Avens Care Homes Limited

Camplehaye Residential 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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

The unannounced inspection took place on 26 and 27 September 2016. A previous inspection on 22 and 29 April and 7 May 2015 found that improvement was needed. This related to the standard of service monitoring, a lack of safety with regard to the delivery of care, unlawful deprivation of people's liberty, protecting people from abuse and a lack of staff training and support. The following inspection, on 26 and 27 November 2015, looked only at how the standard of service was being monitored, and found significant improvement.

Camplehaye Residential Home provides accommodation and personal care to a maximum of 44 people. It is not a nursing home. The home specialises in the care of people living with the condition of dementia. There were 43 people resident at the time of the inspection.

The 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. 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. Camplehaye Residential Home had a registered manager.

People's needs were assessed and a plan of care produced, with their involvement. This should provide staff with the information needed to meet people's current care needs. However, those plans were not always current and therefore did not always contain up to date information for the staff. The registered manager immediately corrected this. Some care plans were very detailed, person centred and informative for staff.

A district nurse described the end of life care at Camplehaye as "Very good" and a GP described it as "Really impressive." People, their family members and health care professionals felt that people's care needs were well met. Where external health care advice was required, this was sought in a timely manner so people's health was promoted. Individual risks to people were understood and measures were in place to reduce risk, where necessary.

People were protected through robust staff recruitment, induction, training, supervision and support. Staff said they felt supported and their training was good. There were enough staff to meet people's individual care needs. Staffing numbers and roles were under regular review.

People received their medicines as prescribed. They received a varied and nutritious diet. They had choice and any special dietary needs were being met.

The Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions, and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. The service was meeting its

obligations to protect people's legal rights in accordance with the MCA and DoLS.

Staff were kind, caring, patient and treated people with respect and dignity. People's views were sought and responded to.

A programme of varied activities provided people with stimulation and enjoyment. Activities were not, however, based on people's history and individual interests. We have recommended that some activities are tailored to people as individuals, taking into account their past history and interests.

The standard of service was monitored through a variety of quality monitoring arrangements, which included seeking people's views, and audits to identify risks. A service improvement plan was under regular review. Any complaints were responded to appropriately.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were sufficient staff to meet people's needs in a timely manner.

Staff recruitment checks were completed prior to new staff starting at the home.

People received their medicines as prescribed.

The premises was kept in a safe state.

Individual risks were understood and mitigated.

Is the service effective?

Good

The service was effective.

People's health was promoted through appropriate contact with external health care professionals.

Staff received on-going training and support in their roles. Staff practice was supervised and monitored.

People received a nutritious and varied diet. Dietary concerns were identified and followed up.

People's legal rights were promoted.

Is the service caring?

Good

The service was caring.

People were cared for with respect and dignity. Their individuality was promoted with kindness and patience.

Privacy and dignity were upheld.

A high standard of end of life care was provided.

Is the service responsive?

Requires Improvement

The service was responsive but this could be further improved.

Care plans did not always provide current information about a person's needs and how the staff were to meet those needs. Some care plans were very detailed and up to date.

Whilst people had a variety of activities available to them, most were not person centred and individual to them.

Complaints were used to improve the service and people felt able to mention any issues or make a complaint.

Is the service well-led?

Good

The service was well led.

The standard of service monitoring was much improved and under regular review.

Change was introduced with the support of staff and after listening to people and their family member's views.

The registered manager led by example, understood the value of staff support and put people's needs central to improvement plans.

Camplehaye Residential 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 26 and 27 September 2016 and was unannounced. Two adult social care inspectors undertook the inspection on the first visit and one for the second visit.

Before the inspection, 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.

We reviewed any notifications we had received. A notification is information about important events which the service is required to tell us about by law.

We used the 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 talked with eight people living at Camplehaye Residential Home and two people's family representatives and one friend. We looked at the care plans and records of care of seven people and sampled medicine records. Two people's family members provided feedback about the service prior to the inspection.

