Crawford Homes Limited

Camellots Care Home

Inspection report

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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

Overall summary

This inspection took place on 30 June and 3 July 2015.

Camellots Care Home is registered to provide care and accommodation for up to eight people. This service supports people with a learning disability. At the time of this inspection there were seven people accommodated.

A registered manager was in post when we visited. 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.

Care records had been kept up to date to confirm care had been delivered in a safe and timely manner. Care plans included sufficient information about individual needs to ensure the care delivered was person centred.

Summary of findings

People had access to fluids throughout the day to ensure they were not at risk of dehydration. People and their relatives said that the food at the home was good. Where necessary, people were given help to eat their meal safely and with dignity.

Staff understood their role in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. They confirmed they had received training in these areas. Where people did not have the capacity to make decisions for themselves, the registered manager demonstrated people's human rights had been maintained. Where appropriate, DoLS applications had been made on behalf of people. Staff had been provided with appropriate training to ensure they were able to deliver care to people with complex needs.

A quality assurance system was in place to monitor how the service was provided and to identify shortfalls. This included consultation with people and their relatives or representatives.

People and their relatives said that they felt safe, free from harm and would speak to staff if they were worried or unhappy about anything. They told us that the registered manager was approachable. Staff knew how to identify the signs of possible abuse, and knew how to report any safeguarding concerns.

People and their relatives told us that they were happy with care they received. We heard staff speaking kindly to people and they were able to explain how they developed positive caring relationships with people.

People and their relatives told us that there were enough staff on duty to support people at the times they wanted or needed.

At our last inspection on 18 August 2014 we found one breach to legal requirements. We found that the planning and delivery of care did not always meet the individual needs of people. Care plans did not always contain enough information about people's needs and preferences to ensure consistent care. We received an action plan from the provider which detailed what would be done to ensure compliance by 30 November 2014. We found evidence at this inspection which confirmed that care plans had been improved and that the care delivered met people's needs.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People told us they felt safe. Relatives had no concerns about the safety of their relatives.

There were enough staff to support people keep people safe.

Medicines were stored and administered safely by staff.

Good

Is the service effective?
The service was effective.

People's care needs were managed effectively. Care records included sufficient detail to ensure people's needs had been met.

People were supported to have sufficient to eat and drink.

When people did not have the capacity to consent, suitable arrangements had not been made to ensure decisions were made in their best interests. Deprivation of Liberty Safeguards (DoLS) applications to deprive people of their liberty had been made lawfully to ensure people's rights were protected.

Good

Is the service caring?
The service was caring.

People were supported by kind and friendly staff who responded to their needs quickly.

Staff received appropriate training so that they were able to provide care skilfully.

People's privacy and dignity has been promoted and respected.

Good

Is the service responsive?
The service was responsive.

People received care and support that was personalised and responsive to their individual needs and interests.

They felt able to raise concerns and the provider responded to any issues people raised.

Good

Is the service well-led?
The service was well-led.

The registered manager promoted a positive culture which was open and inclusive.

Staff were well supported and clear about their roles and responsibilities.

Quality monitoring systems were in place and action taken to address shortfalls in the quality of the service provided to people.

Good

Camellots Care Home

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 checked 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 30 June 2015 and 3 July and was unannounced. The inspection was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert's area of experience was caring for a relative who lived with a learning disability.

Before the visit we examined information we had about this service. This included previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During the inspection, we spoke with three people who used the service, two relatives the registered manager, the deputy manager, a representative of the owner and four care staff who were on duty. Three people living at the home were unable to tell us about their experience of the service because they had difficulty with verbal communication. We used the Short Observational Framework for Inspection (SOFI) over lunch time. SOFI is a way of observing care to help us understand the experience of people who could not talk to us. We also carried out general observations of the care provided to people.

