

Camelot Care (Somerset) Limited

# Camelot House

## Inspection Report

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# Summary of findings

## Overall summary

We carried out a comprehensive inspection of this service on 29 April 2014. After that inspection we received information about concerns in relation to the service. As a result we undertook a focused inspection on 16 December 2014 to look into those concerns.

You can read a summary of our findings from both inspections below.

### **Comprehensive Inspection of 29 April 2014**

Camelot House is a care home which is able to accommodate up to 62 people. The home specialises in providing care to people who have dementia and other mental health needs.

At the time of this inspection there were 52 people living at the home.

There was a warm and friendly atmosphere in the home. We saw that relationships between people who lived there and staff were respectful and polite. One health and social care professional told us: "There is always good feedback concerning the friendly atmosphere within the home and the activities that take place."

There was a registered manager in post who created a positive, person centred culture. One member of staff said about the manager: "She's very friendly and you can always talk with her about anything. She cares about the people who live here and treats everyone as an individual."

People were cared for in the least restrictive manner to keep them safe. Some people who lived at the home had been assessed by outside professionals using the Deprivation of Liberty Safeguards as set out in the Mental Capacity Act 2005. We saw the records relating to these authorisations and were confident that people were receiving care in line with the conditions set out in the authorisations.

We saw acts of kindness and consideration throughout the day. One person was sat quietly doing a word puzzle. Staff noticed they were having difficulty with the pen they were using and quickly provided them with another. We saw that another person had become upset and staff sat with them offering reassurance and comfort.

People who lived at the home looked very relaxed and comfortable with the staff who supported them. One person told us: "I feel safe with all the staff. Being cared for by nice people makes all the difference."

People were able to make choices about all aspects of their day to day lives. Throughout our visit we saw that people made choices about how they spent their time. People were offered opportunities to take part in variety of activities in groups and on a one to one basis. We saw there were a number of pictures about the building to assist people to move around independently and make choices. Some people chose to spend time in their rooms whilst others spent time in communal areas. One person said: "I like my room and my TV so I'm happy up here."

People received effective care at the end of their life. The home was accredited to the 'National Gold Standard Framework.' This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their life. The home had been awarded 'Beacon' status, which is the highest level of this award.

There was a wide and varied programme of activities which ensured that everyone was involved in activities and occupation throughout the day. We saw that activities were arranged in line with people's needs and wishes. The home employed two activity workers who made sure activities were available every day.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards. People's rights were therefore properly recognised, respected and promoted.

### **The 16 December 2014 Focused Inspection into Concerns**

Following our inspection of 29 April 2014 we undertook a focused inspection to look into concerns about the service. The inspection took place on 16 December 2014 and looked into concerns about staffing levels, moving and handling procedures, the management and administration of people's medicines and the quality and choice of food. We also received concerns about the management of pressure sores and the standard of personal care people received.

# Summary of findings

We spoke with 10 people who lived at the home and eight visitors. We also spoke with five members of staff and the registered manager. We also met with the provider.

Since the last inspection the home has been extended and is now able to accommodate up to 90 people. The home consists of two buildings. Camelot House can accommodate up to 62 people and Camelot Lodge can accommodate up to 28 people. The home specialises in providing nursing care to people who have dementia and other mental health needs.

At the time of this inspection there were 60 people living at Camelot House and 12 people lived at Camelot Lodge.

There were sufficient staff to meet people's needs. Nobody raised any concerns about staffing levels during our inspection. We saw staff responded quickly to any requests for assistance and they were able to spend quality time with people. The registered manager told they used a recognised dependency tool to determine the number of staff required to meet the needs and numbers of the people at the home. We saw staffing levels had been adjusted where required.

Designated activity staff were employed over seven days. This meant that nursing and care staff were able to focus on the care needs of the people they supported.

People received their medicines when they needed them. We saw staff followed appropriate and safe procedures when administering medicines to people. We checked a sample of people's medicine administration records against the stock of medicines held and found these to be correct.

We asked people about the quality and quantity of the food provided. One person said "The food is very nice

here." Another person told us "Yes, I have plenty to eat and drink. I don't feel hungry." We met with a visitor who visited their relative several times a week. They told us they were offered meals and were able to eat with their relative. They said "I have lunch here every time I visited and it is very good indeed. I am also offered refreshments during my visit. They are very good."

Catering staff were employed. They had a good knowledge about people's preferences and needs for food and drink. There was a good supply of fresh, frozen and tinned foods. Fresh meat was delivered twice a week by a local butcher. The four week menu was varied and a choice was available for each meal. People had access to specialist aids which enabled them to eat and drink independently. Examples included plate guards and beaker type cups.

