Camelot Rest Home Limited

Camelot Rest Home

Inspection report

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Tel: 01384214290

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Camelot Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Camelot Rest Home provides personal care for up to 39 people, some of whom are living with dementia. At the time of the inspection 35 people lived in the service.

The inspection visit took place on 27 November 2018 and was unannounced.

There was a registered manager in post who was there at the time of the inspection. 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.

At our last inspection we rated the service good. At this inspection we found evidence that led the key questions of Effective and Well Led to be rated as Requires Improvement. This meant that the rating at this inspection was overall Requires Improvement.

Audits did not adequately identify all areas of concerns. Consistent monitoring was not in place to mitigate risks.

Not all staff received an adequate level of training. Equipment was not always utilised in the safest way possible, for instance slings for hoists were not individual to the user.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. People were assisted to access appropriate healthcare support and received an adequate diet and hydration.

People continued to receive care that made them feel safe and staff understood how to protect people from abuse and harm. Risks to people were assessed and guidance about how to manage these was available for staff to refer to/follow. Safe recruitment of staff was carried out and adequate numbers of staff were available to people. People received medicines as prescribed.

People continued to receive care from staff which was kind and caring. People were supported to express their views and be involved as much as possible in making decisions. People's needs were recognised and staff enabled people to access activities should they so wish.

People continued to receive a responsive service. The provider had systems in place to regularly review

people's care provision, with their involvement. People's care was personalised and care plans contained information about the person, their needs, choices and cultural needs. Care staff knew people's needs and respected them. People spoke openly with staff and understood how to make a complaint.

People and staff were positive about the leadership skills of the registered manager. We were provided with information we expected to receive.

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.	**Good**
Is the service effective? The service was not consistently effective.	**Requires Improvement**
Is the service caring? The service was caring.	**Good**
Is the service responsive? The service was responsive	**Good**
Is the service well-led? The service was not consistently well-led.	**Requires Improvement**

Camelot Rest 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 unannounced comprehensive inspection was completed by two inspectors and an expert by experience on 27 November 2018. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service, this included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority who commission services to gather their feedback. We received a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We spoke with ten people who used the service and one relative to ask about their experience of the care provided. We spoke with two members of staff and the registered manager. We carried out a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and three medication records. We also looked at two staff files, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Good

Is the service safe?

Our findings

One person told us, "I am really safe here". A staff member told us, "We know people's needs that keeps them safe, they get the right care". Staff told us they understood safeguarding procedures and one staff member said, "I know what to look out for" [described types of abuse]. We saw that any safeguarding concerns had been recorded with actions taken and the outcome noted. There was a specific process to take to alert the relevant external agencies and staff were aware of this.

Staff were clear on the actions to take in the event of an emergency and one staff member told us, "I would call 999 and check that the person was okay". We saw that any accidents and incidents were recorded appropriately and action taken where needed.

Risks were managed well and risk assessments were up to date. These included, but were not limited to, personal care, health, diet, fluids, continence and mobility. Where there were risks around equipment being used, for example where people had catheters fitted, a specific risk assessment was in place. Where records were required to be kept, such as fluid intake records or weight recordings these had been completed. Body maps to record any concerns with people's skin integrity these were completed as required. Checks were made on fire safety and the environment and each person had a personal evacuation plan in place, which gave staff directions on how best to evacuate the person in the event of an emergency.

People felt that there were enough staff. One person said, "I think there are enough staff". People told us that staff came to them as soon as they were able to. We saw that the number of staff available to people reflected the staff rota and that staff had time to spend talking with people.

We found that recruitment checks were taking place. This included a Disclosure and Barring Service (DBS) check. The DBS check would show if a person had a criminal record or had been barred from working with vulnerable adults.

People were happy with how staff supported them with their medicines. One person told us, "Staff give me my medication and know what I'm taking". A staff member told us, "I feel comfortable giving medicines and I am trained". We found that people received their medicines as required and that records tallied with medications available. Medicines were stored and disposed of safely.