We reviewed records relating to the management of the home including the provider's quality assurance records, the supervision records of three members of staff, staff rotas for a period of four weeks, minutes of recent staff meetings and the training records of all the staff employed at Camellots Care Home. We also reviewed the care records of four people.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Camellots Care Home. They confirmed they were treated well by staff. They also told us they felt comfortable with staff and would be happy to speak to them if they had any concerns. One person said, "No, I've never seen anything I'm not happy with. If I saw something wrong I would tell [the registered manager]." Another person told us, "I would talk to the staff if I was unhappy with something. I would be very upset if I ever saw someone being hurt." A third person told us, "I don't get badly treated. I feel safe here." Relatives told us they were happy with Camellots Care Home and believed they family members were safe living there. One relative told us, "I am always welcome and I have never seen anything bad happen to anyone when I've visited. "I have always witnessed very positive interactions." Another said, "I don't think there's any reason for x (their family member) to feel unsafe."

People's safety had been promoted because staff understood how to identify and report abuse. Staff were aware of their responsibilities in relation to keeping people safe. They were able to tell us the different types of abuse that people might be at risk of and the signs that might indicate potential abuse. Staff also explained they were expected to report any concerns to the registered manager or to the nurse in charge. Records showed that staff had received training to ensure they understood what was expected of them.

We also observed those people who were more independent and were able to come and go from the home when they chose. Staff interactions with them were also warm, friendly and appropriate in maintaining their independence where possible. They told us they had been given keys to the front door. One person told us, "I can always leave and come back whenever I want. I like going out with X, (another person living at the service)." Another person commented, "I could have a key if I wanted it, but I don't". Individual assessments were in place which identified potential risks to people with regard to their needs. They included support with washing and dressing, support with bathing, support with eating, and support in the community. Assessments had been used to draw up care plans which gave staff the guidance they needed to help keep people safe.

There were sufficient numbers of staff to ensure people were safe. Relatives told us they were satisfied that staffing levels ensured family members had been cared for safely. One relative told us, "There always seems to be enough staff on duty." The manager informed us that between 8am and 8pm each day, three support workers were on duty. At night, between 8pm and 8am, there was one support worker was awake and one support worker who was on the premises and asleep. We were provided with copies of staff rotas covering a four week period from 15 June 2015 to 12 July 2015. They confirmed these staffing levels had been maintained throughout this period. We observed that these staffing levels provided enough staff to respond and meet people's needs at the times when they needed it. Staff we spoke with also told us that staffing levels were sufficient to provide the care that was needed.

There were effective staff recruitment and selection processes in place. The manager confirmed that applicants were expected to complete and return an application form and to attend an interview. The manager also confirmed that appropriate checks and references would be sought to ensure potential candidates were fit to work with vulnerable people. No new staff members had been recruited since we last visited. However, we viewed the provider's recruitment policy and procedures which confirmed the recruitment process was robust and ensured people were protected.

Staff supported people to take their medicines. People we spoke with confirmed they were happy with the way medicines were administered. One person said that sometimes they needed pain relief. They told us, "If I get a headache I just ask for some medicine." Storage arrangements for medicines were secure and were in accordance with appropriate guidelines. Medicines were administered as prescribed. Medicines Administration Records (MAR) were up to date, with no gaps or errors, which meant people received the medicines they needed. Staff had completed training in the safe administration of medicines and staff we spoke with confirmed this. People were prescribed when required (PRN) medicines and there were clear protocols for their use.

Good

Is the service effective?

Our findings

People and relatives confirmed that the care provided met their needs and that the staff understood them and how to provide for them. They described staff as being "friendly" and "helpful." One person told us, "They've got me to eat vegetables and that's quite something, let me tell you!" People also told us they had been consulted about their care plans and had agreed to the care they received. We were told, "They (the staff) always ask me to join the meetings they have." A relative told us, "X's needs are well met. She has very much improved since she's been there. X has become more reactive since she has been there, she engages more." Another relative commented, "I am always invited to the reviews and they listen to what I have to say."

