

Camelot Care Homes Limited

# Camelot Care Homes Ltd

## Inspection report

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## Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
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Is the service well-led?	Inspected but not rated
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# Summary of findings

## Overall summary

### About the service

Camelot Care Homes Ltd provides accommodation and nursing care for 57 older people in two adapted buildings. People have their own rooms and share communal areas such as lounges, dining rooms and bathrooms. Outdoor space is an enclosed courtyard area. At the time of our inspection there were 51 people living at the service.

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

At the last inspection, risks to people's safety were identified. These risks related to fire safety, very hot water and hot surfaces, unsecured access to hazards, cleanliness and infection prevention and control. The provider had not identified, assessed or mitigated these risks. At this inspection, some action had been taken to minimise risks to people's safety, but more was needed. For example, the hot water from some hand wash basins remained excessively hot. Hot water pipes which we had identified as a risk at the last inspection had been covered, but another pipe in the shower room remained unprotected. This increased the risk of a person burning themselves if they fell against it. This placed people at increased risk of avoidable scalds.

Improvements had been made to fire safety, but not all actions recommended within the fire risk assessment had been completed. New doors had been fitted to a designated fire escape, yet a key was required to open them. This did not ensure a timely exit of the building in an emergency. Not all portable electrical appliances had been tested to ensure they were safe to use. There was not a system in place to minimise the risk of any being missed when the testing was being completed. There remained items in a refrigerator, which were not covered or dated when opened. The thermometer showed the refrigerator was running too hot, but staff told us the thermometer did not work. The provider could therefore not be assured food was being stored at a safe temperature. Doors to rooms, which had hazards inside, had been fitted with keypad locks. However, the doors to the sluice and kitchen were left open at times. This gave people access to equipment and an urn, which increased the risk of harm.

There had been redecoration to some rooms, corridors and door frames. A plan was in place for more refurbishment. This incorporated skirting boards and windowsills, which could not be kept hygienically clean because of chipped paintwork. New flooring had been fitted in the kitchenette and laundry room, but some carpets remained stained. There was also dust on some people's possessions but overall, the environment was cleaner than at the last inspection. Staff were wearing personal protective equipment (PPE) safely.

Improvements had been made to the monitoring and recording of people's food and fluid intake. This minimised the risk of dehydration and malnutrition. Staff told us they had received group supervision and individual meetings with their line manager. This gave greater opportunities for discussion and shared learning, to ensure improvements within the service were made.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update:

The last rating for this service was inadequate (published 03 August 2022) and there were breaches in regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

#### Why we inspected

We undertook this targeted inspection to check whether the Warning Notice we previously served in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this targeted inspection and remains inadequate.

CQC have introduced targeted inspections to follow up on a Warning Notice or other specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

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.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Camelot Care Homes Ltd on our website at [www.cqc.org.uk](http://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 have identified not enough improvement has been made following the requirements of the last inspection. This has meant there are continued breaches of regulation in relation to risk management, infection prevention and control and good governance.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement

procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## 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 safe.

Details are in our safe findings below.

At our last inspection we rated this key question inadequate. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

**Inspected but not rated**

### **Is the service well-led?**

The service was not well-led.

Details are in our well-led findings below.

At our last inspection we rated this key question inadequate. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

**Inspected but not rated**

# Camelot Care Homes Ltd

## 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 Health and Social Care Act 2008.

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 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

This inspection was carried out by two inspectors.

#### Service and service type

Camelot Care Homes is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.[Camelot Care Homes Ltd is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We reviewed information we had received about the service since the last 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 judgements in this report. We used all of this information to plan our inspection

## During the inspection

During the inspection, we spoke to two people who used the service, eight members of staff including the supporting manager, nursing and care staff, catering staff, activities and maintenance staff and the administrator. We toured the environment and considered documentation related to the management of the home. This included maintenance and quality auditing records.

## After the inspection

Due to the concerns identified during the inspection regarding fire safety and excessive hot water temperatures, we issued a Letter of Intent under Section 31 of the Health and Social Care Act 2008. This informed the provider of possible urgent enforcement action, if a satisfactory action plan to address all safety concerns, was not received within the stated timescale. This information was sent to CQC as required.

# Is the service safe?

## Our findings

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

At our last inspection this key question was rated inadequate. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess all of the key question at the next comprehensive inspection of the service.

