

Camino Healthcare Limited

Camino Healthcare West Bromwich (Cromwell House)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Camino (Cromwell House) is registered to provide accommodation for up to 14 adults with long term mental illness who require accommodation and personal care. At the time of our inspection 13 people were using the service between two on-site buildings. One of the buildings offered a more independent living service, where people were able to do more things for themselves. Our inspection was unannounced and took place on 21 January 2016. The service was last inspected on the 30 August 2013 where it met all of the standards.

The manager was registered with us as is required by law. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Medicines were given appropriately.

People told us that they were kept safe.

We observed there were a suitable amount of staff on duty with the skills, experience and training in order to meet people's needs.

People told us that they were able to raise any concerns they had and felt confident they would be acted upon.

People's ability to make important decisions was considered in line with the requirements of the Mental Capacity Act 2005. Staff interacted with people in a positive manner and used a variety of communication methods to establish their consent and/or understanding.

People were supported to take sufficient food and drinks and their health needs were met.

Staff maintained people's privacy and dignity whilst encouraging them to remain as independent as possible.

People, their relatives and staff spoke positively about the approachable nature and leadership skills of the registered manager. Structures for supervision allowing staff to understand their roles and responsibilities were in place.

Systems for updating and reviewing risk assessments and care plans to reflect people's level of support needs and any potential related risks were effective.

Quality assurance audits were undertaken regularly and the provider gave the registered manager a high level of support.

Notifications were sent to us as required.

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.

Medicines were administered safely.

Suitable numbers of staff were on duty with the skills, experience and training in order to meet people's needs.

Staff acted in a way that ensured people were kept safe and had their rights protected when delivering care.

Is the service effective?

Good ●

The service was effective.

Staff had the appropriate level of knowledge and skills to meet people's individual needs.

Staff had a good understanding of MCA and DoLS.

People were supported to access healthcare and their nutritional and hydration needs were met.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and interacted with them in a kind and compassionate manner.

People are encouraged to be independent.

We observed that people's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in the planning of care.

Staff were aware of people's likes, dislikes and abilities.

People and their relatives told us they knew how to make a complaint and felt confident that the registered manager would deal with any issues raised.

Is the service well-led?

Good ●

The service was well-led.

People, relatives and staff spoke positively about the approachable nature of the registered manager.

The registered manager carried out quality assurance checks regularly in order to develop and improve the service.

Camino Healthcare West Bromwich (Cromwell House)

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 21 January 2016 and was unannounced. The inspection was carried out by one Inspector.

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are details that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury. We liaised with the Local Authority Commissioning team to identify areas we may wish to focus upon in the planning of this inspection.

We spoke with four people who use the service, three relatives, three staff members, the operations manager and the registered manager. We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to four people by reviewing their care records. We reviewed three staff recruitment and/or disciplinary records, the staff training matrix, four medication records and a variety of quality assurance audits.

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.

Is the service safe?

Our findings

People told us that they felt safe. One person said, "Staff are marvellous and keep me safe, I worry about when it's dark, but staff know this and they make sure that I am safe in my room". Another person told us, "I feel safe here, if I needed them they [staff] would be there for me". A relative told us, "They keep people safe, I have never had to worry about [person's name] being looked after. They always know where he is and what he is doing. He seems very happy in himself it is the best place that he has ever been to". A staff member told us, "People are kept safe, the care here is brilliant and I am proud to put my professional reputation to it".

We saw that risks were identified and plans were put in place to address them. We saw that a specific risk assessment tool rated the risk posed to people and that it included what could go wrong and who might be harmed. We observed that risk assessments included pre-admission data to obtain historical information and people told us that they were also included in compiling the risk assessment. A staff member told us, "We are always doing risk assessments, for example if someone is unsteady and at risk of a fall, this is reported by staff and followed up to see if we are doing all that we should be to manage the risk". Another member of staff told us, "We have an OT (occupational therapist) and psychologist employed here and they are involved in managing risks by looking at what may happen and putting things in place to stop it". We saw that staff understood possible risks whilst caring for people and that they were able to describe them, such as how to deal with specific challenging behaviours. We saw that risk assessments were reviewed on an on-going basis.

