Ringdane Limited

Cameron House Care Home

Inspection report

Cameron Street
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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

Overall summary

Cameron House Care Home is based in a residential area of Bury, close to the town centre and to public transport. People are accommodated on two floors and access to the first floor is via stairs or a passenger lift. There is a small garden to the front of the home and a large well maintained garden to the rear. The home is registered to provide nursing and residential care for up to 40 older people.

This was an unannounced inspection that took place on 6 February 2015. There were 31 people using the service at the time of this inspection. We last inspected the home on 21 August 2013. At that inspection we found the service was meeting all the regulations that we reviewed.

The home had a manager registered with the Care Quality Commission (CQC) who was present on the day of the inspection. A registered manager is a person who has registered with CQC to manage the service. Like

Summary of findings

registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

We saw that people who used the service had detailed care plans to guide staff on the care that was needed. People also had a summary care plan that contained basic care needs and this was left in their bedrooms so that staff had accessible up to date information. We found however there was conflicting inaccurate information in one of the summary care plans we looked at. Failing to have accurate information placed the person's health and welfare at risk of harm.

We also found that staff did not always record on people's care charts when they had undertaken any care or treatment. To ensure the health, welfare and well-being of people, all care and treatment delivered must be recorded to ensure that people have received the care required and prescribed.

We identified there was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

People who used the service told us they were well looked after and felt safe living at Cameron House. People spoke positively of the kindness and caring attitude of the staff and told us they enjoyed the activities that were provided.

We found people were cared for by sufficient numbers of suitably skilled and experienced staff who were safely recruited. We saw that staff received the essential training and support necessary to enable them to do their job effectively and care for people safely.

Staff we spoke with had a very good understanding of the needs of the people they were looking after. We saw people looked well cared for and there was enough equipment available to promote people's safety, comfort and independence.

Staff were able to demonstrate their understanding of the whistle blowing procedures and they knew what to do if an allegation of abuse was made to them or if they suspected that abuse had occurred. Staff were also able to demonstrate their understanding of the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions.

We found the medication system was safe and we saw how the staff worked in cooperation with other healthcare professionals to ensure that people received appropriate care and treatment.

Food stocks were good and the meals provided were varied and nutritionally balanced. People told us there was always a choice of meals, they enjoyed the food and they had plenty to eat.

All areas of the home and garden were accessible and well maintained and systems were in place to deal with any emergencies such as fire.

There were opportunities for people who used the service and their relatives to comment on the quality of care provided. Regular meetings took place that enabled people to discuss the facilities and services provided within the home. The complaints procedure was clearly displayed and people told us they would have no problems raising any issues of concern if they needed to.

Summary of findings

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 safe.

All areas of the home and garden were accessible and well maintained.

We found people were cared for by sufficient numbers of suitably skilled and experienced staff who were safely recruited.

We found the medication system was safe and people received their medicines when they needed them.

Good

Is the service effective?
The service was effective.

People told us they were able to make decisions about their daily routines and were able to consent to the care and support they required.

We saw that staff received the essential training and support necessary to enable them to do their job effectively and care for people safely.

Staff were able to demonstrate their understanding of the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Good

Is the service caring?
The service was caring.

People spoke positively of the kindness and caring attitude of the staff. We saw that staff treated the people who used the service with dignity and respect.

The staff showed they had a very good understanding of the needs of the people they were looking after.

We saw staff promoted the privacy of people who used the service and of their visitors. People had access to a choice of conservatories and a smaller lounge where they could sit and talk in private if they wished to.

Good

Is the service responsive?
The service was not responsive.

We found there was conflicting inaccurate information in the care plans we looked at. We also found that staff did not always record on people's care charts when they had undertaken any care or treatment.

Activities were provided for people to help add variety and stimulation to their day.

Requires Improvement

Summary of findings

The complaints procedure was clearly displayed and we saw the provider had a clear procedure in place with regards to responding to any complaints and concerns raised.

Is the service well-led?

Good

Systems were in place to assess and monitor the quality of the service provided and arrangements were in place to seek feedback from people who used the service.

Staff were given the opportunity to comment on the quality of the service provided. Staff told us they were happy working at the home and were confident they could speak to the manager if they had any concerns.

Cameron House Care 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 6 February 2015 and was unannounced. The inspection team consisted of two adult social care inspectors. Before this inspection we reviewed previous inspection reports and notifications that we had received from the service. We also reviewed the 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 any improvements they plan to make. Prior to this inspection we had been made aware by the local authority safeguarding and commissioning teams of their concerns about the care and welfare of two people living at the home. We used the information we had to help plan our inspection.

During this inspection we spoke with five people who used the service, three relatives, the chef, the activity organiser, a senior care assistant, one registered nurse and the manager. We did this to gain their views of the service provided. We looked around all areas of the home, looked at how staff cared for and supported people, looked at four people's care records, thirteen medicine records, three staff recruitment and training records and records about the management of the home.