At the last inspection, the provider had failed to have systems in place to make sure people were protected from the risk of infection from their environment. This placed people at risk of harm and was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection, and the provider was still in breach of regulation 12.

### Preventing and controlling infection

- Improvements to infection prevention and control had been made, but more was needed.
- PPE was not always disposed of in ways that helped prevent the spread of infection. For example, we found used gloves had been left on the sink in one en-suite facility, a discarded mask on the ledge of the stairs and an open rubbish bag containing used masks, in the staff area.
- Since our last inspection, we found the overall cleanliness of the environment had improved. However, some areas of the service were still visibly unclean. For example, we observed some stained carpets and dust on people's possessions. There was debris on the grill in the kitchenette.

Systems had not been established or embedded to make sure people were consistently protected from the risk of infection from their environment. This placed people at risk of harm and was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some areas of the home, including corridors, the lounge and door frames had been repainted. This had brightened the areas, and enabled smoother surfaces so staff could wipe things clean more easily. The provider had a plan of further redecoration, which would incorporate chipped windowsills and skirting boards.
- The carpet in the laundry room had been replaced with flooring that could be cleaned more easily. There was also new flooring in the kitchenette.
- The peeling surfaces on the cupboards in the kitchenette had been removed. Staff told us refurbishment of the kitchenette, including new fitted cupboards, was planned.
- Worn and unstable furniture had been identified and a plan of refurbishment was in place. Some furniture



had already been removed, and replaced with new.

- PPE and hand sanitiser had been placed at various points around the home, so it was more accessible when needed. Staff were observed wearing masks, gloves and aprons correctly. Posters were displayed, which informed staff of how to use PPE safely.

# 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 our last inspection this key question was rated inadequate. We have not changed the rating as we have not looked at all of the well-led key question at this inspection.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess the whole key question at the next comprehensive inspection of the service.

At our last inspection the provider had failed to robustly assess, monitor and mitigate the risks relating to the health, safety and welfare of people, placing them at risk of harm. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection to meet the warning notice, and the provider was still in breach of regulation 17.

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

- Some improvement had been made in response to identifying, assessing and mitigating risks to people, but further action was needed.
- The water remained excessively hot in some rooms. This included a handwash basin in a bathroom which showed the water as being 62.2°C degrees. The recommended safe level is 43 degrees. The temperature of the water therefore, significantly increased the risk of people being scalded. Once informed, the maintenance person isolated the water in these areas.
- New doors had been installed to a fire escape. However, the doors required a key to open them. This prevented a timely exit in the event of an emergency, and increased the risk of harm.
- A contractor had completed a new fire risk assessment, and a number of actions were identified. The provider was addressing these but not within the recommended timescales. After the inspection the Fire Officer informed us, they had been in contact with the provider on various occasions. The provider confirmed they would ensure all outstanding actions were addressed.
- The provider failed to identify or monitor fire safety during their visits to the service. This meant they did not have sufficient oversight and had failed to ensure all actions were being completed as required.
- Not all portable electrical appliances had been checked to ensure they were safe to use. There was not a comprehensive list of all electrical appliances in situ. This increased the risk of some being missed, when testing was taking place.
- There continued to be items in the refrigerator in the kitchenette, which had not been covered or dated when opened. The thermometer showed the refrigerator was warm inside, but staff told us it was broken. This did not ensure accurate monitoring to ensure safe storage of food.
- Hot water pipes, which we had previously identified, had been covered to minimise the risk of a person

burning themselves. However, a water pipe that was very hot to touch in a shower room had not been made safe.

- Doors to rooms, which had hazards inside, had been fitted with keypad locks to restrict access and minimise the risk of harm. This included the sluice and the kitchen doors, yet these were left open at times, giving people access to equipment and an urn.

Systems had not been established to assess, monitor and mitigate the risks relating to the health, safety and welfare of people, placing them at risk of harm. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Fire escapes were clear of obstructions.
- Some internal and external doors had been fitted with an electronic door locking system.
- Improvements had been made to the monitoring of people's food and fluid intake. This had minimised the risk of people experiencing dehydration and malnutrition.
- Staff told us more group supervision and individual meetings with their line manager had taken place. This increased the opportunity for shared learning, and developed a commitment within the team to ensure improvement.