Crawfords Homes Limited

Camellots Care Home

Inspection report

53 Arundel Road
Littlehampton
West Sussex
BN17 7BY

Tel: 01903719017

Date of inspection visit:
25 October 2017

Date of publication:
05 February 2018

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

Camellots Care Home is a residential care home for up to eight people living with a learning disability and/or other mental health and physical needs. At the time of our inspection, the home was fully occupied. Camellots Care Home is situated close to the centre of Littlehampton and public transport. The home is terraced and accommodation is provided over two floors. Communal areas include a sitting room, dining room and kitchen. All rooms are of single occupancy.

At the last inspection, the service was rated Good. At this inspection, we found the service remained Good.

People were supported by staff who understood how to keep them safe and had been trained in safeguarding adults at risk. Risks to people were identified, assessed and managed appropriately. Staffing levels were sufficient to meet people's needs and safe recruitment systems were in place. Medicines were managed safely.

Staff completed a range of training in order to provide effective care to people. Regular supervisions and staff meetings took place. Consent was gained in line with legislation. People were supported to have sufficient to eat and drink and were supported by a range of healthcare professionals and services.

People were looked after by kind and caring staff who knew them well. People's preferences were recorded and staff understood how people wished to be cared for and supported them appropriately. People were encouraged to express their views and to be involved in all aspects of their care. They were treated with dignity and respect.

Care plans were written in an accessible way to enable people to be involved in reviewing their care. Staff were provided with detailed information and guidance about people's care needs. Activities were organised, although many people followed individual interests and pursuits. Some people went out independently. An accessible complaints policy was in place.

People were involved in developing the service and could help interview new staff. Feedback from people about the home was obtained through 1:1 meetings. Healthcare professionals and relatives were positive about the service provided at the home. Staff felt supported by the management team and enjoyed working at the home. A range of systems was in place to monitor and measure the quality of care provided and to drive continuous improvement.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Camellots 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 checked 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 was a comprehensive inspection. The inspection took place on 25 October 2017 and was unannounced. One inspector undertook this inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We observed care and spoke with people and staff. We spent time looking at records including three care records, two staff files, medication administration record (MAR) sheets, staff rotas, the staff training plan and other records relating to the management of the service. On the day of our inspection, we met with five people living at the service. We chatted with people where they were able to speak with us and observed them as they engaged with their day-to-day tasks and activities. We spoke with the registered manager, deputy manager, a team leader and a support worker.

After the inspection, we received feedback from a social care professional who gave their permission for their comments to be included in this report.

Good

Is the service safe?

Our findings

From our observations and general conversations, people were safe living at Camellots Care Home and we saw an easy read leaflet about how to say no to abuse which was shared with people. Staff had completed training in protecting vulnerable adults from abuse and harm. A member of staff we spoke with confirmed they had completed safeguarding training and knew what action to take if they suspected abuse had taken place. They explained, "I would go to my senior on duty, manager or social services". They went on to explain the different types of abuse such as sexual abuse and referred to people who were at risk of self-harm.

People's risks were identified, assessed and managed appropriately. Care plans we looked at included information relating to people's finances, physical health, medical conditions, mobility, mental health, environment and behaviours perceived as challenging. Each risk assessment included the desired outcomes for people and the support they needed to reach their desired outcomes. People's weights and their blood pressure were monitored with their consent. No-one was at risk of malnourishment. Personal Emergency Evacuation Plans (PEEPs) had been completed for people, should they need to evacuate the premises in the event of an emergency. One staff member told us about potential risks that people might be exposed to at the home. They said, "We'll take things that could harm them away", adding that knives were locked away in the kitchen. Where people had been assessed as not being at risk from harm in the kitchen, then they were given their own keys, so they could access the kitchen and their rooms freely and independently.

There were sufficient numbers of suitable staff on duty to keep people safe and meet their needs. During the day, four care staff were on duty in the morning and three in the afternoon. In addition, the registered manager and deputy manager were also available on most days. At night, two waking staff were on duty and at weekends, three care staff during the day. Lower levels at weekends had been assessed as safe because some people stayed with their relatives at the weekends. Managers also worked on some weekends to allow care staff to have time off.

Safe recruitment practices were in place. Staff files we checked showed that potential new staff had completed application forms, two references had been obtained to confirm their suitability and good character for the job role and checks made with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and help prevent unsuitable staff from working with people in a care setting.