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. They knew that, if a person was assessed as lacking capacity, decisions about their care and treatment would need to be made on their behalf and in their best interest.

The manager told us three people at the home had capacity to make their own decisions and these decisions were respected by staff. The manager confirmed she had completed capacity assessments on the remaining four people and had also made DoLS applications on behalf of three people who lacked capacity and may have had their liberty restricted. Records we looked at confirmed this had been completed in an appropriate manner. Members of staff confirmed they had received training and it helped them to ensure they acted in accordance with the legal requirements.

One care record we looked at provided evidence to demonstrate that, where necessary best interest decisions had been taken of behalf of someone who did not have capacity to make decisions for themselves. This was with regard to the provision of dental treatment. Records indicated that discussions had taken place between relatives who knew the person and health care professionals in order to determine what was needed and how it should be provided.

Records we looked at confirmed the training care staff had received. This included health and safety, fire safety, food hygiene, safe moving and handling techniques, infection control, administering medicines safely, identifying abuse and neglect, and reporting this to the appropriate authority. The records we looked also included training with regard communicating with people using Makaton (the use of signs and symbols to support speech), understanding schizophrenia, autism and Asperger's syndrome, and managing people with behaviours which challenged. All staff had also received induction training which followed nationally recognised guidance to ensure they acquired the skills and knowledge needed to provide good quality care. Staff we spoke with confirmed they had received sufficient training to ensure they were able to provide people with the care they required. They also confirmed they felt well supported by the manager in their work.

People were supported to eat and drink sufficient amounts to meet their needs. We observed the care and support provided to two of the three people who required this at lunch time. Interactions between people and staff were positive. Members of staff spoke in a friendly manner with the person they were helping to ensure the mealtime was a pleasant and sociable experience. They also ensured the food was given to each person at a tempo and amount dictated by the person receiving the food. This meant that any risk of choking was reduced and that the person was supported in a dignified manner. We saw that drinks were freely available throughout the day. We observed people were asked if they wanted a drink at various intervals throughout the day and also at meal times. People who were capable of doing so were able to access the kitchen in order to make themselves something to eat or drink when they wished. One person told us, "I've got a key to the laundry room, kitchen and front door." They also told us, "I always ask for permission to go in the kitchen, that's because I like being polite. I don't have to ask."

Care plans we looked at included information for staff to follow with regard to ensuring care provided was safe and met people's individual needs. For example, one person had been identified as being at risk of choking. Their care plan advised the staff, 'I need to have all my meals liquidised as, otherwise, I am at risk of choking.' The care plan also stated, 'I prefer to have my meat and vegetables liquidised separately.' Although this had not been recorded,

Good

Is the service effective?

the manager confirmed that advice had been sought from a Speech and Language Therapist (SALT) to ensure the support provided by staff was safe and followed agreed practices and guidelines.

People's healthcare needs were met. People were registered with a GP of their choice and the home arranged regular health checks with GP's, specialist healthcare professionals, dentists and opticians and this helped them to stay healthy. Relatives told us that staff deal with their family member's health care needs and do it well. One relative told us, "They've re-introduced the physiotherapist which is really great." Another relative said, "As parents we are always consulted for medical things, such as GP, dentist, etc" Staff confirmed that they make health care appointments for people. They will accompany people to their appointments if the person wants them to do so. They also explained that appointments with other health care professionals were arranged through referrals from their GP.

Good

Is the service caring?

Our findings

People spoke about their relationships with staff in a positive manner. One person told us, "I like all the staff. X (member of staff) is my key worker, she's very helpful." A keyworker is someone who co-ordinates all aspects of a person's care at the service. Another person said, "There aren't as many people here as in other places I've been to. That makes it nicer. I don't feel so lonely. I really like the people who live here too. If I'm feeling down I talk to X (another person living at Camellots), she always listens." A relative commented, "I've always seen the staff having good relations with them all and good interaction. I can see that X (their family member) has formed good relationships with staff." Another relative told us, "Interaction is always respectful and care is taken. Since X (their family member) has been there she looks up more and smiles a lot more."