A staff member told us, "Safeguarding is something that we take seriously and always act upon". We saw that a current safeguarding issue was being dealt with appropriately by staff and the registered manager". We saw records that showed staff had recently been trained in safeguarding and that they could describe types of abuse and how they would respond to any concerns. All staff said that they would involve a manager in any safeguarding issues they had.

Staff told us that they were aware of the procedure to follow in the event of an emergency and one member of staff said, "In an emergency I would call 999 and then get people out". Another staff member shared, "We have a tried and tested fire plan and we know it and stick to it".

People told us that there was a sufficient amount of staff available, with one person saying, "There are always lots of staff about to help". A relative told us, "When I have visited there has always been more than enough staff on duty". Staff members told us that they did not have any concerns about the amount of staff on each shift. We saw that lots of staff were available to support people and that they came immediately when requested to assist people.

We looked at three staff recruitment records and saw that staff had references taken and that their identity had been checked before they were employed. Prior to employment all staff also undertook checks with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concern. Staff told us that they had been required to provide referees and that they had received a copy of their DBS check prior to

commencing work.

One person told us, "I self-medicate, but I am always prompted to take my meds. I used to have them off the trolley and always received them correctly". We saw that checks had been made to ensure that this was appropriate for the person. Another person told us, "I have my medicine ok and I have painkillers when I need them". We saw that medicines had been administered correctly. A member of staff had ordered additional medicines and had added the amount onto the medication administration records without notifying other staff and this became confusing, but the registered manager informed us that she would inform staff of the need to communicate more effectively. There was guidance available for staff to follow for people taking medicines on an 'as required' basis and staff had a good level of knowledge about this. Medicines were kept at an acceptable temperature and were disposed of appropriately.

Is the service effective?

Our findings

People told us that they felt that staff were knowledgeable, with one person saying, "They [staff] know how to care for us, some of them are nurses". A relative told us, "They are very good, they can answer any of your questions". Staff told us that they felt that they were knowledgeable enough to care for people well.

Staff told us that they had received an effective induction, with one staff member saying, "My induction was very in-depth and began with an introduction to the residents. I then did shadowing of other staff and reading of care plans, policies and fire plans". Another member of staff shared, "I was given enough induction time before starting the job properly". Staff told us that they received regular supervision and that they were able to go to the manager at any time. They also received an annual appraisal and we saw that staff training was up to date and that copies of certificates were kept on their file.

People told us that staff obtained their consent whenever possible, before carrying out care and one person told us, "Staff ask how I want to be cared for and they get my consent, by asking". A relative told us, "[Person's name] cannot consent, but agreements are in place and we have been included in those". We saw that this meant that best interests meetings had taken place and decisions had been made in conjunction with relatives. 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. 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. We checked whether the service was working within the principles of the MCA. Staff members had a very good understanding of the MCA and the Deprivation of Liberty Safeguards (DoLS) with one staff member telling us, "It is about people's best interests and there should be good valid reasons to restrict people". We saw that applications for DoLS had been made for everyone who required the specific safeguarding, although some were still awaiting an assessment. We observed that staff worked within the requirements of the DoLS.

People told us that they enjoyed the meals provided. One person said, "It is a set menu, but there is some good variety, including Jamaican and English food. You get your five a day". We saw that a daily menu was written on a board in the dining area. Another person told us, "I can ask for a jacket potato if I don't like what is on offer". A relative said, "The meals always smell good when I visit and they are cooking. They are presented very well and are healthy". A person who lived in the adjacent building for more independent people told us, "We get £30 a week to spend on food and we are helped to buy healthy items and staff help us to cook them".

We saw that people were able to make their own drinks or request them throughout the day. All of the staff team prepared food and they understood people's diets, in particular where people were diabetic. We observed a very informal dining experience where people could come and go as they chose to. One person took an hour to choose their meal, but was not rushed.