Medicines were managed safely. Medicines were ordered, stored, administered and disposed of appropriately. Body maps had been completed for people to show where topical creams should be administered. One person preferred to take their medicine in yogurt – this was their choice and had been checked with their GP as being safe. All medicines, including medicines to be taken as needed, were prescribed. Staff had been trained in the administration of medicines and one member of staff explained how they shadowed a senior member of staff until they felt confident to administer medicines independently. Medication Administration Records (MAR) had been signed by staff to show people had

taken their medicines as prescribed.

Good

Is the service effective?

Our findings

We talked with people and with staff and it was clear that people received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. Staff completed training on line and face to face in a range of topics including safeguarding, infection control, first aid, health and safety, fire safety, moving and handling, falls prevention, food hygiene and legislation relating to mental capacity. Other training which staff could access comprised equality and diversity, person-centred care, positive behaviour support, diet and nutrition, diabetes, dementia awareness and learning disability. Staff had to gain a minimum of 85 per cent with on line training in order to successfully pass each topic. New staff completed the Care Certificate which is a vocational, work based qualification. One new staff member told us they shadowed experienced staff in order to ensure their competency and allow people who lived at the home time to get to know them. Permanent staff were encouraged to study for additional qualifications such as diplomas in health and social care.

Staff told us they had supervision meetings with their line manager approximately every six weeks and records confirmed this. Items discussed in one supervision record were service users, role of keyworker, staff, training required, any support needed, self-reflection and observations, any areas of concern and then targets were set for the next supervision. Staff meetings were held and provided opportunities for staff to be involved in quizzes devised by the managers. These were effective in reminding staff about training they had completed and demonstrated their understanding on particular subjects. In addition to supervision and staff meetings, records showed that staff were observed by senior staff in order to check their competency in caring and supporting people. Staff we spoke with felt supported by the management team and that any suggestions they made would be listened to.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People's capacity to make specific decisions had been assessed appropriately and DoLS applied for where needed. Two DoLS were awaiting a decision from the local authority. In one instance, the local authority had been appointed guardian over the person's property and financial affairs. An audit was completed by the provider in June 2017 and showed that people's consent to care and treatment was gained lawfully. Staff had completed training on MCA and DoLS. One staff member told us, "I always assume people have capacity. If they don't have capacity, someone would have to make choices for them".

People were supported to have sufficient to eat and drink and to maintain a healthy and balanced diet. Menus were planned with the involvement of people and included their food choices. One staff member said, "One person likes baking scones". Healthy diets were encouraged and fresh fruit was freely available to people. A reward scheme had been devised for one person, with their full involvement, to encourage them to shop for healthy snacks. Care staff took turns to prepare meals and people were encouraged in the preparation of meals or to cook for themselves. The main meal was served at lunchtime with lighter meals at supper.

People were supported to maintain good health and had access to healthcare professionals and services. Care records included health action plans for people and also recorded the involvement of healthcare professionals for routine check-ups or when specifically needed.

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. We saw people valued the company of staff and would seek out particular members of staff to engage in conversation. Throughout the inspection, we observed patient, kind and humorous interactions between people and staff. One staff member said, "I spend time with people and get to know what they like and don't like. As we're such a small place, we have time for everyone. I get so much out of these guys and I really enjoy being there for them".

A social care professional stated, 'On arrival at the home I have always been greeted in a friendly warm manner. The home generally always appears calm and has a relaxed atmosphere. Residents always look as though care has been taken over their personal appearance and the home environment always appears clean and safe'.

People's needs were recognised and documented in relation to their protected characteristics. Staff knew people well and supported them in line with their preferences. For example, some people at the home lived with autism and needed structure and for regular routines to be followed each day. Staff explained to us what people's particular routines were and how they ensured these were followed. This meant that any unnecessary stress that might be caused to people when a routine was disrupted was avoided. Staff told us they were busy making preparations for Christmas and that every person living at the home had a minimum of £50 spent on their presents, an amount given by the provider. People were encouraged and supported by staff to send cards and presents to people who were important to them.

People were supported to express their views and to be actively involved in making decisions about their care, treatment and support. The deputy manager explained how they were putting together new person-centred forms relating to how people gave their consent. This included looking at different ways of supporting people to make decisions, for example, with the use of pictures of reference for people who had little or no verbal communication. We observed that people freely made decisions relating to their day-to-day activities. One person decided they wanted to wear a thick coat, as they were going shopping, even though it was a really warm day. Staff suggested this person might like to think about wearing a lighter coat, but the person's choice to wear what they wanted was respected. One staff member said, "We ask what people want. Some have their own way of understanding. For example, one person is happy to go to the dentist, but another doesn't like going, so we respect that".