Care plans contained information about people's mobility needs and the level of assistance they required to transfer or move in bed. Staff were confident and competent when they assisted people and they used equipment appropriate to people's assessed needs. People looked relaxed and comfortable when being assisted and staff offered reassurance and an explanation before and during the time they assisted them.

Two people were being treated for a pressure sore and two people for a leg ulcer. Wound care plans had been completed and records showed dressings had been changed at regular intervals. A visitor, whose relative was being treated for a leg ulcer said "It's taking a while to heal but they have been very good. They got the doctor back recently and the antibiotics have been changed. Hopefully that will help."

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

#### **29 April 2014**

The service was safe because people told us they felt safe at the home and with the staff who supported them. One person told us: "I feel safe with all the staff. Being cared for by nice people makes all the difference." Another person said: "I'm happy with the girls, they treat me nicely."

Staff we spoke with were up to date with current good practice around safeguarding vulnerable adults and with reporting procedures. Staff told us they had received training in recognising and reporting abuse. Staff spoken with were aware of the Mental Capacity Act 2005 and how to support people who lacked the capacity to make decisions. Records seen confirmed that all staff received training in safeguarding vulnerable adults and the Mental Capacity Act 2005.

There were adequate numbers of staff to keep people safe. On the day of the inspection we saw that everyone received the care and support they required in a timely manner. There was ample skilled and experienced staff to ensure that people received assistance with personal care and to take part in a variety of activities.

People were enabled to take day to day risks. People moved freely around the house and garden and were able to make choices about how they spent their time.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards.

#### **16 December 2014**

The service was safe There were sufficient staff on duty to meet people's needs. People did not have to wait long for staff assistance.

People received their medicines when they needed them. There were procedures in place for the safe management and administration of people's medicines and we saw these were followed by staff.

Staff were confident and competent when they assisted people with their moving and handling needs. The care plans we read all contained assessments which detailed people's assessed needs and abilities. There was also information for staff about the equipment required and the number of staff needed to assist people.

# Summary of findings

## Are services effective?

### 29 April 2014

The service was effective because they sought people's views to make sure effective care was arranged to meet their needs and preferences.

People who lived at the home and/or their representatives were involved in planning care. We saw that care plans and reviews of care had been signed to say how people had been involved. One visitor said: "They have always involved me in the care plan. It means they get care in the way I know they would have wanted."

People's preferences, likes and dislikes were recorded in their care plan. This meant that staff had information to enable them to provide care in line with people's preferences. The care plan for one person who was being nursed in bed said they liked to listen to classical music. When we visited this person there was classical music playing and the person told us: "They know me really well. They know what I like and they are always coming in to make sure that I have everything I want."

People were supported to have access to healthcare services. Their health was regularly monitored to identify any changes that might have required additional support.

People received effective care at the end of their life. The home was accredited to the 'National Gold Standard Framework.' This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their life. The home had been awarded 'Beacon' status, which is the highest level of this award.

### 16 December 2014

The service was effective. People were supported to have sufficient to eat and drink. Care plans contained information about people's dietary needs, abilities and preferences. A nutritional risk assessment had been completed and we saw people's weights had been monitored in accordance with their assessment and need.

Care plans detailed information about how to manage and treat sores to people's skin. Records showed staff followed treatment plans and involved appropriate health care professionals where required.

## Are services caring?

### 29 April 2014

Everyone we spoke with at the home felt that the service and the staff were very caring.

# Summary of findings

There were positive, caring relationships with people who lived at the home and their families. One person told us: "I am looked after beautifully. Every kindness is shown in everything they do." Another person said: "The staff are always kind and polite. I feel I can ask them for anything."

People who were unable to express their views verbally looked very happy with the staff who supported them. We saw people smile broadly when approached by staff and reach out their hands to make physical contact.

Staff had a good knowledge of people's personal likes and lifestyle preferences. Throughout the day we heard staff chatting to people about things that were relevant to them.

People's privacy and dignity were respected. We observed that when people needed assistance with personal care this was provided in individual rooms behind closed doors.

## **16 December 2014**

The service was caring. Staff interactions were kind and respectful. There was a cheerful atmosphere in the home and people appeared relaxed and comfortable with the staff who supported them.

Staff knew what was important to people and they spoke about people in a caring and respectful manner.

## **Are services responsive to people's needs?**

### **29 April 2014**

The home was responsive to people's needs and took account of their views and wishes.

People were supported to express their views and involved in making decisions about their care and support. Care plans were personal to the individual and outlined people's likes and preferences as well as their needs.

Staff used a variety of methods to support people to make choices. We saw there were pictures around the home to help people to make choices and inform people of events. At meal times we saw that all tables had a menu on. The choice of meals was in written and picture format. We also saw that people were shown meals to assist them to make choices.

