

Ms Susan Munro

Camelot Nursing and Residential Care Home

Inspection report

6-8 Tennyson Road
Worthing
West Sussex
BN11 4BY

Tel: 01903203660

Date of inspection visit:
03 June 2021
04 June 2021

Date of publication:
16 August 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Camelot Nursing and Residential Care Home is a residential care home providing personal and nursing care for up to 35 older people with various support needs, including physical, memory and sensory impairment. At the time of our inspection there were 30 people living at the service. The home had 34 single occupancy rooms in one adapted building, all of which had their own toilet facilities. The home had a recently renovated courtyard garden for people to enjoy.

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

Although some improvements had been made since our last inspection further improvements were required. Risks to people were not always managed safely and tracking and monitoring systems were not always effective in ensuring that people received safe care. People at risk of falls or requiring wound care did not always receive care in accordance with their care plan or the providers policies and procedures. People prescribed time specific medicines did not have care plans to guide staff as to what time their medicines were due to ensure a safe dosing interval.

Staffing levels were not always in line with the assessed number of staff required to meet people's needs. People and staff told us that staffing numbers varied though felt confident that this was being addressed by the manager. Staff were recruited safely and received training which enabled them to provide effective care.

The home was clean and well maintained. Staff had been trained in infection prevention and control, and government guidance specifically relating to Covid-19 was being adhered to.

Staff knew people well and understood their risks and how to manage them. People's hydration, dietary needs and long-term health conditions were risk assessed with detailed and person-centred care plans to guide staff on how to support them.

People and their relatives told us they felt safe. One relative said they felt their loved one was, "Very safe. They're looked after well and they're happy there. [Person] is much more content than where they were previously." Staff had received training in how to identify and safeguard people from the risk of abuse. One staff member said, "We have safeguarding training every year, I would recognise signs of abuse and let the manager know about the situation. I would go to the local authority if necessary."

People spoke positively about the staff who supported them and the care they received. People enjoyed the food and were able to make suggestions for additions to the menu. People had access to a range of healthcare professionals and activities within the home.

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.

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

Rating at last inspection and update:

The last rating for this service was requires improvement (published 29 August 2019) and there was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider provided us with information after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and the provider was still in breach of regulation 17.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 31 July 2019 and 13 August 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve Good governance.

We undertook this focused inspection to check that actions identified after the last inspection had been embedded and sustained, and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service remains requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Camelot Nursing and Residential Care Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment and good governance.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Camelot Nursing and Residential 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out 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. One inspector undertook the on-site visit; the second inspector and Expert by Experience contacted relatives and staff members remotely.

Service and service type

Camelot Nursing and Residential Care 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.

The service did not have manager registered with the Care Quality Commission at the time of the inspection. The service had a new manager who had recently started working at the home having moved from another role within the service, it was the managers intention to begin the process of registering with CQC. Until the new manager is registered, the provider is 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. When we returned for the second day of inspection, this date was announced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us 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 reviewed information we had received about the service since the last inspection. This included statutory notifications sent to us by the registered manager about events that had occurred at the service. A statutory notification is information about important events which the provider is required to tell us about by law. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and four relatives about their experience of the care provided. We spoke with nine members of staff including the manager, administrator, three registered nurses, three care workers and a member of the domestic team.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the manager to validate evidence found and gain assurances about the care people had received after the inspection. The information received gave assurances that risks to people's care had been reduced. We also looked at training data, quality assurance records and staffing rotas. We requested feedback from three professionals who regularly visit the service.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as Require Improvement. People at risk of constipation had not always been monitored appropriately and there was insufficient guidance for staff when supporting people to move or reposition. Staff had not received training in how to evacuate people safely and there was limited guidance for staff when administering 'as required' medicines.

At this inspection some improvements had been made. Staff had completed training in how to support people to move and reposition, and how to evacuate people safely. People at risk of constipation received care and support according to their needs. However, continued improvements regarding the safe management of medicines were required and additional concerns relating to wound care and falls were identified. This key question has remained Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people were not always managed safely and tracking and monitoring systems were not always effective in ensuring that people received safe care. For example, one person admitted to the service for seven days had not had their wound dressing changed in accordance with their care plan. They told us, "My dressings need changing, but there's not enough staff to see me." The person's care plan stated the dressings should be checked daily though this had not occurred. The system for monitoring wounds had not identified that wound care had not been given. This was raised with the registered nurse and the manager at the time who took immediate action to ensure the person received wound care that day.
- The manager had recently implemented a post falls monitoring process which included guidance for staff on how to support people and monitor them after a fall. The process was not yet embedded, therefore not all people who had experienced a fall were monitored in accordance with the new protocol. One person had experienced five falls in three months. However, investigations into how two of the falls occurred had not taken place, therefore it was unknown what care they received after the falls or whether actions which could potentially reduce the risk of future falls had been considered.

Failure to properly assess and mitigate risks to people's care and safety was a breach of Regulation 12 – Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 14.