We observed people were treated with dignity and respect. Staff told us how they would respect people's privacy when providing support, for example, shutting people's bedroom doors and drawing the curtains.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. From August 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. Care plans were written in an accessible format and, where they were able, people signed their care plans to show their agreement. One person was keen to show their care plan to us and explained various aspects of this which demonstrated their understanding of the information included. In addition to providing detailed information and guidance to staff on people's care and support needs, care plans included communication passports. These showed how people communicated and how they wanted other people, including staff, to communicate with them. Information relating to people's likes and dislikes, places they had visited or would like to visit, food preferences and people that were important to them, were all included within the communication passports. Spiritual beliefs were written about and whether people followed a particular religion, for example, if they would like to attend church if they followed a Christian faith. Care plans included information in relation to people's day and night-time needs. Each person had an allocated keyworker who knew them well and co-ordinated all aspects of their care. One staff member talked about the person they were keyworker for and said, "If she doesn't feel she can talk to anyone else, she can talk to me". This staff member explained how they spent time with the person, encouraged them with their personal care and talked about how they were feeling. People chose their own keyworkers based on shared interests and personality.

Handover meetings took place between staff shifts and 15 minutes were allocated as an overlap; this enabled staff to share information about people living at the home, how they were feeling, the support they had received and any specific issues or concerns. Whilst people were supported by staff to ensure their care needs were met, people were encouraged to be as independent as possible. For some people, the development of new skills and the promotion of independence might mean they could move on from the home and live more independently with the right support. For example, some people were able to travel independently and went shopping on their own.

Activities were organised and planned with people, but many people preferred to pursue their own individual interests and went out independently. An activities co-ordinator helped organise communal outings such as to Hotham Park and Chessington Zoo, as well as in house activities like baking and table tennis. People were fully involved in the planning of activities and how they wished to spend their time. A minibus was provided for outings into the community or further afield; some people went on holidays, supported by staff. A staff member said, "Relatives can look at daily notes to see what people have been doing. Parents are consulted about care plans, either face to face or over the phone". Social events were organised at Camellots Care Home or at one of the provider's other homes, so people could meet up for parties and special events.

People raised any informal issues or concerns directly with staff. An accessible complaints policy was in place. No formal complaints had been logged recently.

Good

Is the service well-led?

Our findings

People were encouraged to be involved in developing the service and, with their consent, be involved in interviewing potential new staff. Residents' meetings did not take place as they would not have been effective in obtaining people's feedback in a group setting. Instead, people were asked for their feedback about the service through meetings with their keyworkers or with the registered manager or deputy manager on an individual basis. People we spoke with were happy with life at Camellots Care Home and were keen to show us their rooms and tell us about their lives. Two healthcare professionals had provided feedback about the home and both responses were positive. Relatives and friends were also invited to give their views. One relative had written, '[Named person] has never made any adverse comments and seems happy with what is provided'. Questionnaires asked relatives for their feedback in a range of areas including safety, whether people's individuality was respected, staff, hygiene/cleanliness, communication, food and drinks, healthcare needs and communication. All feedback was positive.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had sent statutory notifications as required in relation to their registration conditions and the rating that was awarded at the previous inspection was on display at the home.

The home was managed well and staff we spoke with were positive about the support from management. One staff member told us that the providers had regular contact with the home and visited often. They said, "If we have an issue and managers aren't here, we can just pick up the 'phone. What I like is the atmosphere, the place, the clients and staff. We don't work in a home, we come to people's home to see them". Another staff member enjoyed caring for people at the home and told us, "I've always wanted to be a support worker for people with a learning disability. Knowing you're caring for someone else makes you feel good about yourself". The managers explained how they shared practice through social media and stayed in touch with other managers who supported people with similar needs.

A social care professional provided their feedback and stated, 'When I speak with staff they appear to know the residents well and have a good understanding of their needs. I have regular communication with the manager of the home and she is proactive and responsive to following up any queries or management plans. Al the staff appear caring and appear to have a good working knowledge of individual care plans'.

A range of systems had been put in place to monitor and develop the service and these were effective in driving continuous improvement. In addition to the audits for medicines and consent, we looked at records in relation to health and safety, premises, food hygiene and infection prevention and control. The registered manager said, "We're constantly thinking of ways to improve". They referred to the organisation of holidays and trips for people and added, "Anything we need, we get".