

DK Care Limited

# Camber Lodge

## Inspection report

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East Sussex  
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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Camber Lodge is a residential care home providing accommodation personal care and support for up to eight people, living with a learning disability, in an adapted house. At the time of the inspection there were five people living at the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

Camber Lodge was a large house, that fitted into the local community. There were deliberately no identifying signs, to indicate it was a care home. Staff wore casual clothing and did not wear anything that suggested they were care staff when coming and going with people. It was registered for the support of up to eight people. This is larger than current best practice guidance. However, the size of the service was mitigated as it had large communal spaces and the current occupancy was five people.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Possible environmental risks to people were not always identified or well managed. Areas in the service needed general maintenance and improvement to ensure the safety of people.

Systems to monitor and maintain quality of the service had still not been fully established effectively in all areas. This meant some areas for improvement were not identified and responded to. For example, fire extinguishers were not secured to the wall and could fall on people.

People were protected from the risks of harm, abuse or discrimination because staff knew what actions they should take if they identified concerns. There were enough staff, who had been safely recruited, working to provide the support people needed, at times of their choice. Staff understood how to support people safely and risk assessments provided further guidance about individual risks. People were supported to receive their medicines when they needed them.

Staff had received training to meet people's specific care needs. Staff were knowledgeable about the people they supported and had built trusting relationships with them. People were listened to and supported to have control and choice over their lives staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. When people did not have capacity any restrictions to their liberty had been authorised by the local authority. People's nutritional and health needs were met with involvement from health and social care professionals.

People received support from staff who were kind and caring. People were relaxed, comfortable and happy in the company of staff and engaged with them in a relaxed and positive way. Staff knew people well, understood their needs and how to communicate in with each in an individual and meaningful way. People were supported to take part in activities to meet their individual needs and wishes.

The registered manager had good oversight of the home, people and staff. They were able to tell us about people, their needs and interests. They were working to continually develop and improve the service. There was an open and supportive culture in the service, staff felt well supported. There was a strong team spirit and a desire to work together to ensure the best possible care for people.

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 requires improvement (published 24 September 2018) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. However, there were still areas that required further improvement and the service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

## 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 effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Camber Lodge

## 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.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Camber Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

#### 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 the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We spoke with two people living at the service and two relatives. Some people could not verbally share their

views of the service. Therefore, we observed people's experiences of living at Camber Lodge. This included interactions with staff. We spoke with four members of staff the registered manager and nominated individual representing the provider.

We reviewed a range of records. This included two people's care records and everyone's medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed. We also pathway tracked two people. This is where we check that the records for people match the care and support they received from staff.

After the inspection

We spoke with a relative and two visiting social care professionals including the local authority who had been working with the service. The provider and registered manager provided further information that included policies and procedures and quality monitoring documents.

# 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 Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant some aspects of the service were not always safe. There was a risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Although environmental risk assessments were completed these did not ensure all risks were managed appropriately. For example, despite risk assessments being completed on the radiators, we found a radiator that was accessible to people to be very hot. This posed a risk of burning. Following the inspection, the manager assessed all radiators in the service and condemned two that could pose a risk of burning to reduce any possible risk in the future.
- The service was in need of general maintenance in a number of areas to ensure the service was safe. For example, we found three toilet seats that were broken and one toilet without a seat at all. Flooring and tiling in a number of areas needed repairing and there was a broken mirror in one person's room. Fire extinguishers were free standing and could fall causing harm to people. Once these areas were identified to the registered manager they reviewed the premises and wrote a schedule recording all areas needing attention. Planned dates for matters to be addressed had not been confirmed and these matters were confirmed as needing further improvement.
- Other areas within the service had been assessed and health and safety checks had been completed this included the checking of water temperatures to ensure they were supplied at a safe temperature. Equipment was checked and serviced appropriately including lifting equipment and electrical appliances.
- Individual risk assessments identified people's risks. These included risks associated with behaviours that may challenge, mobility and skin damage.
- The guidance to support people with behaviours that may challenge were clear. It identified potential triggers, how the person may present and how staff should support people during and after these events. This included reassurance, taking time to talk through any issue and using a consistent approach.
- Staff understood people, they knew how to approach them and how to respond to any potential risk.
- Regular fire checks were completed. Fire drills had taken place to test people's and staff understanding of what they needed to do in the event of a fire. One person told us, "If there was a fire we cannot use the stair lift we need to use the stairs that we will be shown by staff."
- Personal emergency evacuation plans (PEEPs) were in place to ensure staff and emergency services are aware of people's individual needs in the event of an emergency evacuation.