- People's risk assessments were detailed and regularly reviewed. Assessments were person-centred and provided staff with sufficient information to manage risks. For example, one person at risk of developing low mood had a care plan which stated they should be supported to attend activities and interact with people to promote their emotional wellbeing. Staff were observed supporting the person to the lounge to join in activities with others; records confirmed this happened regularly.
- Staff knew people well and were aware of people's risks and how to manage them. One staff member explained, "Everyone has a risk assessment, they are completed by the nurses. Of course, we get to see them

[people] and if things change, we can let the nurse know. One person was having a problem with swallowing, we told the nurse and they were referred to SALT (Speech and Language Therapy)."

- People assessed as at risk of constipation or urinary tract infections had bowel and fluid monitoring charts in place. We observed the nurse checking the bowel charts during medicine round and offering people medicine to ease constipation if required. Fluid charts had been regularly monitored with any concerns about people's intake escalated and staff allocated to support people to drink more. One person told us when asked about drinks, "It's very good, they look at this [pointed to the daily records folder] and say, "you haven't drunk much today [person], you must try and drink more."

Using medicines safely

- Medicines were not always managed safely. People who were prescribed time sensitive medicines specific to the individual did not have a medicines care plan or guidance for staff to inform them what times their medicines were due. Medicine administration records showed that time sensitive medicines had been given, however there was no robust process for demonstrating what time medicines were administered to ensure a safe dosing interval. One person prescribed time sensitive medicines told us, "My meds are a bit late today, I'm still waiting, the nurse hasn't come back", they also said, "This is very rare." The quality assurance processes for medicines did not monitor time specific medicines therefore any concerns would not be identified.
- Although the registered nurses had completed medicines training there was no formal process for assessing their competence, one staff member said, "We check each other". This meant the manager or provider could not be assured that registered nurses were consistently adhering to the care homes medicines policy and procedures, and that medicines were administered safely.
- Medicines were stored, managed and disposed of safely. People received their medicines in a safe and sensitive way. As required medicines (PRN) prescribed for pain or to ease the symptoms of constipation were regularly offered and recorded appropriately. MAR sheets were completed accurately and staff we observed administering medicines completed safe hygiene practices.

Staffing and recruitment

- Staffing rotas confirmed there was not always the assessed amount of care and nursing staff on each shift to support people. Staff had mixed views regarding staffing levels but were confident this was being addressed by the manager. One staff member told us, "We have some days when we are short of staff; we always try and look after people's needs. Keeping our high standards is challenging when we're short of staff, it makes for a busy day, but we do it for the residents and we work as a team. The manager has a plan to improve staff."
- People gave mixed feedback about whether there was enough staff to meet their needs. One person told us, "It depends who is on, some of the staff are really good and come quickly, other times you have to wait." Another person felt the same, "It varies sometimes there are enough and sometimes there isn't." A relative told us, "My [person] complains that they don't always answer the buzzer at night, I'm not aware of buzzers going unanswered when I'm there, but they're always very busy."
- The manager was in the process of recruiting two additional care staff and a clinical lead. They described their flexible approach to staffing and confirmed the plan to improve, "Staffing is very flexible, we recently had 11 empty beds and quickly filled six of them, increasing our occupancy quite suddenly. Staffing numbers were increased at this time to accommodate increased workload. I listen to the carers when they're reporting they're busy and increase numbers if needed to support them. We do not use agency staff ever; staff here are always happy to pick up extra."
- Staff were recruited safely, and recruitment systems were robust and ensured that staff had the right skills, training and experience to support people to stay safe. Appropriate DBS checks and other recruitment checks were completed. A DBS check is an official record stating a person's criminal convictions and enables

the manager to make decisions about recruitment.

- Staff had completed an induction and training in the required safety systems. One staff member said, "We've done loads more training that we've never done before, it's really good."

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes to safeguard people from the risk of abuse. People told us they felt safe and felt comfortable speaking to staff if they had any concerns. Relative's told us they would go to the manager with any concerns about safety. One relative said they felt their loved one was, "Very safe. They're looked after well and they're happy there. [Person] is much more content than where they were previously."
- Staff had completed safeguarding training and were assessed as competent through observation of their practice by the manager. One staff member said, "We have safeguarding training every year, I would recognise signs of abuse and let the manager know about the situation. I would go to the local authority if necessary." Staff were able to identify the risk of potential abuse; the manager gave an example of a concern raised by a staff member worried about a person potentially at risk of financial exploitation.
- The manager correctly followed the safeguarding policy for investigating safeguarding concerns and was aware of their duty to report concerns to the local authority and CQC.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The manager encouraged openness and transparency about safety and risks were discussed daily with staff, our observations and records confirmed this. The new process for recording and investigating when things go wrong was not yet embedded in everyday practice. However, the team showed commitment to ongoing improvements in this area and were supported by the manager in making the necessary changes.
- Post falls guidance had been implemented by the manager having learnt that staff did not always seek medical input or advice when people had fallen and hit their head. The introduction of this guidance would ensure that people continued to receive safe care and treatment in accordance to their needs if a head injury was sustained.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to ensure that the systems and records in place were robust enough to demonstrate that risks and safety were effectively managed. This placed people at risk of potential harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the last inspection the provider sent us a report detailing what actions they would take to become compliant. Although some improvements had been made, this was not enough, and the provider was in continued breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance and management systems did not always identify shortfalls in people's care. The monitoring system for managing wounds had failed to identify that one person had not received care in accordance with their care plan for several days. Quality assurance system's for medicines had failed to identify that time specific medicines were not appropriately monitored and staff administering medicines had not had their competency assessed.
- The process for managing falls was new and not yet embedded therefore falls had not always been managed in a consistent way. The manager's process for monitoring falls had recorded 13 falls over three months, although 24 falls had occurred. Management systems were not always effective in providing oversight or assurance that staff were consistently adhering to post falls protocols or that falls were investigated in line with their policy. Quality assurance systems did not ensure accurate information was collated so potential themes and trends could be identified, and actions taken to mitigate or reduce the risk of reoccurrence.

