Care Quality Commission

Camelot Care Homes Limited

Camelot Care Homes Ltd

Inspection report

1 Countess Road, Amesbury, Wiltshire, SP4 7DW
Tel: 01980 625498

Date of inspection visit: 6 July 2015
Date of publication: 04/09/2015

Ratings

Overall rating for this service	**Good**
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?	**Good**

Overall summary

Camelot Care Homes Ltd provides accommodation with nursing and personal care for up to 57 older people, some of whom have dementia. At the time of our inspection 49 people were resident in the home. 20 of the beds were for people to stay for a short period of 'intermediate care'. This gave people the opportunity to regain their independence after leaving hospital before returning home, for example after an injury or planned surgery. A multi-disciplinary team of a physiotherapist, rehabilitation assistant and occupational therapist was based at the home to provide support for people with their recovery.

This inspection took place on 6 July 2015 and was unannounced. We returned on 9 July 2015 to complete the inspection.

There was a registered manager in post at the service. 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 and associated Regulations about how the service is run.

The systems for assessing and managing risks did not always ensure there was clear information for staff on the action that was needed to keep people safe. Although information in the assessments was not clear and could be confusing, we saw staff were taking steps to keep people safe.

People were positive about the care they received and praised the quality of the staff and management.

Summary of findings

Comments included, " Everything is 100%, I've never had any concerns "; and " I have no concerns about anything". A relative told us "I do feel that (my relative) is safe and I think the care has improved over the last year or so".

Systems were in place to protect people from abuse and harm and staff knew how to use them. Staff understood the needs of the people they were supporting. We saw that care was provided with kindness and compassion.

Staff were appropriately trained and skilled. They received a thorough induction when they started work at the service. They demonstrated a good understanding of their roles and responsibilities, as well as the values and philosophy of the service. The staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs.

The service was responsive to people's needs and wishes. We saw that people's needs were set out in clear, individual plans. These were developed with input from the person and people who knew them well. People were confident that they could raise concerns or complaints and they would be listened to.

The provider and registered manager assessed and monitored the quality of care. The service encouraged feedback from people and their relatives, which they used to make improvements.

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

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?

Requires Improvement

The service was not always safe. The systems for assessing and managing risks did not always ensure there was clear information for staff on the action that was needed to keep people safe.

Medicines were well managed and there was an accurate record of the medicines held in the home.

There were sufficient staff to meet people's needs safely. People felt safe because staff treated them well and responded promptly when they called for assistance. Systems were in place to ensure people were protected from abuse.

Is the service effective?

Good

The service was effective. Staff had suitable skills and received training to ensure they could meet the needs of the people they supported.

People's health care needs were assessed and staff supported people to stay healthy. People were supported to eat and drink enough to meet their needs.

Staff recognised when people's needs were changing and worked with other health and social care professionals to make changes to their care package.

Is the service caring?

Good

The service was caring. People's relatives spoke positively about staff and the care they received. We observed that staff were caring in their contact with people.

People's care was delivered in a way that took account of their individual needs and the support they needed to maximise their independence.

Staff provided care in a way that maintained people's dignity and upheld their rights. Care was delivered in private and people were treated with respect.

Is the service responsive?

Good

The service was responsive. People and their relatives were supported to make their views known about their care and support. People were involved in planning and reviewing their care.

Staff had a good understanding of people's needs and provided examples of how they took an individual approach to meet them.

People told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

Summary of findings

Is the service well-led?

Good

The service was well led. The provider and registered manager provided strong leadership, demonstrating values, which were person focused. There were clear reporting lines from the service through the management structure.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned. Quality assurance systems involved people, their representatives and staff and were used to improve the quality of the service.

Camelot Care Homes Ltd

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 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 July 2015 and was unannounced. We returned on 9 July 2015 to complete the inspection.

The inspection was completed by two inspectors. We reviewed the Provider Information Record (PIR) before the inspection. The PIR was information given to us by the provider, which enabled us to ensure we were addressing potential areas of concern. We also looked at the notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We received feedback from two social workers and a community nurse who had contact with the service. During the inspection we spoke with a visiting GP and ambulance crew. We also spoke with a physiotherapist and occupational therapist who were based at the home to provide rehabilitation to people staying at the home for a short period before returning home.

During the visit we spoke with 10 people who use the service, two relatives, eight staff and the registered manager. We spent time observing the way staff interacted with people who use the service and looked at the records relating to care and decision making for three people. We also looked at records about the management of the service.

Requires Improvement

Is the service safe?

Our findings

The systems for assessing and managing risks did not always ensure there was clear information for staff on the action that was needed to keep people safe. One person had a risk assessment for bed rails that had not been fully completed. Sections of the assessment covering whether alternative equipment had been considered and whether there were any risks of the person's head or body becoming trapped in the rails had not been completed. The assessment did not conclude whether bed rails should be used for this person. Although this information was missing, we saw that bed rails were in place for this person and there were regular checks of the bed rails being carried out by staff.

A second person also had a bed rails risk assessment that had not been fully completed. The sections on whether alternative equipment had been considered and the risk of the person becoming trapped in the rails had not been completed. Again, although this information was missing we saw staff were regularly checking the bed rails.