People told us that their health needs were taken seriously and one person told us, "I have seen the doctor when I have needed to". Another person shared, "The ambulance is called if we are very ill". A relative told us, "[Person's name] was very poorly; they got her an ambulance immediately and supported her very well". Staff told us that they knew people's medical needs and that they were a high priority. We saw that specific conditions were noted in care plans, with details for staff on how best to support the person. Nutrition, weight and medical appointments were also recorded.

A staff member told us, "Mental health awareness is good for us all, we should understand, so that we know how to support people". Staff told us that people in the home were assisted to utilise the Mental Health Recovery Star Plan. This is an action plan designed for adults managing their mental health and recovering from mental illness, for measuring and gaining support in their progress towards reaching specific goals in their recovery. Staff felt that having targets to aim for helped people to focus on their own recovery and this facilitated the process.

Is the service caring?

Our findings

People told us that they were well cared for. One person told us, "I like the staff, this is a nice place, it is a place for people who need to be cared for". Another person told us, "I can't fault the way that they have helped me and seen me through some bad times. It is the best care home I have ever been in and I have been in lots of others". A relative told us, "This place is marvellous and the staff are just so kind".

We saw that people were very comfortable around staff members and that they would sit and have discussions about events of the day and how the person was feeling. A staff member told us, "We have learnt how to pick up on non-verbal gestures, such as body language and we look for patterns of behaviour to tell how people are feeling". We saw staff support people discreetly when they moved around the home to ensure they were okay.

People told us that they were able to make their own choices and one person said, "I can make my own choices". Another person shared with us, "I can do what I want to do. I go to bed when I want and get up when I want, it is like my own home". A third person offered, "I can decide to go to the shop myself and come back myself, they [staff] have given me the confidence to do so".

One person told us, "Staff are very approachable and would always listen. I have felt at home since the day I arrived. Other homes I have lived in haven't felt as homely as this one and I think that is down to the staff". Another person told us, "They [staff] listen to me". A staff member told us, "We respect people's opinions, they know what they want, they tell us and we listen". We saw that staff sat down and showed empathy to people when they were speaking and that people felt that staff had taken them seriously.

People told us that they were encouraged to be independent wherever possible, with one person telling us, "I am independent. I do everything, I dress myself and I make myself drinks when I want to". Another person told us, "I have been helped to progress to more independent care and I now look after most things for myself, it has all been down to the support of the staff". A staff member told us, "We actively encourage people to be independent, but if they don't want to do something we don't push it. We give them some time, then try again later, but it is all at their pace".

Staff told us that they contacted advocacy services for people if they thought that it may be beneficial. Staff were able to give examples of where advocates had visited and assisted people. We saw on the notice board a letter from Sandwell Advocacy giving notice of dates when advocacy staff were coming into the service and people told us that they were reminded prior to a visit.

People told us that their privacy and dignity was respected. One person shared, "They [staff] respect me. If I tell them not to do something, they listen". A relative told us, "They knock doors and always make sure that people are fully dressed". A staff member told us, "We always knock on doors, we ask people what they want and show respect when people say no". Another member of staff said, "When doing personal care I always explain what we are doing to make people feel comfortable. I think how I would feel if I had people showering me".

People told us that they received visitors and one person said, "My visitors can come at any time, they have never been turned away". A relative told us, "The staff are always pleasant and we have never been refused when we want to visit". Another relative shared, "I can visit any time and am always offered a cup of tea". Staff members told us that relatives were a big part of the service and that they welcomed them at any time.

Is the service responsive?

Our findings

People told us that they had been involved in developing their care plans and one person said, "I have been part of my care planning since the beginning". A relative told us, "We were invited to be a part of care planning and we discuss it regularly". A staff member told us, "It is very useful for us to have family involved, as it gives us a bigger picture of how to care for people".