There was a wide and varied programme of activities which ensured that everyone was involved in activities and occupation throughout the day. We saw that activities were arranged in line with people's needs and wishes.

# Summary of findings

People said they would be comfortable to make a complaint and all were confident that action would be taken to address any worries or concerns.

## **Are services well-led?**

### **29 April 2014**

The service was well led because there was a registered manager in place who was open and approachable. One relative told us: “The manager is excellent and always ready to listen.”

The home encouraged friends and family members to be involved in the running of the home. There was a formal group, known as the ‘Friends of Camelot’, who played an active role in the home. The group provided support for people to take part in trips out and activities. It also acted as a support group for carers.

There were systems in place to audit practices and plan improvements according to people’s needs and wishes. These audits included care plans, medication, accidents and incidents. We saw that where audits identified shortfalls in the service action had been taken to make improvements. The home also sent out satisfaction surveys to gauge people’s views and make sure improvements were planned in line with people’s wishes.

# Summary of findings

## What people who use the service and those that matter to them say

Comprehensive Inspection of 29 April 2014.

During the inspection we spoke with 25 people the home and seven visiting relatives. After the inspection we received feedback from two health and social care professionals who were involved with the care of people who lived at the home.

Everyone we spoke with was happy with the care they received and the staff who supported them. One person told us: "I am looked after beautifully. Every kindness is shown in everything they do." Another person said: "The staff are always kind and polite. I feel I can ask them for anything." One visitor said "The staff are always smiling and kindly disposed, very willing to help, never too busy to stop and help."

We spoke with one visitor whose relative had died at the home. They described the care their relative had received and told us: "They had the perfect end. I just can't speak highly enough of the care they received."

People received the care and support they needed to meet their healthcare needs. One person told us: "They

always make sure I see a doctor if I'm not well." A health and social care professional said: "It is my experience that the nursing staff at Camelot communicate well with relatives, health care professionals and GP's"

People told us they would feel comfortable to make a complaint but felt that any grumbles were always sorted out without the need to make a formal complaint. One person told us: "I wouldn't have a problem making a complaint but it doesn't ever get that far."

People spoke highly of the staff who worked at the home. Comments included: "The staff are all very nice" and "Nothing is too much trouble." One relative said 'Another thing you notice is the residents are all nicely dressed and clean – not dirty or unkempt.'

People said they felt safe at the home. One person told us: "I feel safe with all the staff. Being cared for by nice people makes all the difference." Another person said: "I'm happy with the girls, they treat me nicely."

# Camelot House

## Detailed findings

### Background to this inspection

This inspection report includes the findings of two inspections of Camelot House.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 on 29 April 2014, as part of our regulatory functions. This inspection was planned to check whether the provider was 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 test our new approach to inspecting services.

No breaches of legal requirements were found.

The second inspection was carried out on 16 December 2014. This inspection focused on concerns which had been raised with the Commission about aspects of the care and welfare people received.

You can find full information about our findings in the detailed findings sections of this report.

#### **Comprehensive 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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1

We visited the home on the 29 April 2014. At the time of the inspection there were 52 people living at the home.

This inspection was carried out by a lead inspector, a second inspector and an Expert by Experience. The Expert by Experience had personal experience of caring for older people.

Before the inspection we looked at information sent to us by the provider and reviewed all the information we held about the home. At our last inspection in June 2013 we did not identify any concerns with the care provided to people who lived at the home.

During the day we spent time talking with people who used the service, visitors and staff. We looked around the premises and observed care practices throughout the day. We also looked at records which related to people's individual care and to the running of the home.

After the inspection we asked the local community mental health team for older people for their views on the service.

We spoke with 25 people who used the service and seven visiting relatives. We spoke at length with seven members of staff and spoke with a number of other staff throughout the day. Some people were unable to fully express their views verbally so we spent time observing to assess what their experience of the home was.

#### **Focused Inspection**

We undertook an unannounced focused inspection of Camelot House on 16 December 2014. This inspection was carried out because we received concerns about staffing levels, moving and handling procedures, the management and administration of people's medicines and the quality and choice of food. We also received concerns about the management of pressure sores and the standard of personal care people received.

The inspection was undertaken by a lead inspection and two further inspectors. The team inspected the service against three of the five questions we ask about services: Is the service safe? Is the service effective? Is the service caring? We spoke with 10 people who lived at the home and eight visitors. We also spoke with five members of staff and the registered manager. We also met with the provider.

## Detailed findings

The majority of people were unable to fully express their views verbally. We spent time in communal areas of the home (lounges and dining room) so that we could observe

how staff interacted with the people who lived there. We looked at the care records of seven people who lived at the home and records relating to the management and administration of people's medicines.

