Mr & Mrs A White

Camelot Residential 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?	Requires Improvement

Summary of findings

Overall summary

Camelot Residential Care Home is a semi-detached property in the village of Meads on the outskirts of Eastbourne. It provides care and support for up to 17 older people with care needs associated with older age. This included some low physical and health needs and some support needs for people living with a mild dementia and memory loss. The care home provides some respite care and can meet people's more complex care needs with community support including end of life care when required. At the time of this inspection 14 people were living at the home.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good. This inspection took place on 8 and 16 June 2017 and was unannounced.

The home is run by a husband and wife who are the owners and are also the registered managers of the home. For the purpose of this report we will refer to them as registered managers. 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.

Systems in place, including the quality review systems, did not ensure best practice was followed in all areas. Some care documentation was not up to date signed and dated. Risk assessments on nutrition and skin condition were not documented to inform the care provided.

People were looked after by staff who knew and understood their individual needs well. Staff treated people with kindness and compassion and supported them to maintain their independence. People's dignity was protected and staff were respectful. Feedback was positive and people praised both the staff and the relaxed atmosphere in the service.

People told us they felt they were safe and well cared for. They were confident staff were available and looked after them well. Staff understood their responsibilities to safeguard people. They knew what actions to take if they believed people were at risk of harm or abuse. Staff had been trained on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered managers had an understanding of both and followed correct procedures to protect people's rights. People's Medicines were stored, administered and disposed of safely.

People had the opportunity to take part in a variety of activities in the service. This took account of people's preferences and choice. Visitors told us they were warmly welcomed and people were supported to maintain their own friendships and relationships.

People were supported to maintain good health and had access to external healthcare professionals such as their GP when they needed it.

People had access to the complaints procedure and complaints were handled appropriately. There was an opportunity for people to share their views on the service and their views were taken into account to improve the service.

Further information is in the detailed findings below.

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.

Staff knew how to recognise the signs of abuse and what they should do to keep people safe.

Risks to people were responded to and reduced.

There were enough staff, who had been safely recruited to meet people's needs.

Medicines were managed safely and people were given their medicines as prescribed.

Is the service effective?

Good

The service remains Good.

Staff were well supported with induction, training and supervision.

People were asked for their consent to care. Staff had a good understanding of the Mental Capacity Act (2005).

People were supported to have enough to eat and drink and had access to healthcare services when they needed it.

Is the service caring?

Good

The service remains Good.

People were supported by staff who were compassionate and caring. They treated people as individuals and respected their dignity and right to privacy.

Staff knew people well and supported them to make their own decisions and choices.

Is the service responsive?

Good

The service remains Good.

People received care which was personalised to reflect their individual needs and wishes. Staff supported people to do what they chose throughout the day.

People had the opportunity to engage in a variety of activity that staff supported them with.

People were aware of how to make a complaint and were comfortable to raise any concern with staff.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Quality monitoring systems were not well established to identify all areas for improvement and monitoring, which included care records.

The registered managers and staff were approachable and supportive.

Staff and people spoke positively of the management team's leadership and approach.

Camelot Residential 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 and 16 June 2017 and was unannounced. This was undertaken by two inspectors 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. Before our inspection we reviewed the information we held about the service. We considered information, which included share your experience forms, safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. 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.

Before the inspection we spoke with the local authority who commissioned care for people from the service. During the inspection we talked with eight people who use the service, two relatives and a visiting specialist nurse. We spoke with the care manager who was managing the service while the registered managers were away, three care staff, and the chef. We also spoke with the registered managers on the second day of the inspection.

We spent time observing staff providing care for people in areas throughout the home and observed people having lunch in the dining room. We used the Short Observational Framework for Inspection (SOFI) during the day. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We reviewed a variety of documents which included three people's care plans and associated risk and individual need assessments.

We looked at four staff recruitment files, and records of staff training and supervision. We viewed medicine records, policies and procedures, systems for recording complaints, accidents and incidents and quality assurance records.

Good

Is the service safe?