Is the service safe?

Our findings

The service was safe. We looked around the home and saw that all areas of the home and garden were accessible, making it safe, especially for people with limited mobility. The lounges and dining rooms were clean and there were no unpleasant odours. We saw that, to keep people safe, access to the home was via door keypads. The rear garden was enclosed so that people who used the service were kept safe and the risk of entry into the home by unauthorised persons was reduced.

In one of the bedrooms we saw a bin that was used for clinical waste was not foot-operated. This meant that staff had to touch the lid to open it. Areas where clinical/ hazardous waste is produced should have foot-operated bins. This helps prevent the spread of infection. The manager agreed to replace the bin with a foot- operated straightaway.

The staffing rotas we looked at, plus our observations throughout the day, demonstrated there were enough staff on duty at all times to meet people's needs. Staff, relatives and people who used the service told us they felt there were sufficient numbers of staff on duty.

People we spoke with told us they felt safe living in the home. Comments made included; "You couldn't meet a nicer bunch of people" and "I have nothing to be worried about living here. I am safe and I am happy".

We looked to see how the medication system was managed. We were told that the registered nurses managed the medicines for people receiving nursing care and that senior care staff who had received medicine management training managed the medicines for people receiving social care. We checked the systems for the receipt, storage, administration and disposal of medicines. We also checked the medication administration records (MARs) of thirteen people who used the service. We found that medicines, including controlled drugs, were stored securely and the systems in place for the receipt, administration and disposal of medicines were safe. We asked two of the people who used the service if they received their medicines on time. We were told the following; "I get my painkillers when I need them" and "Yes always, there's never been a problem".

We saw that several people were prescribed 'thickeners'. Thickeners' are added to drinks, and sometimes food for people who have difficulty swallowing, and they may help prevent choking. A discussion with staff showed they knew when the thickeners were to be given and how much was required for each person. This was because information was readily available in the person's bedroom and also in the kitchen. We saw however, that staff were not always recording when a prescribed thickener was given. It is important that this information is recorded to ensure that people are given their medicine consistently and as prescribed. We discussed the issue with the registered manager who informed us that a system would be put into place immediately to ensure the administration of the prescribed medication of thickeners was always recorded.

We looked at three staff personnel files and saw that a safe system of recruitment was in place. The recruitment system was robust enough to help protect people from being cared for by unsuitable staff. The staff files contained proof of identity, application forms that documented a full employment history, a medical questionnaire, a job description and at least two professional references. Checks had been carried out with the Disclosure and Barring Scheme (DBS). This service prevents unsuitable people from working with vulnerable groups, including children, through its criminal record checking and barring functions.

The provider had checked that the registered nurses who worked at the home had a current registration with the Nursing and Midwifery Council (NMC).We saw policies and procedures were in place to guide staff in the safeguarding of adults. Records showed that staff training had been provided in this area. The staff we spoke with were able to tell us what they would do if an allegation of abuse was made to them or if they suspected that abuse had occurred. The staff were also able to demonstrate their understanding of the whistle blowing procedures. They knew they could raise concerns in confidence and contact people outside the service if they felt their concerns would not be listened to.

The care records we looked at showed that risks to people's health and well-being had been identified, such as poor nutrition, and care plans to help reduce or eliminate the risk had been put into place.

We looked at what systems were in place in the event of an emergency, for example a fire. We saw personal emergency evacuation plans (PEEPs) had been developed for all people who used the service. Regular in-house fire safety

Is the service safe?

checks had also been carried out to check the fire alarm, emergency lighting and extinguishers were in good working order and the fire exits were kept clear. Regular fire drills had also taken place.

We looked at the documents that showed the equipment and services within the home were serviced and maintained in accordance with the manufacturers' instructions. This helps to ensure the safety and well-being of everybody living, working and visiting the home.

Is the service effective?

Our findings

The service was effective. The people we spoke with told us they felt the staff had the skills and experience to meet their needs. Comments made included; “They are looking after me very well” and “The staff are really good and I am well looked after”. A relative we spoke with told us, “My [relative] gets all the care she needs. The staff know what they are doing”.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We therefore looked to see if management and staff were able to demonstrate their understanding of the requirements of the DoLS. DoLS are part of the Mental Capacity Act 2005 (MCA). They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a person is deprived of their liberty in a safe and correct way.

Whilst no one was subject to a DoLS, we found that proper policies and procedures were in place with regards to the MCA and DoLS procedures. Inspection of the training plan showed that most of the staff had undertaken training in the MCA and DoLS procedures and from our discussions with three of the staff they were able to demonstrate their understanding of the procedures to follow.