Quality assurance and management systems did not operate effectively to ensure that risks to people's health were managed safely. This placed people at risk of potential harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager responded immediately to the concerns we raised during and after the inspection. They provided assurances that processes for the management of wound care and falls had been updated, and that these updates would be communicated to the team to ensure all staff were aware.

- At the time of this inspection the service did not have a registered manager. However, the current manager intended to begin the process of registering with CQC and had stepped into the role of manager when the vacancy arose. This ensured the home was not without managerial oversight when the previous manager was no longer in post.
- Staff understood their roles and responsibilities and were motivated to provide safe care. People, relatives and staff were confident in the manager and felt any concerns or issues would be dealt with. A relative told us, "I think [manager] is very reliable. They are very warm and approachable; very easy to talk to and in that respect has improved my relationship as a relative." Staff described the manager as approachable and fair, one staff member said, "[Manager] treats all the staff in the same way, I have no concerns."
- Staff told us they felt supported, valued and had supervision where they received feedback about their performance and changes within the service. One staff member explained, "Changes are always hard. I think we had become stagnant. Now it's much more about governance and person-centred care. I hadn't written a person-centred care plan before; we used to use generic templates. [Manager] is very experienced and knowledgeable; I have learnt so much. It's much better now."
- The manager understood the importance of their role, which included their legal responsibilities once registered, and had the full confidence of the provider.
- There were a range of updated policies and procedures in place, which contained up to date information. This included government guidance on infection prevention and control and Covid-19.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a positive culture that was person-centred, open, inclusive and empowering. The manager shared their vision for the home, "I want it to be homely, with music and laughter and want the residents to be involved, for example the likes and dislikes form and foods from around the world days, but while maintaining professionalism."
- People and their relatives felt the service was well managed and had improved in recent months. A relative told us, "The service is very good, very good indeed. I feel my [person] is safe and well cared for there. The staff are lovely, they know all my [person] likes and dislikes." Another relative said, "From the very beginning, even on the phone when I couldn't visit, I felt the atmosphere was very warm. The feeling I have of warmth has only been enhanced since I've been into the home properly. They have dressing up days which are lovely, they try to keep the resident's spirits up."
- People provided mixed feedback about whether they felt included in the planning of their care. One person told us, "They [staff] are very good at discussing my care. They always ask and tell me what they're going to do." Another told us, "When I arrived here, I was asked if I preferred male or female carers, initially I said I didn't mind but later changed my preference, they [staff] didn't mind at all. They respected this and I had females only after." A third person stated, "It's very good, but no I'm not always involved in planning my care, the staff are too busy."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The home had opened to visitors and had invited local charities and organisations into the service to offer entertainment. The staff had reintroduced 'people's personal preferences' forms which recorded people's likes and dislikes, suggestions for menu ideas, or a personal shopping list. People felt involved in decisions made about the food served to them. One person told us, "The catering has improved, I said it would be nice to have a bacon sandwich and the next day I had one. I must have persuaded them."
- The management team sent out six monthly feedback forms to relatives and professionals though told us the majority of feedback they received was over the phone or through emails. Relatives felt they could

express their views and would be listened to, one relative said, "A small example I can give you is that sometimes I will do my [person] hair when I visit and I've asked them [staff] to wash it prior to my visit and they always have done."

- The manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment. A relative told us, "They keep me informed if [person] has a fall or is unwell, the communication is good."

Continuous learning and improving care; Working in partnership with others

- Monthly clinical risk meetings had been introduced where people's care would be discussed in depth. These were well attended by the staff including those that worked at night.

- The manager was committed to improving compliance and ensuring people's safety. They explained, "Some of our key achievements have been improving processes and getting staff training up to date, and supervision every 3 months for everyone. I have an open-door approach and sometimes come in early to see the night staff. We have set up a new system for policies, arranged external training and introduced person centred, specific care plans for individualised needs."

- The service worked collaboratively with external stakeholders, agencies and health professionals. People had access to a range of health care services as well as community resources. For example, a nurse practitioner visited weekly to see people if required and people had regular access to a chiropodist. This enabled people's health to be regularly assessed to ensure they received the appropriate support to meet their needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The service had failed to properly assess and mitigate risks to people's care and safety.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Quality assurance and management systems did not operate effectively to ensure that risks to people's health were managed safely.

The enforcement action we took:

Warning notice issued.