### Systems and processes to safeguard people from the risk of abuse

- People demonstrated they felt safe at the service we observed people were comfortable in staff presence. People looked to staff for support and reassurance and approached them if they were concerned. A relative told us, "They look forward to returning to Camber Lodge, they feel safe there and we happy for them to return knowing they are safe."

- People were kept safe from the risk of abuse because staff had a good understanding of people's individual needs and were alert to any possible safeguarding issue. There were clear safeguarding procedures and relevant contact details were displayed and available for staff to use.
- Staff had received training on safeguarding, this included recognising any signs of abuse or discrimination and responding appropriately. Staff knew who to contact and understood this could include the police.
- One staff member told us, "We all know what to do if we have concerns about how people are being treated. We would talk firstly to the manager, but we have the telephone numbers to use if we need to." Staff understood their responsibilities to safeguard people.
- There was a Whistleblowing policy displayed in the service and staff knew where it was.
- Staff had followed safeguarding procedures in the past and raised safeguarding concerns with the local authority and notified the Care Quality Commission.

#### Staffing and recruitment

- The staffing arrangements ensured there was enough staff available to meet people's individual needs. They ensured the funded two to one and one to one staff support was available at all times required. When needed, extra staff were provided to ensure people were safe. For example, two staff were available to support one person on a day trip to London.
- Staff recruitment and retention ensured staffing levels were consistent and people knew who was looking after them. There were three staff working during the day and two staff at night, one of who was a 'sleep-in'. A 'sleep-in' member of staff is somebody who works for an agreed number of hours at the start and end of a shift. They may be called on at any time during the night depending on people's needs.
- There were on call procedures for staff to gain advice and support if needed when the registered manager was not working in the service. Staff told us, "We can always get hold of the manager, deputy or the owner."
- Staff were recruited safely. Appropriate checks were in place to ensure staff were suitable to work at the home. This included, references, Disclosure and Barring Service (criminal record) checks and employment histories.

#### Using medicines safely

- Medicines were managed safely. People were supported to take their medicines when they needed them in a safe way. People's needs around medicines were assessed and responded to. For example, one person found it difficult to swallow tablets, so they were given them in a soft sweet.
- Records confirmed and supported staff to handle medicines safely. The medicine administration record, (MAR) charts recorded accurately what and when medicines were given. When people were prescribed topical creams, records were completed within people's own rooms.
- Staff who gave medicines had received training on how to handle them safely. They also had their skills and competency assessed by the management team to ensure they followed best practice when giving medicines. For example, they signed the MAR charts once the medicine had been taken.
- Systems were in place that ensured the safe ordering, storage and disposal of medicines. Medicines were stored in a locked cabinet in the office. This had its access limited to support the safe storage of medicines. The registered manager was aware that additional storage would need to be provided if they needed to store specific high-risk medicines.
- The service had policies and procedures to support staff to handle medicines safely.

#### Preventing and controlling infection

- Camber Lodge was clean and hygienic. Staff worked with people to keep areas of the home clean and this was part of the daily routine. Staff had received training in food hygiene and infection control and understood the risk of cross infection.
- An infection control audit had been completed and an infection control policy was in place. Protective

personal equipment (PPE) such as aprons and gloves were available and used when needed. For example, staff used gloves and aprons when providing personal care.

- Although the laundry was small and next to the kitchen and dining room procedures were in place to minimise the risk of cross infection. For example, the laundry room was closed and not used when people were eating. Staff transported any soiled linen in appropriate containers that could be placed directly in the washing machine that had a suitable cycle to deal with this linen.
- Staff understood the importance of hand washing and there were hand-washing facilities available throughout the home and staff were seen using these.
- A legionella risk assessment had been completed and regular checks such as water temperatures took place to help ensure people remained protected from this disease.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded. Staff understood the importance of reporting and recording any accident and incident promptly and accurately.
- All reported incidents and accidents were seen by the registered manager. Each was reviewed to ensure appropriate action had been taken to reduce the likelihood of the event reoccurring. This included reporting to other organisations if required and ensuring incidents were managed correctly and in a consistent way.
- Information relating to incidents and accidents was analysed to identify any trends and themes. Any findings were used to inform the care to ensure appropriate support was always provided. For example, it was noted that one person's behaviour changed around specific activities. Staff awareness ensured extra understanding at these times.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection the provider had failed to ensure appropriate applications to deprive people of their liberty had been submitted to the local authority. Records did not record how decisions were made in people's best interest when they lacked capacity to make their own. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection and the provider was no longer in breach of Regulation.