There was a warm and relaxed atmosphere in the home. We observed staff being caring and attentive during our visit. Staff were observed smiling and talking with people as they went about their work. They demonstrated they had a good knowledge of each person's needs. We observed caring and sensitive interactions between people and staff as they provided care and support; people were clearly comfortable with staff who were supporting them. After lunch a group of people and staff came together in the conservatory. People were relaxing after lunch whilst the staff were writing up daily records from the morning's activities. Another person wandered in and out from time to time. The overall impression was that everyone was enjoying the company. One of the people was unable to speak but the others ensured they were included in the conversation and were part of the group.

The registered manager informed us that, in order to develop positive relationships, she expected staff to spend time with people in order to get to know them as individuals and also to get to know their personalities, wishes and preferences. When we spoke with staff about their work they gave us examples of the care needs of individual people and how they should be met. They explained to us they were expected to provide care in a person centred manner. They were expected to ensure that individual preferences and wishes were taken into account. They also explained how they communicated with people who could not speak. They informed us they used a combination of Makaton signs, noises and body language used by each person to develop a way of communicating and interacting with them. For example, one person did not want a member of staff to be too close to them. This was indicated by the person calling out until the member of staff had moved to an adequate distance away.

People told us that staff respected their privacy. However, one person told us that staff do not always knock on their bedroom door before entering. From our observations we saw that people's dignity and privacy had been respected. We asked to speak with one person who preferred to stay in their room. A member of staff knocked on their door. When they opened it, the member of staff explained who we were and that we would like to speak with them. However, the person became very agitated at this possible intrusion into their room. The member of staff calmed then down by explaining that they did not have to speak with us and that their privacy would be respected. Another person had a tendency to take off their clothes in public places. This was particularly so when someone who was unknown to them was present. This did occur several times during our visit. The staff were aware of this and had made sure blankets or towels were near to hand. The staff responded very quickly so that the person's dignity was preserved.

Good

Is the service responsive?

Our findings

During our inspection on 18 August 2014 we found care records did not include sufficient information about people's needs and preferences. We set a compliance action in the report of this inspection. This meant the provider was required to send CQC a report that said what action they were going to take, with timescales, to meet the shortfalls identified. The provider has sent us an action plan that confirmed the actions they had taken would be completed by 30 November 2014.

Care records we looked at reflected the improvements that had been made since we last visited. They had been designed to take the reader through each person's individualised and preferred routines through the day and during the night. This meant that records were person-centred and provided staff with information to support each person in the way they preferred. The plan of care was written from the point of view of the person. For example, one care record stated, 'I usually get up quite early. This can be anytime between 5am and 7am.' The manager advised us that care plans had been designed in this way after observing care provided to people, talking with families, talking with staff, and, where possible talking with each person. This demonstrated that the relevant people had been consulted when care plans had been drawn up. Although this had not yet taken place the registered manager informed us that care plans would be routinely reviewed every month to take sure they were up to date effective in meeting people's needs. The process would include each person, where possible, their relatives and, if necessary, other health care professionals.

People we spoke with told us they were very happy with the care provided. They told us how staff ensured the care and support delivered had been personalised and was responsive to their needs. One person said, "I really like my room, I can have all my things in there exactly the way I want them." Another person commented, "I've got my computer in here and I have everything I need. I want to go to France on holiday and they are helping me to arrange it all."

Staff were seen to support each person's individual wishes and preferences throughout the day. This included the time people wished to get up, what they wanted to wear and what they wanted to do. For example, one person was supported to go into the local community to visit a supermarket whilst another person had chosen to remain in bed. A third person was supported with having a several baths because they found the weather on the day was too hot for them.