# Are services safe?

## Our findings

### Findings from the comprehensive inspection of 29 April 2014

Throughout the day we observed that people who lived at Camelot House were very relaxed and comfortable with the staff who supported them. One person told us: "I feel safe with all the staff. Being cared for by nice people makes all the difference." Another person said: "I'm happy with the girls, they treat me nicely."

There were clear policies and procedures in place to protect people. There was a comprehensive policy on recognising and reporting abuse. Staff with were clear about what may constitute abuse and how to report it. All said they were confident that any allegation would be taken seriously and fully investigated by the management of the home. One member of staff said: "Of course it would be dealt with." Another told us: "I am 100% sure any worry would be investigated."

Staff were up to date with current good practice regarding safeguarding vulnerable adults and with reporting procedures. Staff spoken with were aware of the home's whistle blowing policy and the ability to take serious concerns to appropriate agencies outside the home. Staff told us they had received training in recognising and reporting abuse. Records seen confirmed that all staff received this training.

Staff had received training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff were aware of the need to involve personal and professional representatives to make sure decisions were made in the persons' best interests.

People were cared for in the least restrictive manner to keep them safe. Some people who lived at the home had been assessed by relevant professionals using the Deprivation of Liberty Safeguards as set out in the Mental Capacity Act 2005. We saw the records relating to these authorisations and were confident that people were receiving care in line with the conditions set out in the authorisations.

People who lived at Camelot House, or their representatives, were involved in the assessment of risk and were able to make choices about how risks would be managed. For example we saw that where people had

been assessed as requiring bedrails to keep them safe when in bed, this had been fully discussed with the person or their representatives. These assessments had been signed by the appropriate parties to show that everyone was happy with the decision. We observed that one person had been assessed as requiring a pressure relieving mattress after a hospital admission. This equipment had been provided but the person had clearly stated that they wished to have their own bed back and this decision had been respected. This demonstrated people were able to make choices about their care and support.

People were enabled to take day to day risks. We saw people moved freely around the house and garden and were able to make choices about how they spent their time. Staff assisted people who were unsteady on their feet to move around wherever they chose. One person told us: "If I want to go outside they help me. I can't do it on my own very well." We saw one person was carefully helped back into their wheelchair after trying to leave the table unaided and walking. The staff then asked where they wanted to go and said they would help them to get there. This ensured they were able to move around the home safely.

The home had a robust recruitment procedure. During the inspection we looked at the files for three members of staff. The files gave evidence of a recruitment process which ensured that new staff had the relevant skills and were of good character. The recruitment procedure also minimised the risks of abuse to people who lived at the home by making sure all staff were thoroughly checked before beginning work. We saw that all potential employees completed an application form which gave details about the person and their previous employment. The home carried out interviews and sought references from previous employers.

On the day of the inspection we saw that everyone received the care and support they required promptly. There was ample skilled and experienced staff to ensure that people received assistance with personal care and to take part in a variety of activities. Care staff and activity staff supported people to take part in a range of activities according to their individual needs. We also saw that staff visited people in the personal rooms to monitor their well-being and provide care.

### Findings from the focused inspection of 16 December 2014

## Are services safe?

Prior to this inspection we received concerns about staffing levels at the home. We were informed there were insufficient staff to respond to people's needs. We were told people had to wait for unacceptable periods of time before they were assisted with their personal care needs. The registered manager told us they used a recognised dependency tool to determine the number of staff required to meet the needs and numbers of people at the home. We observed a good staff presence throughout our visit and staff responded quickly to any requests for assistance. We spoke with staff, visitors and people who used the service and no one raised any concerns about staffing levels or the ability to meet people's needs.

However, the registered manager and a director for the provider told us of concerns which had been raised with them by two visiting health and social care professionals the previous week. The concerns related to the availability of staff at Camelot Lodge. We were informed on the day they visited; they were unable to locate staff to give them access to the home. The provider representative told us they had responded to this by spending a day at Camelot Lodge observing practises and speaking to staff. Their findings were that an additional care worker was required during the day. We saw this had been addressed at the time.

We were informed three people who lived at Camelot House received additional funding for one to one support during the day. We found additional staff were available to support these individuals.

Designated activity staff were employed over seven days. This meant that nursing and care staff were able to focus on the care needs of the people they supported.

We asked staff how they knew about risks to people and how to manage them. One member of staff said "We have staff in the lounge all the time to watch people" and "If there are any emergencies we speak to the nurse."

We received concerns about the management and administration of people's medicines. We were informed the medicine trolley was left unattended and unlocked during medicine rounds. We discreetly observed registered nurses during two medicine rounds. These were carried out in a professional and appropriate manner. We were also informed that on occasions, people did not receive their prescribed medicines. We observed the registered nurses administering people's prescribed medicines in accordance with the prescriber's instructions. The nurses administered medicines to people and remained with them until they had been taken. They signed people's medicine administration records (MAR) to confirm the medicines had been administered. We checked a sample of MAR charts against the stock of medicines held and found these to be correct.