Our findings

People were confident that they were safe living at Camelot, they were reassured that staff were always available. They told us staff responded quickly if they needed any support and staff were caring, friendly and attentive. The relationship with staff was important and people felt they could rely on the staff to care for them and keep them safe. People's comments included, "I get on with the staff here," "I do feel safe, yes. I have everything I need here and the staff are very kind," "Oh yes I feel safe, there's always people at night so you can call them. I've got my red chord you see so I can call them," and "I like it here. I wouldn't be safe at home and I'd be worried but not now". Relatives were also confident that people were safe and well cared for. One said "My relative needs a lot of care now and is quite vulnerable, but the staff are lovely and keep them safe".

People were protected from the risk of abuse because staff had a clear understanding of the safeguarding process. Staff had undertaken adult safeguarding training within the last year. They were able to identify types of abuse and they understood the correct safeguarding procedures to follow should they suspect abuse. This included informing the most senior person on duty or, if appropriate, reporting to external agencies such as the local authority safeguarding team. One staff member told us, "I would report any concerns to the manager. I know they would deal with it really well."

Possible risks to people's safety from the environment and equipment were well managed and the management carried out regular health and safety checks. This included regular servicing for gas and electrical safety. An emergency contingency plan that provided information concerning the safe management of adverse events such as fire, flood, staff shortages and power cuts, including relevant contact details for contractors was available for staff. A fire risk assessment had been completed and fire procedures were in place. One person told us "We have fire alarm drills, I'm not sure how frequently, every couple of weeks I'd say." Personal emergency evacuation plans (PEEPs) were in place to ensure staff and emergency services were aware of people's individual needs and the assistance required in the event of an emergency evacuation. The home was clean, tidy and well maintained throughout. Staff followed infection control procedures, there were adequate handwashing facilities throughout the home and staff used personal protective equipment appropriately.

There were safe staff recruitment procedures. The registered managers were responsible for staff recruitment. Staff records included application forms with a full employment history. The recruitment process included the sourcing of references that informed the provider of staff suitability. Each member of staff had a disclosure and barring check (DBS) completed by the provider. These checks identified if prospective staff had a criminal record or were barred from working with children or adults at risk and ensured only suitable people worked at Camelot Residential Care Home.

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People's risks were well managed to keep them safe and help retain their independence. Accidents and incidents were monitored to identify any areas of concern and any steps that could be taken to prevent accidents from recurring. For example, people were moved following individual discussion to rooms that

suited their individual mobility needs. This had included one person who could no longer manage stairs safely and was safer in a room that had level access. Individual assessment of need allowed people to maintain their independence. One person liked to go out on their own. Staff ensured they were aware they were going and had a mobile phone with them for contact if required. This allowed people to stay safe while their independence was promoted as much as possible.

Medicines were managed safely. People told us they were given their medicines as they needed them. One person said, "Oh yes I have that regularly every day. This morning she gave me two, I can't remember the name but I know when I'm taking it." Systems followed ensured the safe storage and administration of medicines with organisational medicine policies and procedures for staff to follow. People who wanted to administer their own medicines were able to do so once staff had assessed any risks associated with this. For example, ensuring people were able to identify what medicines they were taking safely. People only received their medicines from staff who had completed additional training and had their competency to administer medicines safely checked.
When staff administered medicines, they followed best practice guidelines. For example, people's medicines were administered individually, and their Medication Administration Record (MAR) chart was only signed by staff when they had taken their medicine. Staff ensured people had a drink and asked people what medicines they needed.

