussing personal details in front of other people.

Requires Improvement

Is the service responsive?

Our findings

People told us they were not always able to choose when they received care and support. Comments included, "We're woken up at 6am…I would like to have a bit of a sleep", "I would like my (pain relief) tablets at 5.30am, but sometimes have to wait", "We just do as we're told" and "You've got to follow and fit in with everyone else". One person told us the staff were nice, but said they were not able to control when they received care, commenting "They gave me a bath this morning. I didn't want one, but they gave it me anyway. I was not able to say I didn't want one".

Some care plans contained detailed information about people's needs and how they should be met. However, others were task focussed and did not contain person centred information about how people wanted their care provided. The registered manager told us they were in the process of developing a 'one page profile' for each person. This would give information about people's history, their likes / dislikes and their preferences about how they wanted their care provided.

Some of the care plans we inspected had not been fully completed. One person had lived in the home for 15 days, but care plans relating to their medical history, nutrition, mobility, personal hygiene, skin integrity, medication, communication and pain / symptom control had not been completed. The person's assessment records stated they had specific needs in relation to mobility due to a fractured hip and had needs relating to dementia. We discussed this person's care plans with the nurse on duty, who confirmed that the care plans had not been completed. The nurse said they try to get care plans completed within 10 days of people moving in, but said there had been some issues getting the work done due to other pressures. Two other care plans we saw had initial assessments about the person's needs completed, but no information about how those needs should be met. One person's care plan referred to them by three names in different parts of the various documents. It was not clear form the records which name the person preferred to be known by.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were able to keep in contact with friends and relatives and we saw visitors were made welcome in the home. On the second day of the inspection a tea party had been arranged, with refreshments and an entertainer. This was well attended by people and their relatives. Most people we spoke with said they could take part in activities they enjoyed, with examples of group and individual activities. During the visit we observed people socialising, watching television programmes and listening to music. There was a programme of organised group activities, with events including trips out to local places of interest, crafts and visiting entertainers. A social worker who provided feedback to us was positive about the support provided to people with activities, commenting "There is an activity co-ordinator at Camelot who is passionate about the work she does with the residents".

People were confident that any concerns or complaints they raised would be responded to and action would be taken to address their problem. People told us they knew how to complain and would speak to

the registered manager if there was anything they were not happy about. The registered manager reported that the service had a complaints procedure, which was provided to people when they moved in. The procedure was also displayed on a notice board for people to access. Complaints were monitored each month, to assess whether there were any trends emerging and whether suitable action had been taken to resolve them. We saw that complaints had been investigated and a response provided to the complainant, including an apology where appropriate. Staff were aware of the complaints procedure and how they would address any issues people raised with them. Health and social care professionals gave us positive feedback about the way concerns and complaints were handled in the service. Comments included, "I am always reassured that (the registered manager) and her staff will resolve any issues and if they experience continued problems they escalate to me for support. (The registered manager) is always very prompt to respond to me if I raise any issues/concerns that require managing/addressing".

Good

Is the service well-led?

Our findings

There was a registered manager in post at Camelot Nursing Home. The registered manager had clear values about the way care should be provided and the service people should receive. These values were demonstrated by the management team and were based on providing high quality care for people and supporting people to regain their independence where possible. Staff valued the people they cared for and were motivated to provide people with high quality care. Staff told us the management team demonstrated these values on a day to day basis.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us the registered manager gave them good support and direction. Comments from staff included, "(The registered manager) has a good awareness of what's going on. It has changed so much since she has been here. If you have a concern she will deal with it" and "(The registered manager) is a good manager. She supports us in everything. She will help with training and comes into our handover to help with our learning. If things are not right she will sort it out".

The health and social care professionals we received feedback from were positive about the management of the service and skills of the registered manager. Comments included, "(The registered manager) is a very supportive manager, but one that ensures her team are doing what they should be doing. She is open and willing to try new ways of doing things and accepting of any training suggested or offered"; "Management listens to concerns and act effectively to minimise the risks and promote wellbeing of individuals" and "I would like to highlight the leadership given by (the registered manager); on several occasions I have observed (the registered manager) working on the floor, which is a positive role model for the team and unfortunately something that not all managers do. (The registered manager) is also committed in identifying and supporting the training needs of her team to ensure the needs of the residents are met".

The registered manager completed a range of audits of the quality of the service provided. These reviews included assessments of incidents, accidents, complaints, training, staff supervision, the environment and external reports, for example, inspection reports. In addition, the management team completed observations of practice for care staff. The home also contracted an external consultant to review the service provided and make suggestions for improvements. There was a development plan in place, which brought together all of the improvements the management team and external consultant had identified following their review of the service. This plan was regularly reviewed and updated as changes were made. The registered manager had identified the need to work in more person-centred ways and was in the process of developing tools to help staff achieve this. .

There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the service and how they expected staff to work. Staff also reported that they were encouraged to raise any difficulties and the manager worked with them to find solutions.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered person had not ensured people's care and treatment was planned with a view to achieving their preferences and ensuring their needs were met. Regulation 9 (3) (b).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had not ensured there were sufficient quantities of medicines available to meet people's needs or ensured the proper and safe management of medicines. Regulation 12 (2) (f) and (g).