- The registered manager and staff worked in accordance with the MCA. Staff undertook training on the MCA and understood the importance of gaining people's consent and supporting them to make decisions. For example, staff explained options and consequences relating to a decision that one person was making about attending a health check.
- Where people lacked capacity, specific mental capacity assessments had been completed. These demonstrated how decisions were made and who was involved in any decision made in a person's best interest. This showed the involvement of people, their relatives, staff and relevant professionals when necessary. This included decisions around personal care and the use of safety equipment.

- Some restrictive practices were used to keep people safe. This included continual supervision by staff. DoLS applications had been submitted for people around any restrictions within their lives that they did not have capacity to consent to. Copies of the applications and authorisations were available to staff and contained within their care records.
- The registered manager kept a log of all applications and authorisations. In this way they monitored each DoLS status and ensured new applications were made before they expired.
- There was information in people's care plans about any restrictions and limitations, such as the support people needed to go out and the level of supervision required.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people moved into Camber Lodge they were visited and assessed in their current home, along with their family if appropriate. During the inspection the registered manager and senior care worker were arranging to carry out one of these visits.
- These visits were used to gather relevant information to ensure people's needs could be met and also to start to form a relationship with the person and family to support any move and transition into a new environment.
- A number of social and health care professionals were involved in any admission process to ensure all the care and support needs and preferences for their individual care could be met. For example, appropriate equipment was sourced before admission including specialised beds or mobility aides.
- If people's needs changed, for example, if people's behaviours had become more challenging, or they needed more support, then assessments took place to identify a more suitable place for them to live.
- A visiting professional was complimentary of the way the staff worked hard to meet people's needs when they were changing and challenging. "We were grateful staff worked with us to manage a person's needs. This enabled us to resolve the situation safely."

Staff support: induction, training, skills and experience

- There was a training programme that ensured staff were able to support people effectively. New staff completed a tailored induction programme. This included an induction to people and shadowing senior staff before they provided any support independently. This ensured they had a number of essential skills to work with people living at Camber Lodge.
- It was important that new staff spent time getting to know people and understand their needs. People were also given time to get to know staff this time allowed for trusting relationships to be developed.
- All staff completed a rolling programme of essential training and this included training on moving and handling, infection control, food hygiene, safeguarding and on the MCA. It also included training that was specific to people living at Camber Lodge. For example, training on behaviours that challenge, positive behaviour support, dementia and epilepsy.
- Training was classroom based at the service delivered by a visiting trainer. Staff told us training was beneficial and enjoyable. One staff member said, "Following my induction I felt confident providing support and care to people." Another said, "We have recently had training on diabetes that updates us on the correct care."
- Staff were confident in their responses when asked about what care and support people with diabetes would need if their blood levels were unstable.
- Relatives told us staff had the skills to look after people and support them to have, a full and active life. One relative told us, "Staff do everything so well."
- Staff were supported and encouraged to continue their learning and development through further training. This included the opportunity to complete a Diploma in Health and Social Care at various levels.
- Staff received regular supervision from either the registered or deputy manager. Supervision helped identify any areas where further support or development was required.

- Staff told us they felt well supported and could approach the registered manager and other senior staff with any concern, or for advice at any time. One staff member said, "The support for staff is very good I was going to leave but was supported through to a decision to stay. There is a huge amount of training here."