We saw that people's preferences were acknowledged and one person told us, "I like to go to church on Sundays". The registered manager told us that in some cases where family were unable to assist people to their place of worship, staff would facilitate the visit when possible. One person told us, "I help the maintenance man, I cut the grass and do DIY, I enjoy it. We have champions for lots of things here, such as the Health and Safety champion it gives me and others a sense of purpose". We saw that the noticeboard displayed photographs of all of the 'champions'. Staff told us that they were aware of what people liked to do and so they tried to make arrangements to suit their interests. One member of staff told us, "I know [person's name] likes planes so we took him to the RAF museum at Cosford. We have a guitar player who has entered into a talent competition and we will all go and cheer him on and those interested in cooking are put forward to undertake courses run by the local authority".

We saw that an activity co-ordinator supported people with activities such as doing crafts and playing board games. We saw people being encouraged to interact with each other whilst completing activities and one person told us, "I like to sit by my friend". Another person told us, "Sometimes we go outside, we can ask if we want to go to the shop". A relative told us, "They [people] have things to do. There are computer games, board games, a snooker table, and they go on day trips to places like Blackpool". We saw that people enjoyed participating in the activities on offer, with one person singing happily throughout.

People told us that they hadn't made any official complaints, but that they had raised issues with staff. One person said, "I was fed up with not knowing what plans were in place for me. I spoke with the staff and they contacted my social worker". Another person told us, "I am sure that staff would listen, but have no complaints". People told us that they understood the complaints procedure and would use it if they needed to. Staff told us that they were able to deal with most minor complaints, but that they would speak to the registered manager if they were unsure. We saw that complaints were dealt with effectively and that people were responded to.

People told us that they were asked to fill in questionnaires on the care that they received, with one person telling us, "I have filled in forms about my interests and what activities I like and they have been easy to fill out". A relative told us, "I have filled out surveys and I am always invited to meetings". We saw that the registered manager had acted on feedback and this was reflected in issues such as changes to menu's and activities.

Is the service well-led?

Our findings

People told us that they felt included in how the service was developed and one person told us, "We have meetings where we can say what matters to us; I think that one is coming up". A relative told us, "They have just started residents meetings in the form of coffee mornings; I think that it is a great idea to bring everyone together". A second relative told us, "I am not able to attend any meetings, but I feel happy with the updates that they provide me with". Staff told us "We have staff meetings where the manager will listen to what we say". Minutes from meetings detailed that ideas were acted upon. We saw evidence of partnership working with health and social care professionals.

A member of staff told us that whistle-blowing was supported in the home. They told us, "Whistle-blowing is supported and I know how to speak out and how to escalate concerns if they don't get addressed". We saw that details of how to whistle-blow were displayed where staff could see them. Staff told us that they were fully informed of any proposed changes and the staff members we spoke to were able to discuss the values set out by the service and how they implemented them. An example given was respecting the person, as if they were living in their own home. We saw that the atmosphere reflected this and it was a very informal and relaxed culture where people were able to use the home as they wished.

People told us that they knew who the registered manager was and one person said, "We see the manager a lot she goes between the two homes, but she is always around". Another person told us, "[Registered manager's name] has turned this place around she is a good manager". We saw that the registered manager had a good rapport with people and that they could speak with her easily. One example we witnessed was a person saying to the registered manager, "Are you ok [person's name] you look lovely today as usual". We also observed that people knew the operations manager well and that they were happy to sit and talk with her. A relative told us, "The manager is very good and she always has an answer for you, she is very knowledgeable".

The registered manager told us that she felt well supported by the provider and that they had open communication between them. The operations manager told us that she came in monthly to provide supervision to the registered manager and that she felt that she knew the service well.

We saw that audits were carried out by the registered manager and that quality assurance was a high priority. Detailed records reflected the checks carried out, so that staff could see what worked well within the home and what areas may require more input. We saw that areas such as staff recording, nutrition and potential hazards were monitored monthly. Any actions that need implementing were carried out in a timely manner, such as addressing any nutritional needs or contacting professionals for their input. Accidents and incidents records were audited for trends and this was shared with staff, so that they could support people appropriately.

Notifications of any accidents or incidents were sent into us promptly by the registered manager and she understood the importance of sharing the information.