Prior to this inspection we received concerns about moving and handling procedures. It was alleged staff were not using appropriate equipment such as a hoist, to assist people to transfer from a wheelchair into a comfortable chair. It was stated that people had sustained substantiate bruising to their hands and wrists as a result. We unobtrusively observed staff practises throughout the day. We did not observe any obvious bruising. We observed staff assisting people to transfer in a professional and dignified manner. For example, staff offered reassurance and an explanation before and during the time they assisted them. People appeared relaxed and comfortable when being assisted by staff.

We also received concerns that care plans did not contain moving and handling assessments which meant there was no information for staff about how people should be supported with their moving and handling needs. The care plans we read all contained assessments which detailed people's assessed needs and abilities. There was also information for staff about the equipment required and the number of staff needed to assist people.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Findings from the comprehensive inspection of 29 April 2014

Effective care was arranged to meet people's needs and preferences. People who lived at Camelot House and/or their representatives were involved in planning care. We saw that care plans and reviews of care had been signed to say how people had been involved. One visitor said: "They have always involved me in the care plan. It means they get care in the way I know they would have wanted." A person who lived at the home said: 'If I have a problem the staff always try to help even if it takes time'

People were able to make choices about all aspects of their day to day lives. Throughout our visit we saw that people made choices about how they spent their time. People were offered opportunities to take part in variety of activities in groups and on a one to one basis. We saw there were a number of pictures about the building to assist people to move around independently and make choices. Some people chose to spend time in their rooms whilst others spent time in communal areas. One person said: "I like my room and my TV, so I'm happy up here."

People's preferences, likes and dislikes were recorded in their care plan. This meant that staff had information to enable them to provide care in line with people's preferences. The care plan for one person, who was being nursed in bed, said they liked to listen to classical music. When we visited this person there was classical music playing and the person told us: "They know me really well. They know what I like and they are always coming in to make sure that I have everything I want."

People had access to healthcare professionals to make sure they received effective treatment to meet their specific needs. Records showed people were seen by professionals including GP's, community nurses, chiropodists and opticians. One person told us: "They always make sure I see a doctor if I'm not well." A health and social care professional said: "It is my experience that the nursing staff at Camelot communicate well with relatives, health care professionals and GP's"

People were looked after in a way that ensured they remained comfortable and pain free. We visited a small number of people who were being nursed in bed. All the people we saw looked comfortable and warm. No one we

visited showed any signs of distress or pain. There were charts in each room to demonstrate when staff had visited them and what assistance they had given to each person. We saw that people's health was monitored and they were being helped to change position regularly to minimise the risks of pressure damage to their skin and ensure their comfort. Care plans that we read confirmed that people were receiving care in line with their assessed needs.

People received effective care at the end of their life.

Camelot House was accredited to the 'National Gold Standard Framework.' This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their life. The home had been awarded 'Beacon' status, which is the highest level of this award. We saw that people who lived at the home had been involved in creating care plans for the care that they would like at the end of their life. Where people lacked the mental capacity to make these decisions all decisions had been made in line with their best interests as set out in the Mental Capacity Act 2005.

We spoke with one visitor whose relative had died at the home. They described the care their relative had received and told us: "They had the perfect end. I just can't speak highly enough of the care they received." We also saw numerous thank you cards, many praising the staff for the kindness and care shown to relatives at the end of their life.

### Findings from the focused inspection of 16 December 2014

We looked into concerns we received which related to the quality and choice of meals provided to people. It was alleged staff were not assisting people with their food and drink and this had resulted in people losing weight. We met with the cook and kitchen assistant. They were keen to show us how menus were planned in accordance with people's needs and preferences. For example, there was information about each person in the home which detailed their assessed needs, likes and dislikes and any allergies. The four week menu was varied and a choice was available for each meal. A pictorial menu was seen in each dining area. This enabled people with cognitive difficulties to make an informed choice.

There were sufficient stocks of fresh, tinned and frozen foods. We saw additional items had been purchased in preparation for Christmas; such as mince pies. The cook told us they were not restricted to a budget and could

# Are services effective?

(for example, treatment is effective)

order what was needed. Fresh meat was delivered by a local butcher twice a week. We received concerns that loaves of bread were past their sell by date. We spoke with the chef about this. They explained because of the large amount of bread consumed, bread was purchased in bulk and frozen until required. They showed us the freezer which contained a good supply of bread. They explained loaves were defrosted the night before they were required. We looked at a loaf of bread which was being used on the day of our inspection. This appeared soft and appropriate to use.

