

A.R.M. Healthcare Limited

Camden Care Home

Inspection report

85 Nottingham Road
The Petersham Centre, Long Eaton
Nottingham
Nottinghamshire
NG10 2BU

Tel: 01159736468

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Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

This inspection was unannounced and took place on 4 September 2017. The service was registered to provide accommodation for up to 18 people. People who used the service had physical health needs and/or were living with dementia, at the time of our inspection, 18 people were using the service. Our last inspection visit took place on 6 November 2015, and the service was rated as 'Good.' At this inspection visit, the service remained 'Good.'

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 2008 and associated Regulations about how the service is run.

People were supported to make choices, and when required assessments and best interest decisions had been completed. There were sufficient staff to support people's needs and staff had undergone a range of checks to ensure they were suitable to work in the home. The manager and provider completed a range of audits to support the improvements within the home. We saw feedback was sought from people and any areas raised had been considered and responded to.

People told us and we saw they had established positive relationships with people. Staff respected people's choices and offered a range of choices the person was able to manage. Staff maintained people's privacy and dignity at all times. There was a positive meal experience where people were able to choose the meals they wished to eat and alternatives were provided.

We saw that medicines were managed safely and administered in line with people's prescriptions. Referrals had been made to health care professionals and people had access to a range of health care professionals to maintain their health needs.

The care plans covered all aspects of people's care and their preferences. There was a clear process in place to cascade information about the service and the needs of people. People were able to choose how they spent their time and were encouraged to join activities. People felt able to raise any concerns if needed.

Staff felt supported by the manager and they were provided with suitable training for their role. We saw that the previous rating was conspicuously displayed in the reception of the home as required. The manager understood their responsibility of registration with us and notified us of important events that occurred at the service; this meant we could check appropriate action had been taken.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Camden Care Home

Detailed findings

Background to this inspection

We carried out this inspection visit 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.

Our inspection was unannounced and the team consisted of one inspector. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information that we had received from the public. We also spoke with the local authority who provided us with their current monitoring information. We used this information to formulate our inspection plan.

We spoke with four people who used the service and two relatives. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas. We also spoke with three members of care staff, the cook, the registered manager and the provider. We looked at a range of information, which included the training records to see how staff were trained, and care records for four people who used the service. We also looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

People told us they felt safe living at Camden. One person said, "They help you and do anything for you." A relative told us, "I have no concerns at all. It's a weight off my shoulders knowing they are safe." We saw that staff had received training and there was posters displayed in the reception referring to safeguarding. One staff member told us, "I would report to the senior. There is a number you could ring, it's on the poster."

Risks to individuals were assessed, monitored and reviewed. We saw that people were at risk of skin damage and they were supported with equipment. For example, pressure cushions and specialist boots to reduce any risk of skin damage to the heels. Where these were in use the care plan gave clear guidance and we saw people's skin was reviewed by health care professional. One health care professional had commented on the assessment on the day of our visit. They told us, "The person's sore has now healed, no further issues. That was a good job done there."

Other risk assessments identified the support required for specific activities. For example, some people used an electric cigarette. The plan identified the risks and how the person was to be supported to access the cigarette.

The provider ensured that people's safety had been considered in case of emergencies. We saw that individual plans had been completed, which had been updated to reflect people's changes or new people who used the service.

There was enough staff to meet people's needs and keep them safe. One person said, "The staff are all friendly and look after you and if I press my buzzer they come." A relative said, "There is little staff turnover. So you get to know the staff and see they have a rapport with the people." Staff we spoke with all felt there was enough staff to support people's needs. One staff member said, "There is enough staff and we're able to respond to people's needs. We saw throughout our visit when people requested support this was responded to promptly.

We saw that when people were employed to work at the home, checks had been completed. These included a DBS check and other check in relation to references. The disclosure and barring service (DBS) is a national agency that helps employers make safer recruitment decisions and prevent unsuitable people from working in services. The staff records we looked at confirmed that the necessary checks had been made. This included employment histories and people's identity. This demonstrated the provider had safe recruitment systems in place.

People were supported to take their medicines as prescribed. One person said, "They give me my medicine and it is always on time." Some people took ownership of their inhalers so they could use them if needed independently. We saw a risk assessment had been completed to ensure they were safe to administer their medicines. The provider had introduced a new electronic medicine system. A staff member told us, "I was anxious at the start, but it's a lot easier than I thought." They added, "It's safer, you know exactly what you

are giving when and the system doesn't allow you to give it before or repeat an administration if already completed." We saw that all staff had been trained in the new system and competency check completed.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and least restrictive as possible. 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 and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met.

Some of the people who lived at Camden were not able to make certain decisions for themselves. We saw that when this was the case, assessments had been completed and the provider had shown why the support given was in their best interests. This information was specific to each decision, for example managing money, consent to care and using equipment.

We saw that applications in relation to a DoLS had been made to the local authority when needed.

People had been encouraged to make decisions about their daily routines. We saw people were offered choices and their decision respected. For example, people could choose their meals, where to sit and what clothes they wished to wear.

People were supported by staff that had the knowledge needed to carry out their roles. One staff member said, "I have done a dementia course. It was really useful and explained the different types and gave guidance on how to speak to people with dementia." We saw training course covered the care standards and additional training for staff who wished to progress their knowledge in social care. These standards cover a range of standards within the health and social care services. This meant staff was supported in their role.