Relatives we spoke with indicated they were all satisfied with the responsiveness of the service. One relative told us, "They have recently been introducing more activities, such as swimming. This has started to happen since management changed. I'm very pleased they have brought back the physiotherapist. X was starting to walk doubled over." Another relative commented, "The care provided meets X's needs well."

We spoke with the registered manager about the care and support required by people who had more complex needs. She informed us that, since becoming manager, she had focussed on how to provide for their needs, and in particular their social needs. For example, a trip to the local swimming pool was organised for one person. This was an activity that this person wanted to take part in. The registered manager had sought advice and guidance from their relatives and from other health care professionals with regard to the best way this could be managed.

There was an effective complaints system available and any complaints were recorded in a complaints log. There was a clear procedure to follow should a concern be raised. No complaints had been recorded. However the registered manager said that any complaints would be fully investigated and the results discussed with the complainant.

People and relatives we spoke with confirmed they knew who to speak to if they had concerns. They also told us they knew what to do if they wished to make a complaint. They were confident that the registered manager would listen to them and would take seriously any concerns they had. One person said, "If I am not happy I will speak with the staff. I know they will listen to me. I did complain once about getting my hair cut. This was sorted out for me."

Good

Is the service well-led?

Our findings

There had recently been a change in the management of Camellots Care Home. The registered manager had been in post since May 2015. She informed us that, since this time, she has been working at the home each morning in order to get to know the people and the staff and for them to become familiar with her. Her registration was confirmed the day before our visit. She is also the registered manager of a sister home which is owned by the same provider.

People knew who the registered manager was. They felt able to approach her with any problems they had. When we asked about the culture of the home, people told us they liked the staff who worked there. Relatives also made positive comments about the manager. They found the culture of the home to be pleasant, friendly and respectful. One relative told us, "The new manager is brilliant!" Another relative said, "It's too early to say whether it is well led. The new manager hasn't been there long enough. But we are generally happy with the home."

The registered manager told us about the culture of the home. She said, "We want everybody to be open and honest and the staff need to be clear about their role in this. There should be no 'them and 'us.' We want it to be homely with an atmosphere of friendship, humour and warmth where people are able to discuss their problems." The registered manager advised us that she had met the staff individually and as group in order to share this vision with them. Staff we spoke with confirmed their understanding of the vision and values of the service and their role in promoting them.

Feedback about the service was sought through satisfaction surveys. Documents we reviewed indicated that the last survey took place in February 2015 and that, on this occasion, only people's relatives had completed them. We were informed that surveys designed for people to complete would be sent out separately. The areas covered included the ability to meet people's needs, the quality of the service and the service delivery, and people's experiences when visiting the home. Relatives were asked to score each area from 1 to 10, where 1 was poor and 10 was good. The comments made were mainly positive. For example one relative commented, 'We are delighted with the variety of outings that X goes on. Keep up the good work.' Another relative wrote, 'We are always completely satisfied with the service and staff.' The provider had summarised the findings into one report which was in the form of a linear graph. This indicated that the overall score given was 8 out of 10.

The registered manager also provided us with documentary evidence that demonstrated how the service had been monitored. They included routine health and safety checks and maintenance of the environment, the management of medicines and infection control. One audit identified that the general décor of two bathrooms would be improved if the floor covering was replaced. The registered manager confirmed that the provider's maintenance staff were in the process of completing this work. Representatives of the provider had also conducted visits to the service and produced reports of their findings. This included examining care records, supervision and training records, observations of interactions between staff and people using the service, and care practices.

We were informed that people and relatives had been advised of the outcome of surveys, audits, and actions to be taken via individual informal discussions. For example one relative had commented in the survey, 'If I have a concern who would I talk to? Who is the manager?' We were advised that the arrangements for the management of the service had been discussed with the relative. On appointment the new registered manager introduced herself to relatives so they knew who they could contact for any questions or concerns.