A third person had an assessment for the risk of malnutrition in place which stated they should be weighed weekly. We saw the person's weight had not been recorded at all during June 2015. Their weight was recorded on 4 July 2015 and showed a significant loss of weight. We saw that following this identified weight loss action had been taken to manage the risk of malnutrition, but this could have been identified earlier if the person's weight had been recorded in line with their risk assessment.

Where needed, people were supported to use equipment to minimise the risk of pressure ulceration, including pressure relieving air mattresses. The control pumps had different pressure settings and needed to be set manually according to the person's weight. There was a system in place to check the pressure settings at regular intervals, however, we saw that the settings for two people were not correct. One person's mattress was set for 90kg, when they weighed 60kg. The checking system was not in place for this person and the pressure settings were not recorded. A second person who weighed 60kg had their mattress set to 120kg. Staff told us there was a fault with the mattress and they needed to set the pressure level higher as it became too soft if set for the correct weight of the person. There was no information on the check sheet to provide guidance for staff about the fault or the need to set the pressure to 120kg. We reported our concerns to the registered manager and by the second day of the inspection the faulty mattress had been taken out of service and the other mattress was set to the correct pressure for the person.

This was a breach of Regulation 12 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with said they felt safe living at Camelot. Comments included ''Everything is 100%, I've never had any concerns"; and "I have no concerns about anything". A relative told us "I do feel that (my relative) is safe and I think the care has improved over the last year or so". During our observations we saw staff intervened where necessary to keep people safe.

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report abuse if they were concerned and were confident the registered manager or provider would act on their concerns. Staff were also aware of the whistle blowing policy and the option to take concerns to agencies outside the service if they felt they were not being dealt with.

Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. We saw that a medicines administration record had been completed, which gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this. There was a record of medicines received into the home and we found that the number of tablets held matched the records for those we checked.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people.

Requires Improvement

Is the service safe?

Sufficient staff were available to support people. People told us there were enough staff available to provide care for them when they needed it. Comments included, “Staff come quickly when I call them”; and “There are always enough staff available”. Staff told us they were able to provide the care people needed, with comments including, “Staffing levels are good, sufficient to be able to meet people’s needs”; and “Sickness is covered quickly from within the team and we are able to provide the care that people need”. During our observations we saw staff responding promptly to people’s requests for assistance, for example if people called out from their room or when people used their call bell. We saw that staff were able to take their time with people, ensuring they were settled and safe before moving on.

Good

Is the service effective?

Our findings

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. We saw that these supervision sessions were recorded and the registered manager had scheduled regular one to one and group supervision meetings with all staff throughout the year. Staff said they received good support and were also able to raise concerns outside of the formal supervision process. Comments from care staff included, "I feel well supported. The manager and other colleagues work well together" and "The nurses and managers are very supportive". We saw that care staff who were new in post were completing an induction.

People told us staff understood their needs and provided the care they needed, with comments including, "They (staff) provide all the care that I need"; and "Staff provide all the care that I need and treat me very well".

Staff told us they received regular training to give them the skills to meet people's needs. Staff received a thorough induction and training on meeting people's specific needs. This was confirmed in the training records we looked at. The nurses told us they were able to keep their clinical skills up to date and undertake professional development. One person told us they had difficulty understanding a member of staff due to their language skills. We saw that the registered manager had identified this and the member of staff was due to attend language classes to ensure they had the right skills to communicate with people effectively.

Nursing staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA) and how the Deprivation of Liberty Safeguards (DoLS) worked. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The Deprivation of Liberty Safeguards are part of the Act. The DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

At the time of the inspection there were no authorisations to restrict people's liberty under DoLS, although authorisations had been sought and agreed for people who had previously used the service. The registered manager had applied to the local council to authorise restrictions for 10 people currently using the service, although no decision had been made by the council for these cases. Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity. We saw capacity assessments and best interest decision making processes had been followed where necessary, for example in relation to people receiving their medicines and personal care. Decisions had been made with input from relatives, people's GP, district nurse and social workers.

People told us they enjoyed the food and said the chef provided alternatives for people where they did not like the food on the menu. Comments included, "The food is excellent" and "The food is actually very good". The chef had developed a picture menu to help some people choose meals and was aware of people's specific needs and what support they needed to make choices. We observed staff providing good support for people who needed help to eat. Staff sat with people, explained what the food was and ensured people were ready to eat and in a good position before offering them a spoon of the food. People's specific dietary needs were recorded in their care plans and staff demonstrated a good understanding of them. For example, staff were clear who needed to have a soft diet because of swallowing difficulties and what consistency people needed their drinks thickening to.

In addition to people who lived at the home permanently, there were up to 20 beds for people to stay for a short period of 'intermediate care'. This gave people the opportunity to regain their independence after leaving hospital before returning home, for example after an injury or planned surgery. A multi-disciplinary team of a physiotherapist, rehabilitation assistant and occupational therapist was based at the home to provide support for people with their recovery. There was one GP for people receiving intermediate care, who visited three times each week. The GP told us there was good communication with the home staff. People who were permanent residents at the home were supported to register with a local GP. Care records demonstrated people received a range of health services appropriate to their conditions.

