

Sunbreeze Healthcare Limited

Camden 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 ●

Summary of findings

Overall summary

About the service

Camden Care Home is a residential care home providing personal care for up to 18 older and younger adults, some living with dementia. The service is provided in one adapted building, over two floors. At the time of the inspection 17 people were using the service.

People's experience of using this service and what we found

People received safe and effective care, as sufficient staff were available to support them. People were safeguarded from harm, as staff were trained and understood their role in reporting any concerns to protect people. People were supported to take their medicines on time and in their preferred way. Risk assessments were undertaken to enable identified risks to be minimised and keep people safe. Recruitment checks were done before staff started work. Cleaning schedules and control measures were in place to minimise the risk of infections.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. When people were unable to make decisions independently; their capacity was assessed to ensure that decisions were made in their best interests. People were supported to eat a healthy balanced diet, that met their dietary needs and preferences. People had access to healthcare services and were supported to keep well. Staff received training to develop their skills and knowledge and meet people's needs.

People received support from staff who knew them well and understood their preferences and interests. Information was available in an accessible format to aid people's understanding. People's care plans were reviewed regularly and included their preferences on how their care should be delivered. People knew how to raise concerns about the service and these were addressed following the provider's procedure.

People and their visitors knew who the manager was and were confident that the home was managed well. Quality monitoring systems were in place and effective in driving improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 24/07/2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Camden Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

Camden Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We observed the support provided to people within communal areas of the home. We spoke with five

people who used the service and one person's relative about their experience of the care provided. We spoke with four members of staff including the registered manager, a senior care worker, care workers and the cook. Before the inspection we also spoke to a professional, who regularly visits the service.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment, staff supervision and training. We also reviewed how complaints were managed and how accidents and incidents were analysed.

After the inspection

We continued to seek clarification from the provider to validate evidence found, through quality assurance records, sent to us by email the day after the inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection since the provider's registration. At this inspection this key question was rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Camden Care Home. One person said, "All of the staff are very nice and friendly." Another person said, "It's a lovely place, the staff make sure I'm alright. I feel safe here." A relative told us, "I am very happy with the care my relative gets, they are looked after well by the staff and are safe." We saw from minutes of meetings held with people at the service that reporting any safeguarding concerns was discussed with them. People had confirmed they would speak to a member of staff or the registered manager.
- Staff understood their responsibilities to report any concerns regarding people's safety and confirmed they received training.
- The provider had procedures in place for staff to follow and staff confirmed they had access to these procedures and could describe what to do in the event of any alleged or suspected abuse occurring.
- The registered manager was clear on their responsibility to report concerns. Where concerns had been identified they had informed the local authority to make sure people were protected and informed the CQC of incidents that had taken place.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health and wellbeing were assessed and reviewed regularly to ensure they remained relevant.
- Plans were in place to respond to emergencies. For example, personal emergency evacuation plans were in place for each person. These provided information about the level of support the person would need in the event of fire or any other incident that required the home to be evacuated.
- Where people had been assessed for equipment to help them maintain healthy skin, specialist mattresses and cushions were in place for them.
- Equipment was maintained and serviced as required to ensure it was safe for use.
- The registered manager completed a monthly overview report following each health and safety incident and accident. They used this to look for any patterns or trends and act as needed to minimise risk.
- Risk assessments and care plans were updated after accidents and incidents to ensure that the measures in place were effective.

Staffing and recruitment

- People confirmed staff were available to them when needed. One person said, "They are always around and always happy to help. It's a nice place to be."
- There were sufficient staff on duty throughout the day and people's requests for assistance were

responded to promptly.

- The provider checked staff's suitability to work with people before they commenced employment. We saw the appropriate references and checks were completed in line with current guidance.

Using medicines safely

- Medicines were safely managed, stored securely and given when people needed them.
- Staff spent time with people when administering their medicine, to ensure they were taken before signing their medicine record.
- Recognised standards were followed by staff when administering people's medicines. Staff who administered medicines received training and had their knowledge and practice assessed to ensure people received their medicine safely.
- Medicines audits were undertaken, to enable the registered manager to identify and address any errors promptly.