People told us there were enough staff to meet their individual needs. One person said, "I can do most things for myself but I can use my phone to ring down if I need something. They respond very quickly". A visiting relative told us, "I do visit every day and I can see the staff seem to have time to spend with people. They never seem rushed." Staffing rotas confirmed there was regular staff working regular shifts. The staffing arrangements ensured staffing numbers and skill mix of staff were maintained with each shift being led by a senior staff member with a qualification in care. Catering and domestic staff worked in addition to the care staff. The two registered managers worked regularly in the home, providing support guidance and additional staffing when needed. The registered managers reviewed staffing on a regular basis and demonstrated a flexible staffing provision was maintained. They had recently increased the staffing numbers to provide more care hours in the evening. Staff told us there were enough staff to care for people safely day to day. One told us, "Yes, there are enough staff I think. I always have enough time to spend with the residents." Another staff member said, "I'm very new but I've spent a lot of time with the residents already. It's such a small and friendly home."

Good

Is the service effective?

Our findings

People told us they felt staff had the knowledge and skills to look after them. They had confidence in everyone working in the home and felt they were experienced and understood their needs well. One person said, "I think they are good at what they do, it's a hard job and it's hard to please everybody."

People received care from knowledgeable staff who received regular training and updates. This included moving and handling, fire safety, first aid, health and safety, infection control, safeguarding and mental capacity. New staff undertook an induction programme based on Skills for Care. These reflect the standards that care staff need to meet before they can safely work unsupervised. A new staff member told us, "I have worked in care before so I was quite confident but I've had a lot of support. The manager has been great." Staff also received training specific to the needs of people living in the service, which included dementia and end of life care. Staff were also supported to complete further training such as diplomas in care. This ensured staff continued to develop their knowledge and skills. Staff received regular one to one supervision sessions with one of the registered managers, this time was used to discuss staff performance, learning and any support required on a professional and personal level. Staff told us supervision sessions were useful, an open and honest process in which they could bring any issues or concerns to and address them.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Appropriate applications to restrict people's freedom had been submitted as per legal requirements when required for those people who lacked capacity. Staff told us everybody had the capacity to make their own day to day decisions about care. Staff offered choice and asked people for their agreement and consent regularly when they providing support. People told they were not restricted in any way and were able to leave the home as they wanted. One person said, "I can go out if I want. I have a car outside."

People were supported to maintain a balanced and nutritious diet of their choice. People told us the food and drinks were varied and staff ensured they had a meal of their choice. Individual preferences were responded to, for example one person told us, "They always ask me what I want though, they know I love tinned soup so they get me a stock of that, they always have that for me." Other comments included "The food is very well done; we get ice cream if we want it. I like the sweet things. If I want another drink after this they bring it, usually I start with water and then I have juice with the meal," "The food is good I think, there's a choice and they ask you what you feel like. I get my sherry twice a day" and "The food is good too. I can't see that anybody could possibly fault it. The menu is changed every so often so they keep it interesting."

Lunch was a social event with most people choosing to eat in the dining room. Staff supported people when needed and adapted equipment to aid independent eating was provided when required. Staff supported people to eat enough food and monitored people who were not eating or drinking as well as expected or were at risk of losing weight. People were weighed regularly so staff could identify if they were at risk of weight loss.

People were supported to maintain good health and received on-going healthcare support. They had access to healthcare services such as the dentist or chiropodist. People told us they could see health care professionals as they wanted including the GP. One person said, "The opticians and dentist come; I do my own toe nails. The doctor comes in when I need to see him anytime." A health care professional told us staff were early to contact them if they had any questions relating to people's health.

Good

Is the service caring?

Our findings

People were supported by staff who were kind, attentive and caring. People told us staff were polite and always treated them as individuals. People commented on the friendly and caring atmosphere at Camelot and referred to it as a friendly place. Comments included, "The staff are always very nice and pleasant to you, they'll always help you," "I can't fault it; I like it very much here. I like everybody here, I like their attitude, I like their personality, everything. I just can't tell you anything that I don't like. I am perfectly happy here. The carers are lovely and they don't impose on you, it's quite delightful here," and "A big thing is friendliness and kindness. Really and honestly I forget I'm in a care home to be honest with you. It's so comfortable; I don't remember a day that I've been miserable, never."