We asked the manager to tell us what arrangements were in place to enable the people who used the service to give consent to their care and treatment. We were told that any care and treatment provided was always discussed and agreed with people. The people we spoke with confirmed that this information was correct. People told us they were able to make decisions about their daily routines and were able to consent to the care and support they required. Comments made included; “I please myself what time I go to bed and what time I get up. I used to work in the paper mill so am used to getting up early” and “I sit where I want to during the day. Different places most days. It’s nice to talk to different people and then go off to my room when I want to for a little rest”.

From our observations it was evident that several people had intensive nursing care needs and were not able to consent to the care provided. We asked the manager to tell us how they ensured the care provided was in the person’s best interest. We were told that if an assessment showed the person did not have the mental capacity to make decisions then a 'best interest' meeting was arranged. A 'best interest' meeting is where other professionals, and family if relevant, decide the best course of action to take to ensure the best outcome for the person using the service. We saw evidence of a ‘best interest’ meeting that had been held.

We were told all staff training records were kept on the computer and that training certificates could be printed off when required. We were shown the training records in place. They showed staff had received the essential training necessary to safely care and support people who used the service. We were told the majority of training was undertaken using computer-based self-learning known as ‘e-learning’. ‘E-learning’ requires the member of staff to complete a knowledge test at the end of the session. The manager told us that if the knowledge test was not completed to a satisfactory level the system would not record that the training had been completed. The three staff we spoke with told us they had received the necessary training to allow them to do their jobs effectively and safely.

Staff records we looked at showed systems were in place to ensure staff received regular supervision and appraisal. The manager told us they aimed to have at least six staff supervision sessions per year.

We checked to see if people were provided with a choice of suitable and nutritious food to ensure their health care needs were met. We looked at the menus. They were on a four week cycle. They showed that the meals provided were varied and nutritionally balanced. People we spoke with told us they enjoyed the food and had plenty to eat. Comments made included; “The food is good, I enjoy the meals” and “I can be quite fussy but I have to say the food is good”.

We looked at the kitchen and food storage areas and saw good stocks of food were available. Staff told us that food was always available out of hours. A discussion with the cook showed they were knowledgeable about any special diets that people needed and were aware of how to fortify foods to improve a person’s nutrition. The care records we looked at showed that people had an eating and drinking care plan and they were assessed in relation to the risk of inadequate nutrition and hydration. We saw that action was taken, such as referral to a dietician or their GP, if a risk was identified.

Is the service effective?

The care records we looked at showed that people had access to external health and social care professionals. We saw evidence of visits from GPs, opticians, dieticians and community nurses. We were told that a practice nurse from the local GP surgery visited the home routinely every week to discuss and attend to any issues of concern staff had about any person who used the service.

Is the service caring?

Our findings

The service was caring. People who used the service were complimentary about the staff. Comments made included; "I have had a lovely life and have had lots of good times. I am having a good time here now and I deserve it. I like the people here and I like the staff" and "I can't grumble, the staff are lovely and so very kind. The gardener is really good and makes sure we are happy as well. He helps us to plant flowers and I like doing that".

A discussion with the staff showed they had a very good understanding of the needs of the people they were looking after. We saw staff treated the people who used the service with dignity and respect. We spent time in the dining room and saw those people who required assistance with eating and drinking were supported on a one to one basis. Staff were patient and mealtimes were unhurried.

We saw staff promoted the privacy of people who used the service and of their visitors. People had access to a choice of conservatories and a smaller lounge where they could sit and talk in private if they wished to.

The visitors we spoke with told us they were happy with the support and care their relative received. One visitor told us, "The staff are really good. They respect my time, space and privacy when I am visiting. As my [relative] needs to be in bed all the time they have placed the bed near the window so my [relative] can see the world outside. They also ask me from time to time to review my [relative's] care plan".

We asked the manager to tell us how staff cared for people who were very ill and at the end of their life. We were told that the registered nurses who worked in the home were experienced in caring for terminally ill people. We were also informed that the staff at the home received good support from the district nurses, GPs and the local palliative care team.

Is the service responsive?

Our findings

The service was not responsive to people's needs. We saw that people who used the service had detailed care plans to guide staff on the care that was needed. People also had a summary care plan that contained basic care needs and this was left securely in their bedrooms. The manager told us this was so that staff had accessible up to date information.

We looked at the detailed care plan of one person who was fed liquid food artificially by a tube inserted into their stomach. They had been prescribed a liquid food regime by the dietician involved in their care. Following a discussion with the manager, inspection of the detailed care plan and the summary care plan we found there was conflicting information. The information in the summary care plan was not accurate. Failing to have accurate information placed the person's health and welfare at risk of harm.

This person, due to their medical condition was not able to eat or drink by mouth because it would cause them harm. This meant that staff had to undertake mouth care to keep the person's mouth clean and moist; thereby helping to prevent possible infection and ulceration. We saw a mouth care chart in their room but there was no record that mouth care had been undertaken on the day of the inspection. The registered nurse assured us that mouth care had been delivered but had not been recorded on the chart.