We asked people about the quality and quantity of the food provided. One person said "The food is very nice here." Another person told us "Yes, I have plenty to eat and drink. I don't feel hungry." We met with a visitor who visited their relative several times a week. They told us they were offered meals and were able to eat with their relative. They said "I have lunch here every time I visited and it is very good indeed. I am also offered refreshments during my visit. They are very good."

The seven care plans we read contained information about people's dietary needs, abilities and preferences. A

nutritional risk assessment had been completed and we saw people's weights had been monitored in accordance with their assessment. Only one person had lost weight and this was following a period of illness. Since then their appetite and weight had increased. We observed people having lunch in two dining rooms and a lounge. Staff assisted people who required assistance in a relaxed and unhurried manner. People had access to specialist aids which enabled them to eat and drink independently. Examples included plate guards and beaker type cups.

We received concerns that the majority of people were suffering with sores to their skin. It was also stated that there were no wound care plans in place and dressings were not being changed as frequently as they should. The registered manager told us there were two people with a pressure sore and two people with a leg ulcer. Wound care plans had been completed and records showed dressings had been changed at regular intervals. A visitor, whose relative was being treated for a leg ulcer said "It's taking a while to heal but they have been very good. They got the doctor back recently and the antibiotics have been changed."

# Are services caring?

## Our findings

### Findings from the comprehensive inspection of 29 April 2014

Everyone we spoke with at Camelot House felt that the service and the staff were very caring. People were positive about the staff who supported them. Comments included: "Staff are all very nice" and "They encourage my family to be involved and visit as much as they can."

There was a warm and friendly atmosphere in the home. We saw that interactions between people who lived there and staff were respectful and polite. One health and social care professional told us: "There is always good feedback concerning the friendly atmosphere within the home and the activities that take place." One person told us: "I am looked after beautifully. Every kindness is shown in everything they do." Another person said: "The staff are always kind and polite. I feel I can ask them for anything." A visiting relative said: "It's like having a whole new family. I am involved in everything and I still feel I play a big part in my relatives' life. I was worried I would be side lined but that certainly hasn't happened."

People who were unable to express their views verbally looked very happy with the staff who supported them. We saw people smile broadly when approached by staff and reach out their hands to make physical contact.

People were treated with kindness and respect. We saw that staff always asked people for their consent before providing care and support. We saw staff asking one person if they would like to have their hands cleaned before lunch. The person declined and the staff member respected this decision. One relative said: "They always invite residents to do things rather than tell them."

People were assisted in a kind and compassionate way. We observed staff assisting people to move around. They explained what was happening and worked at the person's pace, stopping when the person asked them to.

We saw acts of kindness and consideration throughout the day. One person was sat quietly doing a word puzzle. Staff noticed they were having difficulty with the pen they were using and quickly provided them with another. We saw that another person had become upset and staff sat with them offering reassurance and comfort.

Staff gave individual attention when talking with people and this meant they were made to feel important and what they said really mattered. We observed lunch in two areas of the home. We saw that each person was asked nicely where they would like to sit and if they would like an apron or assistance to clean their hands. Staff were very attentive to the people they were serving ensuring they were able to make choices about their food.

Staff had a good knowledge of people's personal likes and lifestyle preferences. Throughout the day we heard staff chatting to people about things that were relevant to them. This included talking about people's previous jobs and their families. Bedrooms had been personalised with people's belongings, such as photographs and ornaments, to assist people to feel at home.

People's religious beliefs were respected. A church service was held in the home each month and arrangements had been put in place to support people of different religions. Each year the home held a multi denomination service to remember people who had passed away at the home. We heard that this service was always well attended by people at the home and their friends and family.

People's privacy and dignity were respected. We observed that when people needed assistance with personal care this was provided in individual rooms behind closed doors. We saw that people were able to spend time in the privacy of their personal rooms or in communal areas. There were numerous communal areas around the home and people were able to choose where they spend their day and where they saw visitors. We heard that visitors were always made welcome. One visitor told us: "It doesn't matter what time or day I come they always welcome me with a smile."

The home had an appointed 'dignity champion' who monitored practice in the home and ensured all areas of the service promoted people's dignity. This included making sure all staff respected people's privacy and that all personal information was treated in a confidential manner. We saw information about this person on the notice board so everyone was aware who the champion was.

People were supported at the end of their life in a manner that respected their wishes and their dignity. We saw that people had care plans in place outlining the care they would like at the end of their life. People who lived at the home and/or their representatives had been involved in care plans and in decisions about whether they wished to

## Are services caring?

be resuscitated. One senior member of staff took a lead role in end of life care. They arranged a monthly meeting to make sure that anyone approaching this time of their life would be cared for in line with their wishes and beliefs. There were systems in place to make sure appropriate medication was available to maintain people's comfort and manage their pain at the end of their life.