Interactions between staff and people were positive. Staff approached people in a sensitive, pleasant and caring way, they did not rush people and took the time to have individual conversations that were important to people. The relationships between people and staff was warm, caring and genuine. One person had given a card to a staff member to thank them and this was responded to with a hug. Staff knew people well and were able to respond to them as individuals knowing the small things that they appreciated. For example, understanding and responding to a person's wish to stay in their own room. Another person had left their glasses in the hair salon and a staff member was immediately able to identify the glasses and return them quickly to the owner. Staff supported people to maintain links with family and friends and relatives told us they were always made to feel very welcome when they visited.

Staff were observant and attentive to people's needs and understood the principles of privacy and dignity. People confirmed that they felt that staff respected them their dignity and their privacy. One person said "I can close the door and nobody would come in unless they knock on the door, they never charge in. I think they treat me really well, they don't treat me like an idiot or a little child." Another said, "Yes they're respectful in the way they talk to you. I've never come across that situation where I've felt that I needed any more privacy than I have. They knock on the door and do all the usual things."

People's individual identity was promoted. People were called by their preferred name and supported to dress according to their own preference. The service had a regular hairdresser who attended to people who wanted to have an appointment. The hairdresser worked in a private area of the home and the experience for people who attended was social. People's appearance was important to them and ensured they maintained their own identity. People's rooms were individual and contained items that made the room as homely to them as possible. This included items of furniture, pictures and photographs.

Staff understood the importance of promoting people's independence and worked with people to do this as much as possible, while ensuring their safety. One person told us "We get some time to ourselves in our rooms, they clean our rooms but I like to make my bed to finish it off. The less you do, the less you want to do." Another said "I can manage doing thing for myself but they watch over me when I have a shower just so that I don't slip.

People were involved as much as possible in decision making about their care and treatment. They were

involved in an assessment of their needs before they moved into the service and discussed care needs on a daily basis. People and their families were involved with care reviews as people wanted them to be. One person told us "They do talk to me about things, like my leg. My two daughters will also go in and ask them questions and they talk to her too." Other people explained their choices were taken into account on a daily basis. Another person told us, "You go to bed when you feel like it, in the mornings it's up to you, they ask you what you like and they bring it to you." Relatives told us they were happy with their level of involvement in the care planning. One visiting relative told us, "The manager will always tell us if there are any changes. Their door is always open."

Good

Is the service responsive?

Our findings

People received care that was personalised to their wishes and preferences and everyone was treated in a person centred way. People told us their choices were respected and they had control over their lives. People were free to spend time where and with whom they wanted. This was important to people who liked their own company. One person chose to spend all their time on their own and this choice was respected.

People care and support needs were documented and reflected within their care plans. These included people's choices and were reviewed. For example what they liked to eat and drink and what was important to them in relation to personal hygiene. There was evidence that support was changed to improve people's mobility and general health. For example one person moved rooms when their mobility was being restricted because of the stairs. Daily notes showed what people had done each day, and the care and support they had received. Staff kept up to date with changes to care plans and supported people to receive the care they needed and chose.

A visiting health professional told us staff knew people well and were knowledgeable about people's needs. Staff were always available to discuss health and care needs and responded to any recommendations that they made to improve health outcomes for people.

It is important for people who live in residential services to have the opportunity to take part in activity that is meaningful to them. This helps people to maintain their health and mental wellbeing and prevent isolation. People were able to join in with a variety of entertainment and activities as they wanted to and a monthly programme was provided. People told us they were not bored and had plenty to do. One person said "We have a monthly activities itinerary. This afternoon for example X is coming. I was down there at his last appearance, perhaps a fortnight ago. I didn't tend to go down an awful lot because I like the puzzles. But now I do go down now and then. Because I came together with two other ladies it makes you feel better, rather than being isolated which of course happens the older you get." Other people complimented the activities and entertainment provided and explained they could attend as they wished and it was an important part of the service. One person told us, "We have a programme for the month and that changes every month. Last week someone said you ought to come along it's about animals, so I went. This lady she got out ten little black ducklings. I've never seen a duckling in my life. They were lovely they never made a sound, they were only about 3 weeks old, I was so pleased I went. I really enjoyed that afternoon it was lovely."