We spoke with nine staff members, the registered manager and a member of the organisation. We looked at records connected with how the home was run, including recruitment records, records of resident and staff meetings, audits and survey feedback forms. We received feedback about the service from six health and social care professionals.

Good

Is the service safe?

Our findings

The inspection of 22 and 29 April and 7 May 2015 found the provider had not ensured safe care and treatment, or ensured systems and processes were in place to protect people from abuse. This inspection found that people were much safer. People told us they felt safe at Camplehaye. Their comments included, "I have no complaints and I've been here a while" and "I call the staff. I feel safe."

People were protected by staff that had the knowledge and confidence to identify safeguarding concerns and act on these to keep people safe. For example, care workers knew how to report concerns within the organisation and externally, such as to the local authority and to the Care Quality Commission. The registered manager was knowledgeable about protecting people and had worked closely with professionals and reported any concerns. All staff had undergone safeguarding training which was regularly updated. Staff had comprehensive policies in place which provided them with how to recognise abuse, how to respond to such concerns, and the contact details to take any concerns to the local authority.

Some people using the service had behaviours which challenged them and had the potential to be a risk to others. This had led to some altercations at the home. Where incidents had occurred the registered manager had reported the incidents, as required, sought professional advice and introduced measures to increase safety. Staff understood how they were to protect people from harm.

Recruitment was well organised and there were robust recruitment and selection processes in place. Staff files included completed application forms and interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers, health screening and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. A recently recruited staff member confirmed that they had not been allowed to work with people until all the required checks had been completed.

The premises at Camplehaye Residential Home were kept in a safe state for people to live. Servicing and maintenance records showed that there were regular safety checks, such as fire-fighting equipment, gas safety and portable appliance testing. There was a system in place to know when next testing was due. Staff said that any problem on the premises was dealt with promptly.

There were arrangements in place for emergencies. All staff received first aid training, there was an on-call system (to contact the registered manager, deputy or care manager), emergency telephone numbers were available to staff and there was a file informing staff of end of life decisions.

Each person had individual risks assessed and managed. For example, each person had a personal evacuation plan and where necessary people had risks relating to falls, skin damage and nutrition monitored. The monitoring included regular assessment and a graph which showed whether the risk was improving or not. Accidents were closely monitored; with an automatic trigger in place should a person have two falls in a given period of time. Accident records contained a lot of detail so that it was possible to assess

risk and the registered manager regularly audited the information to look for ways to improve.

Community health care professionals said the staff were very good at protecting people from pressure damage, and anticipated problems. The staff recognised risk and provided the equipment needed to reduce the likelihood of damage.

People's care needs were met by the number and deployment of staff. One person said they did not think there were enough staff but other people, and staff, said they were able to meet people's needs in a timely manner. Staff said, "Yes, there are enough staff" and "I think we do have enough time for (people). We can give them time without rushing". One person said "They always answer my call bell". Another, "The night call bell is always answered. It varies during the day, depends what time of day it is. You can wait for 15 minutes, but it doesn't happen very often".

Health care professionals said there seemed to be enough staff when they visited. The registered manager used a tool to decide dependency levels from which staffing numbers were arranged. Care staff were supported by clerical, maintenance, activities, catering, laundry and domestic staff. Staff allocation was organised so that each care worker knew who they were responsible for caring for and each staff member signed it. Call bells were answered in a timely way during the inspection. Staff told us that in the evening one care worker was allocated to be in the lounge to supervise where people may be wandering and at risk of falling.

Medicines were kept securely in two places, the upper and ground floors and there was a stock control system in place. Only staff who had received training were allowed to administer the medicines to people and their competence was checked. There were arrangements in place to promote safety in medicine management. These included each person receiving their medicines individually, hand written entries being checked by two staff, any allergy the person might have being recorded and codes used where a medicine was not taken. Where we found staff had not followed a safety procedure, the use of a body map, this was dealt with immediately at the time.

Medicine management was under regular audit, including checking amounts for medicines requiring specialist storage. A pharmacy inspection in April 2016 found that no medication issues had been identified.

Good

Is the service effective?