### **Findings of the focused inspection of 16 December 2014**

The atmosphere in the home was relaxed and welcoming. Staff interacted with people in a kind and professional manner. We saw people looked relaxed and comfortable when staff spoke with them or assisted them with an activity or task.

People who were able to express a view made the following comments: One person said "I feel very well looked after. The staff are very kind." Another person said "I am treated well by all of them [the staff]."

The visitors we spoke with were complimentary about the staff team. One visitor told us "The home has a happy and caring atmosphere. They [the staff] treat everyone with a great deal of respect." Another visitor said "I have nothing but praise. The staff are magnificent."

Staff had a good knowledge of people's personal likes and lifestyle preferences. One person preferred to spend time outside. We saw staff responded quickly to their request ensuring the individual was wearing warm clothing. The registered manager told us they had recently provided a covered area in an enclosed part of the garden to enable this person to enjoy being outside even when it was raining. A member of staff told us about one person who enjoyed singing and dancing. We observed staff interacting with this person and facilitating a sing along. This resulted in a positive response from the individual who looked like they were really enjoying the interaction with staff.

Bedrooms had been personalised with people's belongings, such as photographs and ornaments, to assist people to feel at home.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Findings from the comprehensive inspection of 29 April 2014

People were supported to express their views and involved in making decisions about their care and support. Care plans were personal to the individual and outlined people's likes and preferences as well as their needs. We looked at five care plans. All showed evidence that people who lived at Camelot House, or their representatives, had been involved in making decisions about care and treatment. We saw that care plans were regularly reviewed to make sure staff had up to date information about each person who lived at the home.

There was good communication in the home to make sure staff had adequate information to support people. One member of staff told us: "We know people well but we also use the care plans. Before every shift we have a really thorough handover so we know everything that has happened to each person so if changes need to be made we make them."

Staff used a variety of methods to support people to make choices. We saw there were pictures around the home to help people to make choices and inform people of events. At meal times we saw that all tables had a menu. The choice of meals was in written and picture format. We also saw that people were shown meals to assist them to make choices. We read minutes of a staff meeting which emphasised that providing a personalised service to people was very important. The minutes also showed that staff had been reminded that care plans needed to fully reflect each person's preferred daily routines.

There was adequate information around the home to assist people to make choices and express their views. Information was presented in various ways to make sure it was appropriate to people who lived at the home and visitors. There were notice boards with pictures and written information. There was also large TV screen in the main entrance which gave people information about the home. It also showed pictures of activities that people had been involved in. There were meetings for people who lived at the home and for relatives. There was also a regular newsletter. This made sure that everyone was kept up to date with things happening in the home.

People told us they would be comfortable to make a complaint if they were unhappy about any aspect of their care. One person said: "I'd soon let them know if I wasn't happy." Some people who lived at the home would be unable to verbally express their complaints but staff said they would recognise if someone was not happy with their care. One member of staff said: "We know people very well. I'm very confident we would see the changes that would tell us something was wrong." People we asked were confident that any concerns or complaints would be listened to and action would be taken to address their worries.

There was a wide and varied programme of activities which ensured that everyone was involved in activities and occupation throughout the day. We saw that activities were arranged in line with people's needs and wishes. The home employed two activity workers which meant activities were available every day. We saw that although the activity workers arranged, and led, many group activities all staff were involved in ensuring people had opportunities to take part if they wished to. Activity workers also visited anyone who was in their bedroom to make sure they received social stimulation and did not become isolated. The activity worker told us: "We see everyone every day, sometimes it's for an activity and sometimes it's just a chat."

Activities were arranged in line with people's interests. One person told us about a trip that had been arranged the following week. They told us: "They know I like trains so they have arranged the trip on the steam train." Throughout the day we saw there was constant interaction with people and numerous activities to occupy them. We saw staff chatting and laughing with people who lived at the home. We noted that staff made sure everyone was included in conversations and activities regardless of their abilities.

People were able to choose activities according to their wishes and abilities. We saw that there was an activity plan in pictures to inform people what was available. There were also pictures to tell people about forthcoming events and trips. During the day we saw some people were supported to take part in one to one activities such as puzzles and knitting. Other people joined in a gentle exercise class and a pet therapy session. One person told us: "We love it when the animals come round".

The home responded creatively to people's changing needs and abilities. The home had a number of pets which

# Are services responsive to people's needs?

(for example, to feedback?)

people could interact with and assist to look after. There was a bird aviary in part of the garden. One person who lived at the home had always taken a keen interest in the birds but was no longer physically able to spend time in the garden. They had told staff how much they missed seeing the birds and in response the home had set up cameras in the aviary and linked them to a screen at the end of the lounge. During the inspection we saw this person spent time happily watching the birds on the screen.