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional and hydration needs were met. People were encouraged and supported to eat a balanced diet that met their preferences and needs. One person said, "I like the food I can choose what I have. I like pies especially apple."
- There was a weekly menu planner which had been chosen by people. Each weekend, staff discussed the next weeks meals with people and developed a menu around people's choices and encouraging healthy choices when possible. For example, staff suggested alternatives to fried foods and included fresh vegetables as an option.
- If people did not like what was on the menu they were able to choose alternatives. One staff member said, "If he does not like the meal he pushes it away and we get him another meal that we know he will like."
- People's nutritional needs were assessed, monitored and responded to. This included monitoring people's weights, appetites and nutritional risks. Specific needs were responded to, for example, diabetic diets were catered for.
- When nutritional concerns were identified specialist advice was sought through the GP. For example, one person was assisted with nutritional intake through a feeding system. Staff were working with the GP and other health care professionals to ensure the person could enjoy oral nutrition too. They required a pureed diet and thickened fluids, and this was provided appropriately. Staff demonstrated a good understanding of the diet that was required and how to support the person safely.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff had regular contact with all agencies involved in people's care and support and referrals had been made for specialist advice and support when needed. For example, when people developed any skin damage this was referred to the GP and district nursing team. Guidelines to respond to this damage was included in the care records.
- People were supported to maintain and improve their physical and mental health. They were supported to see their GP whenever this was needed. Staff supported them to attend their healthcare appointments and this included women's health promotion appointments.
- Each person had a health action plan that provided details of their individual health needs. They also had a hospital admission information that would go with people if they were admitted to hospital. This recorded key information to inform hospital staff on what people's support needs included and how to provide care in a person-centred way.
- Relatives were confident that people's health care needs were attended to. One told us, "They are spot on with their health needs, they are currently dealing with a medicine issue to ensure their medicines are reviewed and correct for them."

Adapting service, design, decoration to meet people's needs

- People's needs were responded to within the design and adaptation of the service. People's bedrooms had been personalised to reflect their own choices, personalities and needs. For example, one room had soft cuddly toys, and another had a relaxation area where a person could lay other than a bed.
- There was a large lounge and dining area with plenty of seating for people to sit and enjoy each other's company, have individual space or watch the television. The corridors and doorways in these areas were wide to enable people's mobility.
- The service had equipment to move people safely and to promote their independent mobility. For

example, a stair lift enabled one person to go upstairs on their own.

- The service had a minibus to transport people for pleasure and to and from places of interest and activities in the community. This allowed people to go anywhere they wanted to in a domestic vehicle.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were kind in their approach and committed to providing a high standard of care and support. Staff supporting people knew them well. They understood their daily needs and choices, their interests and how to communicate with them.
- There was a relaxed and happy atmosphere at Camber Lodge. Staff engaged with people in a positive, friendly and approachable manner. One person looked to staff for affection and staff responded appropriately providing a meaningful hug.
- Staff demonstrated that they genuinely cared about people and their well-being. One staff member told us, "We think about people here even when we are not at work. We often bring in things for them that we know they like. For example, I bring in catalogues that I know one person likes to tear."
- Staff had a good understanding of equality and diversity. They were aware of the need to treat people equally irrespective of age, disability, sex or race. Staff talked about equality when taking people on outings. For example, ensuring people had access to all areas like anyone else. One staff member said, "We are careful that we plan outings taking account of people's disabilities and access to toilets."
- Staff had received training on equality and diversity and were able to discuss cultural and religious backgrounds that needed to be considered. Peoples' sexuality had been explored and reflected within their support plans ensuring suitable private time was available and respected.
- Relatives were confident and impressed with staff approach and how they treated both them and their relative. One said, "It's like a family here. Staff even treat us as a member of that family."

Supporting people to express their views and be involved in making decisions about their care

- Staff could tell us about people's needs, choices, personal histories and interests. They knew what people liked doing and how they liked to be supported. For example, staff knew one person liked a particular dressing on their meals each day. This was very important for this person and staff ensured it was available.
- People had been supported to express their views and be actively involved in making decisions about their support as far as possible. For example, people were asked about what they wanted to do on a daily basis. Staff were skilled at motivating and enabling people to make positive decisions.
- Family and staff and where appropriate health and social care professionals were involved in supporting people to express their preferences and agreeing how care was to be provided. This ensured a collaborative approach with the person at the centre of any decisions and choices, with their preferences being always considered.

- Each person had an allocated 'key worker' who worked with people to ensure their views and choices were respected. The key worker was included in the monthly care review. These reviews took account of all aspects of a person's care and support needs to ensure they were still relevant and what the person wanted.

#### Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. They respected people's own rooms as their own space and ensured they had private time when they wanted this.
- People had chosen how they would like their bedrooms to be decorated. They were personalised with people's own possessions such as mementos, and toys. Staff were alert to situations where people's dignity may not be maintained. For example, they ensured doors were closed when necessary.
- Staff recognised the importance of how people's appearance impacted on people's wellbeing. People were dressed in clothes that were of their own choice and reflected their individual personalities. Staff supported people to maintain their own personal hygiene and provided support when needed. One relative told us, "Staff always ensure they are shaved and nicely dressed." One person was also supported to go to the hairdresser of her own choice during the inspection.
- People were supported to maintain relationships with those who were important to them. Relatives and friends were encouraged to visit and attend service events and were made to feel welcome. One relative told us, "Staff are very accommodating, yesterday I got very wet and the staff washed and returned my trousers. We are always included in everything." One staff member told us, "We keep a list of birthday dates for one person, so we can support them to send birthday cards to people that are important to them." This maintained an important link.
- The service promoted people's independence. Staff worked with people to complete a number of domestic tasks including cleaning and some cooking duties. Staff gently reminded people about putting their clothes and belongings away.
- A relative told us staff worked with people to develop individual skills of independence. They said, "The staff encourage and give them time to eat their meals independently. They chop the food and stay with them but give them the time and motivation to eat on their own."
- Private information was kept confidential. Records were held securely in the office area which was a restricted staff area. Support staff had been provided with training and guidance about the importance of managing confidential information in the right way.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that was tailored around their wishes, preferences and routines. Daily routines were agreed with people and this gave them security and structure to their day. Although routines were in place staff were flexible and adapted to people's mood and choices. For example, people could have a lazy relaxing day if they wanted.
- People's received support that was person-centred. People needs were fully assessed and plans of care were developed to guide staff in how to support them. Staff worked with people, their families and associated professionals to get to know people and what was important to them.
- Staff knew people really well. They told us about each person, their individual support needs and how people enjoyed spending their time.
- Each person had a key worker. A key worker is a staff member who manages aspects of the person's care. They build a relationship with the person and are a link to help ensure, as far as possible, their needs, preferences, wishes are listened to and actioned.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed. Care plans included information on how to support each person to communicate was recorded.
- Staff were alert and skilled in understanding the different ways people expressed themselves. Staff listened to people and picked up on people's verbal and non-verbal communication. For example, they knew the sounds people made when they were happy or wanted something. One person clearly expressed a wish for a cup of tea non-verbally and staff understood immediately.
- Those people who were unable to communicate verbally, were supported to communicate using an adapted form of Makaton. This is a language programme which uses signs and symbols to help people to communicate.
- Staff understood how to communicate with each person, using the person's preferred method and by understanding the person. Staff explained this understanding developed over time.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to be part of the community at Camber Lodge and the wider local community. Staff supported people to visits local shops and amenities, meeting and developing relationships with local traders.
- People were supported to mix with each other socially and maintain everyday relationships with family friends and staff. For example, staff ate with people at lunch time in the dining room, and friends and family were always included in Camber Lodge events. One relative said, "We are included as part of the family. Each resident we see as a family member as we have got to know them so well over the years."
- Overnight stays, holidays and trips out with relatives were facilitated with staff ensuring people were fully prepared. For example, staff ensured extra clean clothing was provided and any required medicines were provided.
- Throughout the day people were supported to carry out every day activities and to do things that they enjoyed, this ensured they had active and fulfilling lives.
- People were engaged in different activities during the inspection days. Staff supported people to do some activities independently. This included completing colouring and sticker diaries. Each person had the opportunity to go out and about. This included trips in the service's mini-bus that included places of interest, eating out and coffee shops.
- People told us they enjoyed what they did particularly getting out and about. One person had recently had a trip to London supported by two staff members. This was something they had wanted to do for a long time.

Improving care quality in response to complaints or concerns

- Complaints raised were taken seriously, instigated and responded to. During the inspection records relating to complaints were moved to a locked facility to ensure the confidentiality of these records was maintained.
- There was a complaints procedure and systems to record and investigate any complaint received. The procedure was also available in an easy read pictorial format to help promote people's understanding.
- Staff engaged with people in an understanding manner. They were attentive to changes in people's moods or behaviours which may indicate they had a concern they wished to discuss. with staff. Staff took action to address these concerns by changing the situation or environment.
- Relatives told us, they would feel able to raise any concern if they needed to. One told us they had raised a concern in the past which had been responded to. "We had a niggle that there were not enough outings this has been addressed. The manager and owner are approachable and friendly."

End of life care and support

- Staff respected and supported people to remain in their own home to die whenever possible if this is what they wanted. People were asked about any end of life wishes and preferences and these were recorded. For example, choices around funeral arrangements were included in people's records.
- Staff completed end of life training and staff were aware of people's health care needs. For example, they understood the importance of mouth care for people at the end of their life's. Information on oral hygiene was included within individual health care plans.
- When people had required end of life care in the past, staff had cared for people working with other health care professionals. Regular contact was maintained with the person's GP. This ensured staff received regular advice and guidance.