Good

Is the service caring?

Our findings

People told us they were treated well and staff were caring. Comments included, “Staff have been excellent, it’s lovely to be looked after”; and “The staff are extremely kind and happy”. We observed staff interacting with people in a friendly and respectful way. Staff respected people’s choices and privacy and responded to requests for support. For example, we observed staff providing discreet support for people to go to the toilet and responding promptly to call bells.

Staff had recorded important information about people, for example, family life, likes and dislikes and important relationships. People’s preferences regarding their daily care and support were recorded. The home had worked with relatives to gain an understanding about these issues where people were not able to tell staff themselves. Staff demonstrated a good understanding of what was important to people and how they liked their care to be provided, for example people’s preferences for the way their personal care was provided and how they liked to spend their time. Staff were aware how people reacted differently and the methods they could use to help people when they were upset or distressed. This information was used to ensure people received care and support in their preferred way.

People and those who knew them well were supported to contribute to decisions about their care and were involved wherever possible. For example, one person told us they had regular review meetings with staff to discuss how their care was going and whether any changes were needed. Details of these reviews and any actions were recorded in people’s care plans. The service had information about local advocacy services and had made sure advocacy was available to people. This ensured people and their relatives were able to discuss issues or important decisions with people outside the service.

People were able to choose how they spent their day. One person told us, “I am helped to have a bath or shower whenever I want one”. Another person who was in bed around 10am told us, “I’ve had breakfast. I’m going to have a rest now and I’ll ring the bell when I want staff to help me get up before lunch”.

Staff described how they would ensure people had privacy and how their modesty was protected when providing personal care, for example ensuring doors were closed and not discussing personal details in front of other people.

Good

Is the service responsive?

Our findings

People told us they were able to keep in contact with friends and relatives and we saw visitors were made welcome in the home. Most people we spoke with said they could take part in activities they enjoyed, with examples of group and individual activities. One person commented "The activities are excellent" and gave examples of making garlands and painted glasses for a summer sale. During the visit we observed people socialising, watching television programmes and listening to music. There was a programme of organised group activities, with recent events including trips out to local places of interest, crafts and visiting entertainers. Two people we spoke with told us they didn't want to join in the group activities, preferring to spend time in their rooms watching television.

Each person had a care plan which was personal to them. Care plans included information on maintaining people's health, their daily routines and personal care. The care plans set out what their care needs were and how they wanted them to be met. The plans had been regularly reviewed with people or their representatives to ensure the information was current and changes had been made where necessary. This gave staff access to information which enabled them to provide care in line with people's individual wishes and preferences. The plans we saw contained some information about people's life history and experiences. The registered manager had identified that she would like to improve this and was working with staff to support people to gain further information.

The intermediate care team said the home staff worked well with them to ensure people's needs were met. The GP said staff at the home sought their advice and said they contacted them promptly if there was any change in people's needs. A social worker who provided feedback to us said the staff have a good understanding of people's needs and how to meet them.

People were confident that any concerns or complaints they raised would be responded to and action would be taken to address their problem. People told us they knew how to complain and would speak to the registered manager if there was anything they were not happy about. The registered manager reported that the service had a complaints procedure, which was provided to people when they moved in. The procedure was also displayed on a notice board for people to access. Complaints were monitored each month, to assess whether there were any trends emerging and whether suitable action had been taken to resolve them. We saw that complaints had been investigated and a response provided to the complainant, including an apology where appropriate. Staff were aware of the complaints procedure and how they would address any issues people raised with them.

Good

Is the service well-led?

Our findings

There was a registered manager in post at Camelot Nursing Home. The service had clear values about the way care should be provided and the service people should receive. These values were demonstrated by the management team and were based on providing high quality care for people and supporting people to regain their independence where possible. Staff valued the people they cared for and were motivated to provide people with high quality care. Staff told us the management team demonstrated these values on a day to day basis. The registered manager told us she had focused on ensuring the team worked together effectively to meet people's needs. The GP we spoke with commented on the good communication and leadership in the home.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us the registered manager gave them good support and direction. Comments from staff included, "The directors of the company visit regularly and have a good understanding of how the service is operating" and "I feel very well supported".

The registered manager completed a range of audits of the quality of the service provided. These reviews included assessments of incidents, accidents, complaints, training, staff supervision, the environment and external reports, for example, from environmental health officers. In addition, the management team completed observations of practice for care staff. The home also contracted an external consultant to review the service provided and make suggestions for improvements. There was a development plan in place, which brought together all of the improvements the management team and external consultant had identified following their review of the service. This plan was regularly reviewed and updated as changes were made.

Satisfaction questionnaires were sent out yearly asking people their views of the service. The results of the 2014 survey had been collated and action taken in response to specific issues that had been raised. The service also conducted a survey of health and social care professionals who had contact with the home.

There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the service and how they expected staff to work. Staff also reported that they were encouraged to raise any difficulties and the manager worked with them to find solutions.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered provider had not ensured risks to the health and safety of service users were assessed effectively. Regulation 12 (2) (a).**