Our findings

One person's family said of the service, "Exemplary level of care unstintingly given to my mother who was very happily settled at Camplehaye. Impressed by the quality and level of care and its positive impact on her."

The inspection of 22 and 29 April and 7 May 2015 found the provider was not ensuring staff were receiving appropriate support, training, professional development and appraisal to enable them to carry out their duties. Also, people were being deprived of their liberty without the required authorisation.

This inspection found that staff were receiving support, training, professional development and people's liberty was not being deprived unlawfully.

Each staff member received an induction. This meant that staff had started the process of understanding the necessary skills to perform their role appropriately and to meet the needs of the people living in the home. Staff said they were very satisfied with their induction, one describing it as "brilliant". Newly appointed care staff were encouraged to undertake qualifications in care and this also included training for the care certificate. The care certificate is a national training in best practice which was introduced in April 2015. New care workers were introduced to people and shadowed an experienced care worker until it was decided they were able to work unsupervised. One said, "I shadowed for a few weeks and everything was explained; I could ask silly questions. The manager checked to make sure I was confident."

Staff comments about their training included, "We get training to develop ourselves", "I get training now" and "There is quite a lot of training now." There was a comprehensive training programme in place which included: person centred care, safeguarding vulnerable adults, infection control, moving people safely and how to care for people living with dementia. The registered manager said that staff training needs were now being met and the records confirmed this.

The registered manager recognised the importance of staff receiving regular support to carry out their roles safely. Staff received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities or as part of performance management. Staff said they felt much supported.

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

People at Camplehaye had consented to their care where they were able to make an informed decision. Where people could not make an informed decision, based on a lack of capacity to do so, an assessment of their capacity had been undertaken. Where people's representative had Lasting Power of Attorney

authorised the detail of those authorisations were available for staff and health care professional reference. This meant that the care provided was as the person had wanted.

Staff understood their responsibilities to ensure people's consent was sought as far as possible. One said "We respect them, if they change their mind we'd go back" (in relation to people choosing what time they got up in the morning). And, "We support them to achieve, help them to understand their decision making. There are best interest decisions".

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberties Safeguards (DoLS).

We found no people were free to leave Camplehaye without staff support because of the risk this would pose to their safety. People were also under constant supervision as part of the care they required. We discussed DoLS with the registered manager. We found the provider was following legal requirements in the DoLS. At the time of the inspection, applications had been made to the local authority in relation people living at the service but no authorisations had yet been approved. The registered manager said they used the local authority DoLS team as a resource for advice if at all unsure about how to proceed in a particular case and they contacted them every month to update any information about changing needs. Staff understood how to protect people in the least restrictive way possible. One person had wanted to leave the home the previous day. The care worker phoned their son, who spoke to them and this calmed the person down.

People's comments about the food included, "Quite good", "Very good here. They come at midday and ask you what you would like" and "The food is OK."

The menu included a variety of choices, including salad, nut roast and chicken and ham pie. There was choice at breakfast, lunch and supper. Meal times were between 7.30am and 8pm. Staff said there was always food and drinks available for people. Throughout the two visits staff were heard offering people drink and food options. Staff assisted people where necessary. One care worker was heard saying, "May I help you" and then helped the person to cut up their food. There were good records of who required special diets so that these were correctly given. There were also records of any food allergies, likes and dislikes and portion preferences to meet people's individual needs. However two people who had diabetes said they would like more variety with their desserts. The registered manager said she would look at this with the cook. During lunch time, senior staff supervised what was happening and ensured that all people were assisted in a person centred way. Tables were laid with tablecloths, flowers and napkins to make them attractive.

Where a concern for a person's eating and drinking was identified this was monitored and where people needed dietary supplements this had been arranged.
People received effective care. A GP visited the home every week. Health care professionals confirmed that staff followed their advice and recommendations. During our two day inspection we met with district nurses, physiotherapists, a tissue viability specialist nurse and a GP. None had any concerns about the care provided and all said the staff followed their advice and provided the level of care they expected. The service provided an intermediate care service. The physiotherapist said "Colleagues have been very happy with the complex needs being met." The registered manager showed understanding and concern when one person, whose admission was to be temporary, was a concern, quickly arranging for health care professionals to become involved. One person told us, "The GP has been marvellous. I book for them to come".