# 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 has remained the same. This is a fourth repeated Requires Improvement for this key question, however there have been significant improvements and the service is no longer in breach of any regulations.

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.

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

At our last inspection the provider had failed to submit required notifications to the CQC.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection and the provider was no longer in breach of regulation 18.

- Statutory notifications were submitted to the CQC when necessary.

At our last inspection the provider had failed to maintain effective systems and processes to assess and monitor the quality of the services provided and ensure records were accurate. at activity

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection and the provider was no longer in breach of regulation 17.

- Although management and governance systems had improved they had not been fully established and embedded into practice to ensure all areas needing improvement were identified and responded to.
- We found health and safety risk assessments and checks had not identified all the issues we found. For example, hot radiators that posed a risk to people.
- Systems to ensure the service was well maintained and safe in all areas were not established. For example, we found broken tiles and toilet seats in the bathrooms.
- Although records had improved since the last inspection some records were not complete. For example, risks assessments associated with staff employed had not been documented. Guidelines for people on 'as required medicines' for pain control had been provided but not for medicines used for the management of people's bowels.

This was therefore identified as an area that needs to be improved and fully embedded into everyday practice.

- The provider visited the service and completed a quality audit each month. This included a review of

staffing, staffing performance and people's well-being. They worked closely with the registered manager who felt well supported. They said, "The provider is approachable listens and is always available."

- A variety of quality assessments were also completed by the registered manager. These were used to monitor and improve the quality of the service in a number of areas. For example, cleaning schedules were monitored and reviewed to ensure cleaning was completed regularly and to an appropriate level.
- There were clear lines of responsibility in the service. The registered manager worked most days in the service and had a very good oversight of people and the staff. She was supported by a deputy manager and senior care staff. One staff member told us, "There is always another member of staff that you can talk to about anything. The managers are always around too."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 registered manager had a high profile in the home and promoted an open and honest culture in the service. For example, she was positive when receiving any feedback during the inspection and honest in confirming any actions that had not been completed.
- Everyone knew who she was and were comfortable to approach and chat with her about anything.
- People, relatives and visiting professionals were positive about the registered manager and how she managed the service. A relative said, "The home is very well managed with staff being well organised." A visiting professional told us, "The manager changed the culture at Camber Lodge and all the team members are on board to deliver quality care and work as a team."
- Staff were confident with management arrangements and told us they felt involved and valued. One staff member said, "I love working here the team is great we all work together the manager is fantastic. She has got us altogether, working together."
- The registered manager was aware of their responsibilities including those under duty of candour. She was open and honest when reviewing any accident and incidents. Relatives told us they were always kept up to date and informed of any occurrence in the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider and registered manager understood the importance of receiving regular feedback from people, relatives, staff and visiting professionals.
- Feedback was sought from people and relatives and used to improve and develop the service. This included the use of surveys. People were supported to fill in surveys that were produced in easy read format to promote their understanding. A relative explained that they had used these to request improvements to the en-suite bathroom. They told us this was responded to with improved facilities.
- There were regular resident's meetings and people had monthly meetings with their key worker where they were asked for feedback. Notes of a recent resident meeting confirmed discussion on where people wanted to go on holiday. People were supported to contribute to these meetings by staff taking account of their disability. For example, staff used a pictorial agenda.
- Day to day contact and discussion with people relatives and professionals also secured regular, immediate and frank feedback. During the inspection relatives were comfortable asking questions and providing their own views on care and support.
- Staff views were seen as important and were given opportunities to share these. The notes of these meetings confirmed staff were encouraged to speak to the registered manager at any time. Staff meetings were used to inform staff of changes at the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager worked in a positive honest and transparent way, looking to improve the service and quality of care for people at every opportunity.
- She received feedback from social and health care professionals in a positive constructive way. For example, a professional from the local authority told us how they had worked in partnership with them to review and improve practice in the service.
- Accidents and incidents were logged, investigated and action taken to reduce the likelihood of the event reoccurring when possible. All accidents and incidents were analysed for trends and themes. This information was shared with staff to ensure learning and any changes to practice could be implemented. For example, it was noted one person exhibited different behaviours around outings. Staff awareness of this trends allowed them to predict and respond to them.
- The registered manager and staff worked in partnership with other services, this included the community learning disability team, mental health team and people's GP's.
- The registered manager told us they also kept up to date with new practices and ideas through reading and using relevant websites. The registered manager was aware of the CQC review of oral health in care homes and had implemented an assessment of people's oral health.