Preventing and controlling infection

- The provider ensured that the premises were clean, and that staff understood how to prevent infections. Checks and audits were undertaken on a regular basis to ensure standards of cleanliness were maintained.
- Personal protective equipment was available to staff and used when needed; such as disposable gloves and aprons.
- The home had been rated five stars by the food standards agency in October 2018. This is the top rating and means the hygiene standards of the kitchen, at the time of inspection was considered 'very good'. The food standards agency is responsible for protecting public health in relation to food. We saw that kitchen staff wore personal protective equipment and practices were in place to ensure hygiene standards were maintained.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection since the provider's registration. At this inspection this key question was rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed prior to them using the service and information included the person's preferences, support needs, health and emotional well-being.
- Care plans and risk assessments were written and delivered in line with current legislation to ensure best practice was embedded across the home.
- A person's relative confirmed they had been involved in their loved one's initial assessment and reviews of their care.

Staff support: induction, training, skills and experience

- The majority of staff had worked at the home for several years under the previous provider and had a range of skills and knowledge. Staff that were new to care were supported to complete the care certificate. The care certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment.
- Staff told us, and we saw that they were provided with training and refresher training, to enable them to provide support to people that met their needs and followed current guidelines. One member of staff said, "The training is very good, I have a few courses coming up soon. We are always kept up to date with everything."
- Staff confirmed, and we saw, they were provided with regular supervision from the registered manager. One member of staff said, "The manager is very approachable and easy to talk to, she will always help out and all of the management team are great to work with."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a balanced diet, that met their dietary requirements and their preferences. The registered manager told us about the support a person had been given to meet their faith needs. Although this person was no longer at the service; we saw that the registered manager had undertaken extensive research to enable the staff team to meet this person's dietary needs.
- The cook had a good understanding of people's dietary needs and preferences which enabled people to follow a diet that met their needs and preferences. We saw that people were supported to make choices. One person told us, "The food is delicious." Another person said, "There is always a choice and if you don't fancy either you can ask for something else; but the cook knows what I like."
- We observed the support people received at the lunch time meal and saw people were supported with their meal as needed and at their own pace.
- Where people were at risk of malnutrition the staff worked with health professionals to monitor and

support the person's dietary needs.

- People were encouraged to drink throughout the day and we saw that hot drink choices were provided at regular intervals throughout the day. Jugs of juice were available in the dining room throughout the day along with fresh fruit, biscuits and crisps. This enabled people to snack in-between meals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health care professionals as and when needed, such as GP's, district nurses, chiropodists, opticians and dentists.
- Referrals were made to a range of health and social care professionals when required to support people's changing health care needs.
- A visiting health professional confirmed that the staff team worked well with them to ensure people's health needs were met.

Adapting service, design, decoration to meet people's needs

- The design of the building enabled people to walk around with or without staff support as needed.
- Assistive technology was in place and used to support people as needed, such as a call bell system. Equipment was available to support people to move safely when needed.
- An alternative smaller lounge was available for people to use if they preferred a quieter environment. One person told us, "I prefer this lounge, it's cosier."

Ensuring consent to care and treatment in line with law and guidance

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

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- When people did not have the capacity to consent to some decisions, information was in place to demonstrate this; such as mental capacity assessments and best interest decisions. Care plans guided staff on how the person's needs should be met.
- Staff understood about how to support people with decisions and the principles of least restrictive practice.
- One person was under the local authority restriction of a DoLS, no conditions were attached to this. The registered manager confirmed that applications had been made for a further five people. Staff were clear on the need to support these people in their best interests to keep them safe.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection since the provider's registration. At this inspection this key question was rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- Staff spoke positively about people and we saw they had a friendly and warm relationships with people. One person described the staff as, "Lovely people." Another said, "The staff are very nice, we all get along well together." The relative told us, "The staff are great, very caring and friendly."
- People were supported by staff who knew them well and understood their preferred routines and preferences. One member of staff told us, "People do have routines, but just like us there are days when they might want to stay in bed a bit longer. If that's the case, we respect that and come back later to see if they are ready to get up."
- We saw staff explained things as much as possible when they supported people. For example, with meals or activities and this support was provided at the person's own pace.
- People and the relative we spoke with confirmed they were involved in reviews of their care package and asked for their opinions on the quality of care they received.