The environment was clear from hazards and people were protected by the systems in place for prevention and control of infection. Checks to evidence the environment was safe were completed. The environment underwent regular checks including fire and electrical appliances. Bedrooms and furnishings were monitored regularly to ensure they remained safe.

Requires Improvement

Is the service effective?

Our findings

At the last inspection in June 2016 the key question of Effective was rated Good. At this inspection the rating had changed to Requires Improvement.

We saw that some staff members had not received up to date mandatory training. The training matrix had also not been updated which made it difficult to identify which training was outstanding. The gaps in training had also not been identified by any auditing processes. The registered manager told us that staff would be requested to attend the training as soon as possible and the training matrix would be updated. We saw that staff continued to have a good level of skills and knowledge to assist people and were able to discuss people's needs with us.

When assisting people to mobilise with a hoist, a specific sling was not used for each individual person, meaning that there was some risk of cross contamination. The registered manager told us that this would be remedied immediately and staff would be told of the changes.

Pre-admission assessment information was in place, and this provided information on the person's needs such as personal care, medical care and wellbeing. It gave a past medical history and information on what care the person required.

We found that staff had completed the Care Certificate as part of their induction. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of people working in the care sector. Staff told us that they felt well prepared prior to completing their first shift. Supervisions were regular and staff felt that they go approach the registered manager at any time.

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 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. 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. 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 were being met.

DoLS applications had been made as required. Staff were able to tell us who the DoLS applications were for and why. A staff member told us, "People on DoLS might need us to keep them safe. We do things in their best interest, such as taking them outside rather than letting them go themselves". We saw staff asked for people's consent prior to assisting them. An example being one staff member saying, "Can I take your temperature please?"

People had access to nutritious food and one person told us, "Food here is great, always a choice, order

what you want". People also had access to drinks and snacks throughout the day and where they required a specific diet this was in place. Where it was required food and fluid intake was recorded and monitored. People's weight was taken regularly if there were concerns and actions taken such as a referral to a GP if needed.

People were supported to access the health care they needed. "One person told us, "The chiropodist visited, not needed optician or dentist since being here. The staff arranged for me to see GP. The staff also go with me to hospital appointments". A staff member told us, "I know when people are poorly and would get them medical assistance". Care files noted ongoing support that some people required for certain conditions and we saw how staff used these instructions to support people. People attended medical appointments as required and hospital letters were filed.

We found that decoration around the home was clean and tidy and people could move around the home freely. The lounge was easily accessible and there was an old-fashioned bar area and decorations that related to the history of people living in the home.

Good

Is the service caring?

Our findings

People told us they thought the staff were friendly and caring towards them. One person said, "They [staff] give great care, can't find fault with any of the staff". A staff member told us, "We take time for people". We saw examples of people chatting and laughing with staff. Staff told us that they knew people well enough that they would recognise when people's body language, indicated they were either distressed or happy.

People could make their own choices and decisions and one person told us, "I am given choices, I chose what I am wearing today and I choose what I want to do every day". A staff member told us, "People have choices, they can still make decisions, most people would not allow us to choose for them anyway". We saw that one person chose to smoke and when they asked a staff member to take them outside to enable them to light their cigarette this was done by the staff member without delay.

One person told us, "The staff check I've done my exercises and encourage me to be as independent as possible". A staff member told us, "We encourage people to be independent, just walking around the lounge and back makes a difference".

We saw that people's privacy and dignity was respected in the way that staff spoke to people and acted towards them. One person said, "The staff always knock the door and if assisting with personal care ensure the door is shut". We saw staff ensuring that people were covered and their dignity and privacy was maintained.
We saw that visitors were made welcome and one person said, "The staff even treat my visitors with dignity and respect". Staff told us that they had good relationships with friends and relatives and that open lines of communication were in place.

The registered manager told us that should people request the services of an advocate this would be arranged for them. An advocate speaks on behalf of a person to ensure that their rights and needs are recognised.

Good

Is the service responsive?