People enjoyed the food. One person said, "I enjoy the meals, they are not too large and you can always ask for more." We saw people were given a choice in relation to their meal. One relative said, "There is always fresh vegetables and things are homemade."

Staff monitored people's weights and we saw when a concern was raised, a referral had been made to the speech and language team. One relative said, "[Name] is on a soft diet and staff always support them and encourage them to eat and drink. This meant people had been supported with their nutritional needs.

People were supported to access healthcare services. One person told us, "If I need a GP, the staff sort that out." We saw various health care professionals had been contacted and referrals had been made in a timely manner. When follow up actions were recommended, we saw these were carried out. This meant that people were supported to maintain their health.

Is the service caring?

Our findings

People had developed positive, caring relationships with the staff that supported them. One person told us, "Staff are friendly and approachable." Another person said, "It's a caring place to live and always warm." A relative said, "They look after all of my relatives care needs." We saw staff taking opportunities to chat to people about their appearance or family events. One staff member said, "I really love it here. Each person has their own character and the day is never the same."

Staff promoted people's independence. We saw people being encouraged to walk independently and then they required guidance this was done in a non-restrictive way. One person said, "They really look after you here." Some people had been supported to attend the local church and other had the opportunity to participate in a church service held at the home once a month.

People were supported in a dignified manner. One person told us, "They support me in my room and make me feel comfortable." A relative said, "The staff are respectful and show dignity for them when they support their needs." Staff understood the importance of respecting people. One staff member said, "It's important to give people privacy and when you do support them, by closing the curtains and placing a towel over them, it's important they feel comfortable. Some people like to be independent and you encourage that as long as it's safe."

People were able to maintain relationships that were important to them. One relative said, "I can visit whenever I wish. I work shifts so I visit around these." Another relative said, "We call whenever we need. The home contacts us when any issue occurs." They told us about when a person had fallen and the prompt action the staff took. People had also been supported to visit family. This demonstrates that the provider kept people informed of concerns and encouraged relationships to be continue.

Is the service responsive?

Our findings

People received care that was personal to them and met their individual needs. When people first moved to Camden we saw an assessment had been completed. One person said, "They include me in the discussion about my care." We saw some people wished family to be included in the discussion. A relative said, "I was included in the discussion from the start and discussed everything thoroughly."

The care plans were individual to people and gave staff guidance to meet people's needs. One staff member told us, "The care plans are useful and we have a keyworker system here so that the staff get to know the person and make sure their needs have been considered." We saw that staff knew people well. For example, some people had an interest in the racing and staff ensured they had access to the races when they were shown on TV." We saw the care plans had been reviewed. The registered manager was introducing a 'read and sign' system so that they could be sure any changes had been seen by all the staff team.

People were supported to participate in activities they enjoyed. One person told us, "I like to chat with the other ladies and watch the TV. I do join in some activities, but I am not bothered." We saw some people joined in a game of dominoes and other people had magazines which they enjoyed.

A relative said, "They do things in a morning, like bingo, games. At Easter they made bunting and had a singalong." The home had been awarded the 'Strictly no falls certificate'. This is a project run by Age uk to reflect activities which promote increased use of muscles to reduce falls. This involved delivering fun activities in interactive exercise.

A relative said, "I have no complaints or concerns, however feel I could approach the manager if I did have." There was a complaints policy displayed in the reception. The provider had not received any complaints since our last inspection in relation to the service. We saw that there were thank you cards from relatives which had been dated and displayed to share with the staff and other visitors.

Is the service well-led?

Our findings

People told us they enjoyed living at Camden. One person said, "It's very nice here, very clean." A relative said, "The care is excellent, I feel the building could do with some decoration, however its the care that's important." Staff we spoke with felt the home had a family feel. One staff member said, "I enjoy the job, here the staff are friendly and the people are like family."

Staff were supported in their roles. One staff member told us, "We have regular supervision, they ask about any concerns, events, training, it's always useful." Another Staff member said, "If I have any concerns I can speak with the manager." Staff told us they enjoyed their work and that the management team were approachable. One staff member said, "You can always go to the manager, they're supportive and put thing right if needed."

Within the provider PIR, the provider told us they had been involved in the LPZ project (Landelijke Pravelentiemeting Zorgproblemen tool). The LPZ tool is an audit used to improve the general quality of practice in care home settings. The staff member told us, "It's all about protecting pressure care areas. We learnt how to give care to prevent pressure, like regular washing, apply appropriate cream or regular movement." They added, "It was good to speak with other care home providers and learn about different products." The provider would be participating in the audit again this year and had been asked to share their experience with other providers.

There was also a monthly management audit in place to ensure this system protected people. People's care plans and risk assessments were checked to ensure they were up to date. The provider completed some audit checks of the care plans and the home every three months. From these audits an action plan was created and then completed by the registered manager.

The provider had asked for feedback from the people who use the service and relatives. We saw that survey had been completed and analysed. The survey was all positive with comments like, 'Staff give me support when I need it' and 'I like the banter I have with the staff.' We saw there had also been a survey completed by relatives. Again this was positive about the care people had received.

The provider and registered manager were aware of their responsibilities with us and ensured we received notifications in respect to events which occurred at the home or in relation to the people who use the service.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. It is also a requirement that the latest CQC report is published on the provider's website. This is so that people, visitors and those seeking information about the service could be informed of our judgments. We found the provider had conspicuously displayed their rating or offered the rating on their website.