Respecting and promoting people's privacy, dignity and independence

- People confirmed that their preference on the gender of staff to support them with their hygiene needs was respected.
- People were supported to maintain their independence. One person told us, "I do as much for myself as I can." Another person said, "I am quite independent, the staff help me when I need them to, but they don't take over."
- We saw, and people confirmed that they were supported to maintain their dignity. For example, when staff supported them to use the bathroom this was done discreetly.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection since the provider's registration. At this inspection this key question was rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Opportunities were available for people to participate in activities both in and out of the home and an activities coordinator was employed.
- Several indoor games were played by different people on the day of the inspection. For example, a game of hoopla, and a variety of table top games and crafts. Staff joined in with these activities which provided support to people and encouraged participation and camaraderie. One member of staff told us, "There are always activities and we have lots of fun and laughter with people." We saw that people and staff were having a laugh and a joke with each other whilst playing dominoes.
- External visitors, such as schools visited people on a regular basis. People were consulted regarding their faith needs and religious ministers visited to meet people's needs. This included a monthly service at the home.
- Staff knew people well and information in people's care plans reflected the support we observed. People's care plans contained individualised information. This included details regarding their protected characteristics, for example their race, religion and belief.
- The relative we spoke with told us. "I am always made to feel welcome by the staff and offered a drink."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service complied with the Accessible Information Standard. Information was available in an accessible format to support people's understanding, this included signage around the home, and information in a pictorial or easy read format.

Improving care quality in response to complaints or concerns

- People told us if they had any complaints they would tell the registered manager. One person said, "I am sure she would sort it out, I don't have anything to complain about though." A relative said, "The manager is very good, and I am sure she would sort out any concerns."
- Information was available on how to make a complaint; this included an easy to read version to support people's understanding.
- The service had a procedure in place to manage complaints. We saw that complaints were addressed in a

timely way and in accordance with the provider's procedure.

End of life care and support

- The provider was not supporting anyone with end of life care at the time of this inspection. The registered manager and staff team knew who to involve at this important time of people's lives, such as palliative care teams and GP's.
- We saw people and their relatives were encouraged to express their views regarding their care towards the end of their life; this was to ensure their protected characteristics, culture and spiritual needs could be met. Records showed where people had discussed their preferences and when further consultation was required, this was recorded.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection since the provider's registration. At this inspection this key question was rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff confirmed they received good support from the management team. We saw staff were supported to professionally develop. The majority of staff at Camden Care Home had been employed for several years and had achieved health and social care diplomas at level two and above. This ensured a good skill mix of staff were available to support people.
- Staff were positive about the culture of the home. One member of staff said, "We all work together as a team and help each other out."
- Staff understood their roles and responsibilities and there were clear lines of delegation. They told us who they would report any concerns to on a day to day basis.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People confirmed their views were sought through satisfaction questionnaires and meetings. We saw that where suggestions had been made for improvements, these were acted upon. For example, one person had requested additional seating in their room for their visitors and we saw these had been purchased.
- People and their relatives knew who the registered manager was. They told us the staff team were friendly and approachable. People were confident in the management of the care home and told us it was well run.
- Meetings were held with people and relatives to gather their views and drive improvement. For example, menus were changed seasonally and amended in consultation with people, following resident's meetings.
- People were involved in events at the home to raise money for their preferred activities such as trips out. Minutes of a recent meeting held with people at the home showed that people had been involved in planning and organising the recent summer fayre at the home.
- There were good relationships with local health and social care professionals and with the local community.

Continuous learning, improving care and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on duty of candour responsibility.

- Quality audits were in place to identify any areas for improvement, repair or replacement. For example, it had been identified that the refrigerator was not maintaining the correct temperature and a new one was purchased. Bedrooms were refurbished when needed and overall repairs and maintenance undertaken as

required.

- Audits of records such as care plans, medicine records and staff files were undertaken on a regular basis.
- The registered manager ensured that we received notifications about important events, so that we could check that appropriate action had been taken.