People said that they would have no problem in raising any concern or complaint if they needed to. They expected that any complaint or concern would be dealt with appropriately and were relaxed about raising a concern. People said they would speak to any of the staff directly, or the registered managers. "I haven't been here very long but no complaints so far. I'd go to the manager if there was anything I had to discuss," "I should just go to the person that I felt I was having a concern about. I feel so satisfied in myself, I feel quite happy. I've got no arguments; I've got no fault to grind at all." Relatives told us when they had raised any 'niggle' in the past these had been dealt with. Staff understood how to deal with complaints when raised and a complaints procedure was available to everyone in the front entrance of the service. The registered

managers were in constant contact with people, relatives and staff and sought feedback from everyone. Communication was effective and maintained as part of the daily conversations with people.

Requires Improvement

Is the service well-led?

Our findings

People and relatives were positive about the management of the service. There were two registered managers who were also the owners of the home. They had recently recruited a further manager who was supporting them with the daily management of care and support for people. People told us, "I definitely think the home is well-led, I think it helps that it's such a small home but it really is well run". A visiting relative told us, "It all starts with the manager. If they don't set a good example it all falls apart. The owners have always looked after the residents well and now we have a new manager who seems keen to make it even better."

People told us they were very happy living at Camelot Residential Care Home which they felt was well managed and organised. They complimented the atmosphere which ensured they felt comfortable and well cared for. One person said, "The atmosphere is very good, the carers seem happy too which is the main thing." Another said "It's very nice, it's always very tidy and clean, a lady comes every morning and sweeps through everything. The staff are very nice and helpful, they work together well, no arguments or shouting. It seems to be very well organised and everything goes alright."

Whilst all feedback about the management was very positive we found the leadership of the service was not effective in all areas. Systems, including the quality review systems, did not ensure best practice was followed in all areas. For example, risk assessment to monitor the condition of people's skin and nutritional status were not used. Although staff monitored both these areas there was a risk that skin damage and a poor nutritional condition would not be identified and responded to quickly. Some care documentation did not fully record how an individual's changing health care needs were being responded to on a daily basis. For example, one person had their weight monitored closely for medical reasons however the action staff should take in response to these weights to maintain their health had not been recorded. We found some records were not dated and signed and some quality audits were not being completed on a regular basis. The managers had not ensured accurate care records were in place to support the care provided and quality monitoring systems were not fully maintained. These areas were identified to the registered managers as areas for improvement.

The registered managers had a high profile in the home and promoted and open and honest culture in the service. Everyone knew the registered managers and spoke to them on a regular basis. They were proud that they were approachable and were confident they and the manager promoted an 'open door' management style. They met formally and informally with staff on a regular basis. Staff told us they felt well supported and the management were open. They felt they could share any concern they had with them in confidence. This included personal concerns which were dealt with sympathetically. One staff member told us, "The manager is always around and will answer questions if I have them". Another said, "I'm new but it seems really well organised. The manager has made it really easy to work here. It's such a small home so we all talk to each other all the time anyway."

There were a number of feedback mechanisms from people and relatives. The provider sought feedback from people and those who mattered to them in order to enhance their service. This was supported through

meetings, satisfaction surveys and regular contact with people and their relatives. The registered managers were open with the feedback from the annual surveys making the results available to people within the service and discussing them at meetings. People's views were taken into account and used to improve the service. Meetings with people were used to update them on possible events and changes in service, for example, a change of staff. People also used these meetings to talk about their views, including the quality of the food and activities in the home.

There were some systems for monitoring management and quality of the home. These included audits for different aspects of the work, for example, medicines, health and safety, housekeeping, and catering. The registered managers were aware that these needed to be improved and the new manager had been allocated a key role in this area. Accident forms were reviewed by the managers who ensured trends and appropriate actions to minimise risks were implemented.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. There was a procedure in place to respond appropriately to notifiable safety incidents that may occur in the service.