There was a variety of communal spaces that could be used for people with different interests and abilities. There was a quiet lounge with mood lighting and calming music which was available to people who were very frail and

preferred a calm environment. There was a cinema room where people were engaged in watching films of their choosing. One person who lived at the home enjoyed spending time outside regardless of the weather. The home had created a covered area to make sure they could enjoy the garden whatever the weather. The corridors and some communal areas of the home had brightly coloured murals and items of interest on the wall. This provided a talking point and visual stimulation for people who lived at the home. One visitor told us how much their relative loved the bright pictures on the wall. During the day we saw people moved freely around the home and garden and joined in with activities that were going on in different settings.

# Are services well-led?

## Our findings

### Findings from the comprehensive inspection of 29 April 2014

There was a registered manager in place who was open and approachable. One relative told us: “The manager is excellent and always ready to listen.”

The home listened and responded to concerns. There was a complaints policy which enabled people to raise complaints and have them fully investigated. However the manager told us no formal complaints had been made as they were always available in the home to discuss concerns. One visitor told us: “If I have mentioned anything to the manager it has been sorted out straight away. I have never had to make a complaint.” Another visiting relative said: “I like to know exactly what’s happening and have had grumbles in the past. Now I have a really good rapport with the manager and we meet every week to discuss any issues and everything gets sorted out.”

The registered manager demonstrated a detailed knowledge of the people who lived at the home and the staff. They were very visible in the home and we observed that everyone looked very comfortable to approach them. We saw the registered manager interacted openly with people who lived at the home, staff and visitors.

There was a positive, personalised culture in the home. One member of staff said about the manager: “She’s very friendly and you can always talk with her about anything. She cares about the people who live here and treats everyone as an individual.” One person told us: “It’s so different to where I was before. I’m being well looked after and it’s all about what I want, not what the staff want.”

The registered manager and organisation keep up to date with current good practice and took part in initiatives to enhance practice within the home. The home had achieved the highest award in the Gold Standards Framework for end of life care. They were also taking part in a pilot phase of the Dementia Care Audit Tool sponsored by the Department of Health. This is an audit tool designed to improve practice by identifying strengths and weaknesses in a measurable way. In addition to this the home applied for, and was awarded, a grant which has assisted them in providing additional staff training to make sure staff had a high level of skill.

There were systems in place to check that people received safe care and to plan improvements according to people’s needs and wishes. These included regularly checking care plans, medication, accidents and incidents. The home also sent out satisfaction surveys to gauge people’s views and make sure improvements were planned in line with people’s wishes. We saw returned questionnaires from the most recent survey and this showed a high level of satisfaction. A number of people who completed the survey were unclear about the home’s care plans in relation to nutritional needs. In response to this a display board had been set up to inform people.

Action was taken to make changes when audits identified shortfalls. All accidents in the home were audited on a monthly basis. We saw that where audits had highlighted a number of falls at a specific time of day adjustments had been made to minimise risks. The manager told us that a high number of falls had occurred in the early part of the morning. In response to this the night staffing hours had been extended to provide additional staff at this time. This had resulted in a decrease in the number of falls.

The home encouraged friends and family members to be involved in the running of the home. There was a formal group, known as the ‘Friends of Camelot’, who played an active role in the home. The group provided support for people to take part in trips out and activities. It also acted as a support group for carers. We saw contact details of the chairperson of this group were available in the home. The details stated that if anyone had any concerns that they did not feel able to share within the home they could contact this person. This gave people an independent person to talk with if they chose to.

There were systems in place to make sure there was always enough staff to meet people’s needs. Staffing levels were worked out according to the needs of the people who lived at the home. We were shown the computer programme which calculated the number of staff hours required each week and the number of staffing hours provided. We saw the number of hours provided exceeded the hours required. Some people at the home required one to one support and we saw these hours were provided to the individuals concerned in addition to the overall staffing hours required.

The staffing structure ensured people had access to skilled and experienced staff to meet their needs and answer any questions. There were always qualified nurses and senior

## Are services well-led?

carers on duty to support less experienced staff. It also ensured there were clear lines of responsibility and accountability. One member of staff said: “When you come on duty you get an up-date on everyone and you know what you are doing for the shift.”

The home placed a high emphasis on staff training which made sure staff had the right skills and values to provide safe and effective care. We saw the training record which showed staff undertook regular training in health and safety issues and subjects specific to the needs of the

people who lived at the home. All staff completed comprehensive training in the care of people who have dementia. Camelot House was also an accredited training centre for the ‘Overseas Nurse Programme.’ This is a university training programme which enables nurses who are qualified in another country to convert their qualification to practice as a qualified nurse in the United Kingdom. The addition of overseas students in the home meant that additional experienced staff were available to support people.