Good

Is the service caring?

Our findings

People received care and support from a caring staff team. One person's family told the service: 'I felt you all made me very welcome. We were treated with warmth and kindness and it was a real source of comfort to me to know you made her smile so much. Your willingness to keep me fully informed of her condition and to involve me in all decisions relating to her daily life made a potentially difficult period very much more bearable.'

Another family member told us prior to the inspection 'My mum is in this home, and I have to say from what I have seen, it's just a wonderful place to be in, all mum's needs are cared for, staff who looks after mum is an angel, can't fault the service at all.'

People's comments about the service included, "I enjoy it here. I have a bit of a giggle. There is a lot of humour."
One person described how, when they were unwell, a care worker was "wonderful". The person was needing to call for assistance frequently and the staff member always arrived quickly and provided reassurance that they could call whenever they needed to.

The registered manager said, 'Policies and procedures for staff to follow, staff induction and training includes the companies values and objectives.' Those included living in a friendly and informal atmosphere. Staff received training in Dignity and Respect.

Staff spoke with respect about the people in their care. When they provided care they did so with patience and took time to find what people wanted, always offering them choice and support. They knew people well and had formed relationships with them. People's views were sought in different ways, including taking part in planning their care and through resident's meetings. A meeting on 9 September 2016 included what activities people wanted and a meeting in May 2016 included a discussion about the lounge layout. This meant people were involved in decisions about the service.

People's rooms were personalized so they had things of importance available to them and their sense of belonging was promoted. People's privacy and dignity were upheld, with personal care delivered in private and information about them kept confidential.

Camplehaye provided end of life care. People receiving care in bed looked well cared for and comfortable. A district nurse described the end of life care at Camplehaye as "Very good" and a GP described it as "Really impressive."

Requires Improvement

Is the service responsive?

Our findings

Care plans are a tool used to inform and direct staff about people's health and social care needs. The inspection of 22 and 29 April and 7 May 2015 found that care plans did not always provide the information needed from which staff could deliver the care.

At this inspection one care worker said, "Care plans are a frame work…it's an important tool for us." We found that one care plan did not reflect the person's current needs. The care plan stated, 'A lot of incidents happened this month…' However, the review date was not until the 20 October 2016 and the plan had not been updated regarding the person's current needs following those incidents. This meant that staff did not have access to current information of how to care for the person. The registered manager said they recognised this was not satisfactory.

Some care plans were very comprehensive. A health care professional said of one plan, "Masses of information and a really concise assessment. Definitely person centred and recorded from (the person's) point of view." The registered manager said that people were always involved in assessments, and developing their care plan, where possible. One person's family said the registered manager had visited the person's home at a week end to assess them for an emergency admission; they were very impressed by that dedication and the standard of assessment.

People were receiving personalised care. One person said "I can get up when I want to. Usually 9.30am; but I didn't have a good night last night, so they asked if I wanted to stay in bed longer".

Staff were working hard to make people's lives interesting and fulfilling. There was a programme of activities and two activities workers were employed. The registered manager said it was also staff's responsibility to ensure people had something of value to do each day.

A weekly activity schedule included: make your own ice cream sandwich, nail painting, bingo, a donkey visit and a pirate day. We observed people choosing which filling they wanted in their pancake and a hairdresser visiting. Regular outings were enjoyed by a minority of people who were able, and wanting to go on them. These included a visit to Bude, a pub trip/beer testing and a trip to a garden centre for coffee. Entertainment was provided for people to sing-along.

People who chose to stay in their rooms had a 'one-to-one' arranged so they could, for example, chat with staff. Nobody in their rooms told us they were unhappy with the activities arranged. Staff had produced a 'memory tree' which had photos of events showing people enjoying themselves at the home or on outings. Staff were improving the environment for people by adding pictures and crafts to the walls for people's interest.