We saw in one person's bedroom a full beaker of thickened fluid that was left on a bedside table out of the reach of the person who was in bed. We asked when this had been prepared and why it had not been given but staff were not able to tell us. We also saw there was some mouth care equipment in the room but no care chart in place to show that mouth care had been given.

Inspection of the care chart for one other person who used the service and a discussion with one of the care staff identified that mouth care had been given but had not been recorded at certain times throughout that day.

Prior to the inspection concerns had been expressed by the safeguarding team about the management and treatment of people's clinical needs. We were told that people's care charts, such as mouth care, positional changes and fluid intake were not always completed. We were also told that care needs such as mouth care had not always been addressed and, despite drinks being made for people who needed assistance with drinking they were left untouched on bedside tables. We were informed that these issues of concern had been discussed with the manager by members of the safeguarding team.

Our findings during this inspection showed there had been no improvement in the recording of the care given.

This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not protected against the risk of inadequate care because the care records in relation to the treatment provided were not accurate. To ensure the health, welfare and well-being of people, any care and treatment delivered must be recorded to ensure that people have received the care required and prescribed.

We visited five people in their bedrooms to see how they were being cared for. They looked clean, comfortable and well cared for. A special type of bed that helps staff position people more easily was in use for each person, and a specialised pressure relieving mattress was in place. This was to help prevent pressure ulcers and promote their comfort.

We saw that adequate equipment and adaptations were available to promote people's safety, independence and comfort. Staff told us they had enough equipment to meet people's needs. We saw people using wheeled walking frames and perch stools to aid their independence when walking around the home.

We looked to see what activities were provided for people. We were shown the activities room that was situated on the first floor. The room was well stocked with board and activity games, a 'tuck shop', reminiscence materials and pamper equipment for manicures and hand massages. There was also a small kitchen area with drink-making facilities and an oven for baking sessions. We spoke with the activities organiser who told us that although there was a planned programme of activities displayed it was occasionally changed if people wanted to do something else. People told us they enjoyed the activities provided and they, "brightened up the day".

The complaints procedure was clearly displayed and we saw the provider had a clear procedure in place with regards to responding to any complaints and concerns

Is the service responsive?

raised. Relatives we spoke with told us they would have no problems raising any concerns. One relative commented, “I have never had to make a complaint but if I did I know it would get sorted”.

Is the service well-led?

Our findings

The service was well led. The home had a manager registered with the Care Quality Commission (CQC) who was present on the day of the inspection. We asked the manager to tell us what systems were in place to monitor the quality of the service provided to ensure people received safe and effective care. Although systems were in place to monitor most aspects of the service provided, we saw no evidence to show that the care charts were monitored effectively; necessary to ensure that care was delivered as required.

We spoke with the newly appointed registered nurse who told us it was their intention to ensure the care charts were accurate and up to date. The registered nurse showed us the charts they had checked that day. We saw the recording omissions had been highlighted so they could be brought to the attention of the care staff. We were told that following a discussion with the manager, a system was being devised to make sure each care assistant was accountable for their record keeping.

We were shown the company's quality audit tool that identified the areas that needed to be regularly monitored. We were told that regular checks were undertaken on all aspects of running the service and that an annual audit timetable was in place. We saw evidence of some of the checks that had been undertaken, for example on infection control practices, staff training and medication records. We saw that where improvements were needed, action was identified along with a timescale for completion. Action plans were then kept under review. We saw evidence of the action plans that were in place and saw that timescales for action had been complied with. We were told that monthly audits were sent to the regional manager who visited the home to undertake their own monitoring of the service.

We looked at a file that contained recordings of the unannounced monthly night visits undertaken by the manager to check on the quality of the service provided during the night time hours. A report of the managers' findings was sent routinely to the Director of Operations for their information.

We checked our records before the inspection and saw that any accidents or incidents that CQC needed to be informed about had been notified to us by the manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe. There was also a system in place for reviewing and analysing accidents or incidents. This enabled staff to look at ways of possibly eliminating or reducing the risk of reoccurrence; thereby helping to protect the health and safety of people who used the service.

We saw evidence to show that regular meetings were held for people who used the service and for their relatives. The records we looked at showed that some of the issues of concern or suggestions raised by the relatives had been looked into by management and action had been taken to address them.

We were told that management sought feedback from people who used the service, their relatives and staff, through annual questionnaires. We did not look at the results of the questionnaires during this inspection.

We looked at the notes made from the staff meetings that were held regularly. The meetings gave staff the opportunity to comment on/or influence the quality of the service provided. Staff told us they were happy working at the home and were confident they could speak to the manager if they had any concerns.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met. People were not protected against the risk of unsafe or inappropriate care because care records were not accurate.