Our findings

There was a new computerised system in place and online care plans could be accessed by staff. Care plans were detailed and gave information for staff on how to meet people's needs and requirements. Care plans included, but were not limited to; pain, continence, mental health, eating and drinking, falls risk and skin issues. A medical diagnosis and medicines taken were listed. People's preferences, such as time of getting up and going to bed and favourite foods were noted. A life history and background was provided, including childhood memories, family and interests and hobbies. We saw that reviews were carried out in a timely manner. People and staff told us how they had worked together to compile the care plans.

One person told us, "My vicar has been in and had holy communion". People were supported to fulfil their religious and cultural needs. These were recorded and information was provided on how staff could assist people to pursue their needs. Care plans recorded whether people wanted a choice of specific meals such as a vegetarian or vegan option or meals in line with cultures or religious requirements.

We saw that activities took place, these included singing along to songs, nail painting, completing puzzles and discussions. Activities people had been involved in were noted daily in a summary, so it was easy to see what people had been doing. Staff told us that they felt that there was always something going on in the home, whether it be a large communal activity, or smaller groups. We saw that people enjoyed the interactions, but could decide to participate or not.

One person told us, "I have not had any complaints at all, but if I did I would go to the manager". Complaints had been dealt with appropriately with full details of the complaint given and information as to how it had been resolved. People told us that they were aware of how to access the complaints procedure and that it was in a format that they could understand.

Care plans included an End of Life plan. This looked at; religion and culture, symptom control throughout any illness, involvement of family and friends and funeral arrangements. Where a Do Not Attempt Resuscitation [DNAR] order was in place this was clearly noted.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in June 2016 the key question of Well Led was rated Good. At this inspection the rating had changed to Requires Improvement.

Audits over time had not discovered the discrepancy in staff attending training. The registered manager told us that this was because the training matrix had not been updated. The registered manager told us this was an oversight that would be remedied immediately. Where audits were carried out they gave an insight into patterns and trends and were completed on a regular basis. They looked into specific concerns such as falls, peoples' weights and medicines. Where any action was required as a result, this was carried out.

Where specific slings were not being used to hoist people, there had been no checks by the registered manager to identify this. This meant that the registered manager was not aware of the risks posed to people by the inappropriate use of equipment.

There was a registered manager in place. 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 spoke to us about the registered manager. One person said, "The manager has been here a long time they are very good". A staff member told us, "[Registered manager's name] is fantastic, always available and always ready to help". We saw that the registered manager was available to people and staff and that they were well known and liked within the home. A staff member told us, "The manager wants to help in any way, they are a good manager". There were relationships in place with professionals visiting the service and staff told us of how they shared information regularly for the benefit of people using the service. Professionals had also commented positively where the service had asked them for feedback.

People told us the service was well run, with one person saying, "It is just like home, I would recommend it to anyone". A staff member told us, "I enjoy working here, I would not have stayed this long if it was a well-run home".

Feedback was taken from people and family members. This looked at how people felt about the quality of care, how much control they had over their daily life, and how safe and comfortable they felt. We saw that comments given included; 'It's all brilliant and the staff are very good'. We saw that actions had been taken as a result of feedback given and this included the laundry area being reviewed to ensure that name labels did not come off people's clothing. The registered manager told us how they fed back conclusions to people and people told us they had received outcomes from surveys.

Staff told us that they had previously attended specific staff meetings, but there had been none recently due to the time given to 'get to grips' with the new computerised system. The registered manager told us how meetings had been planned and were coming up in the next few weeks. Staff told us that meetings gave

them the opportunity to voice their opinions on the care of people and that management listened. We were told that 'residents meetings' for people using the service took place and people told us that they had previously attended.

Staff were aware of the whistle blowing procedure and told us that they would follow it if they felt the need to. To whistle blow is to expose any information or activity that is deemed incorrect within an organisation. We found the service worked in partnership with other agencies and that records detailed how medical and health professionals had been involved in people's care.

The registered manager understood their requirements within the law to notify us of all incidents, deaths within the service and safeguarding alerts. We found that the previous inspection rating was displayed as required.