Some people were seen reading newspapers or enjoying word puzzles. There were records of people's hobbies, interests and past lives for some people but for others the information was limited due to a lack of availability. People had an opportunity to make suggestions for activities and, although staff were providing

a lot of group activities, the amount of individually chosen activities did not take into account specific interests. Neither was there space to do this in the home during our visits.

We recommend that some activities are tailored to people as individuals, taking into account their past history and interests.

People's views, including complaints, were listened and responded to. The registered manager said that the senior staff were directed to act on all feedback, including consulting with other staff within and external professionals, as relevant. They recorded in the PIR, "Home management has an open door policy for both staff and customers to raise concerns and whistleblowing processes. We act on any feedback received from residents/relatives meetings, staff meetings and all surveys. All compliments and complaints are recorded and processed in accordance with our regulator and safeguarding requirements." People knew how to make a complaint. One person said "If I had a complaint, I would go to the head that day". Another said "I have no complaints, they always listen".

The service had received seven complaints in the previous 12 months, each recorded as resolved. A complaints procedure gave people information about how they could complain, there was a book available for "grumbles" or compliments and people said they had confidence any issue would be addressed.

Good

Is the service well-led?

Our findings

The inspection of 22 and 29 April and 7 May 2015 found the provider did not have effective systems to assess and monitor the quality and safety of the service provided at the home and were not ensuring accurate records were kept in relation to people at the home. We then conducted a focused visit on 26 and 27 November 2015 to look specifically at the quality monitoring of the service and found there was significant improvement. The manager at that time was new to the home and had recognised what improvement was needed and was progressing plans to achieve this. This inspection found there were comprehensive arrangements in place to ensure people received a safe and effective service.

One person said of the registered manager, "What a wonderful lady". One person's family member said, "(The registered manager) is excellent." A staff member said of the way the home was run, "The changes are for the good. I embrace the changes." The registered manager recognised that staff and people using the service needed to be involved in any changes.

A health care professional described how everybody at the home was "extremely helpful." A GP talked of the improvements at the home, saying, "Definitely more organised and better communication." They gave an example of how the registered manager had improved safety of medicines management at the home, saying "It is definitely safer now."

Staff said they recognised how things had improved. The registered manager had produced a service improvement plan, which was regularly reviewed and updated. The plan was organised to include: concerns and findings, actions needed, date of completion, person and their support to achieve the change and a progress and outcome status. Most of the areas where action was needed had been completed, for example, safe use of bedrails, increased meal choices, personal evacuation plans and an on call system for weekends. Where people using the service had a view about an action this was listened and responded to. For example, the sitting room had been re arranged but people did not like the change and so the room layout was changed back. This showed the service worked with the people who used it. There was a yearly, anonymous feedback survey of people's opinion, the last being in 2016. This included questions about the accommodation and service, privacy and dignity, personal care and activities.

Safety in the service was monitored through audits. For example, a call bell response time audit had identified that in June 2016 call bells were not responded to quickly enough. This was addressed by the registered manager discussing the audit findings with the staff members on duty at the time.

Staff said the registered manager was "very supportive." There were regular staff meetings at all levels. Records from these clearly described how the standard of staff performance was monitored and staff kept informed of what was happening and what was expected of them. For example, identifying gaps in recording and how the staff were to make improvements. Staff were able to put forward ideas, such as a clip board attached to a food trolley. Good staff performance was recognised through a reward scheme.

Staff said they had all the equipment and protective clothing they needed, describing that the service was

well resourced. One said, "We have everything we need."

The registered provider did a monthly monitoring visit and also worked in partnership with the registered manager to keep the pace of improvement going.

The registered manager ensured that their regulatory responsibilities were well met, for example, notifying, without delay, any event which might affect the lives of people using the service. The registered manager recorded in their PIR: "The care manager and deputy all have access to internet professional support via the regulatory website including the CQC, department of health and home audits, to ensure that we keep our services under review". Planned for the next six months was listening events "to support the open door policy and ensure staff feel they can openly speak out to continue working on a 6 monthly training planner and promote staff good attendance".