Mr & Mrs A White

Camelot Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Camelot Residential Care Home is a semi-detached property in the village of Meads on the outskirts of Eastbourne. It provides care and support for up to 17 older people with care needs associated with age. This included some low physical and health needs and some support needs for people with a mild dementia and memory loss. The care home provides some respite care and can meet more complex care needs with community support including end of life care when required. At the time of this inspection 15 people were living at the home.

This inspection took place on 22 October 2014 and was unannounced.

The home is run by a husband and wife who are the owners and are also the registered managers of the home. For the purpose of this report we will refer to them as registered managers. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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.

Throughout the inspection process the feedback received from people and their representatives was very positive. Some general comments included, "I would highly recommend this home. I don't think you would get anywhere better," and, "It's a wonderful home, homely, friendly, bright and airy. I can't fault it."

People told us they felt they were safe and well cared for. Staff undertook safeguarding training and knew the correct procedures for reporting any suspicion of abuse.

Staff recruitment processes ensured the registered managers employed suitable staff to work in the home. Staff were provided with a full induction and training programme before they worked unsupervised. Staffing arrangements ensured staff worked in such numbers with the appropriate skills that people's needs could be met in a timely and safe way. Medication was administered in a safe way by staff trained to undertake this role.

Care documentation included individual risk assessments in order to keep people safe. Staff knew and understood people's care needs well and there were systems in place for all staff to share information. This ensured staff responded to people on an individual basis.

The manager explained their understanding of their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Relevant guidelines were in the home for reference and staff had a basic understanding of consent and caring for people without any restrictions.

Mealtimes were a social event that included staff and visitors wishing to stay. People had a number of choices of food and extra portions were offered. Staff monitored people's, nutritional needs and responded to them.

Care records and discussion with staff confirmed that people had access and were supported to health care professionals when needed. For example, the doctor or district nurse. A healthcare professional told us staff referred people to them appropriately and followed their advice.

People were cared for by kind and attentive staff. Staff knew people well and were able to describe detailed information about people their interests and preferences.

There was a variety of activity and opportunity for interaction taking place. This included specific individual activity like walks to the park. Visitors told us they were warmly welcomed and felt they could come to the home at any reasonable time. People had access to the community, friends and relatives.

People were given information on how to make a complaint and said they were comfortable to raise a concern or complaint if need be. Complaints were responded to positively and outcomes were used to improve the service. Further feedback from people was gained through annual surveys, residents meetings and regular daily contact with staff and the managers.

The registered managers had quality assurance systems in place to audit the home. This included regular audits on health and safety, infection control and medication. The culture in the home was open with the registered managers readily available and willing to listen to feedback.

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.

People said they felt safe.

Staff knew how to recognise and respond to any suspicion of abuse correctly. Risks were managed and people's independence was supported.

Staff managed people's medicines safely and staff had the skills to work with medicines.

The registered managers ensured appropriate safe recruitment procedures were followed.

Good

Is the service effective?
The service was effective.

Staff were suitably trained and supported to deliver care effectively.

Staff ensured people had access to external healthcare professionals, such as the doctor or district nurse when they needed it.

The managers were aware of the Mental Capacity Act 2005 and how to involve appropriate people, such as relatives and professionals, in the decision making process.

Staff monitored people's nutritional needs and people had access to food and drink that met their needs and preferences.

Good

Is the service caring?
The service was caring.

Staff knew people well and they were kind and attentive when attending to people. Everyone was very positive about the care provided by staff at the service.

People were encouraged to make their own choices and had their privacy and dignity respected.

Good

Is the service responsive?
The service was responsive.

People had the opportunity to engage in a variety of activity inside and outside of the home that met individual interests.

People were made aware of how to make a complaint and these were responded to fully to improve the service.

Good

Is the service well-led?
The service was well-led.

The home had identified visions and values that were shared with people and staff. Staff received training on these during their induction training.

Good

Summary of findings

The managers were respected and approachable. They were readily available to people staff and visitors and responded to what people told them.

There were systems in place for monitoring the quality of the service. This included regular contact with people, residents meetings and the use of satisfaction surveys completed by the people and their representatives.

Camelot Residential 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 inspection took place on 22 October 2014 and was unannounced.

The inspection team consisted of one inspector and an expert-by-experience, who had experience of older people's care services and dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection, we reviewed the information we held about the home which included previous inspection reports and notifications received. A notification is information about important events which the service is required to send us by law. We also looked at 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 improvements they plan to make. This enabled us to ensure we were addressing potential areas of concern at the inspection.

We spoke to a commissioner of care from the local authority before the inspection. After the inspection we spoke with two nurses from the district nursing team and had feedback from one GP surgery.

During the inspection we spoke with eight people who lived at Camelot Residential Care Home. They were able to share their views and experiences on the home, with us. We spoke with three relatives, three care staff and both registered managers. We observed care and support in communal areas and in individual rooms. We ate lunch with people in the dining room and observed an activities group in the morning.

We reviewed a variety of documents which included three care plans and associated risk and individual need assessments. We looked at three recruitment files and records of staff training and supervision. We read medicine records and looked at policies and procedures.

We last carried out an inspection at Camelot Residential Care Home in October 2013 when we had no concerns.

Good

Is the service safe?

Our findings

People said they felt safe living at Camelot Residential Care Home. They told us staff were vigilant, the home was secure, and they could summon help when needed. One person said, "I definitely feel safe, the front door is locked and the staff keep their eye on things." Relatives and friends had confidence that people were well cared for and safe in the home. One relative said, "I never walk away worried." Although the front door was locked to stop access to the home this did not restrict people leaving the home if they wished.

Staffing arrangements were stable with regular staff working regular shifts this helped to ensure people's needs were responded to in a timely fashion. People said there was always enough staff to respond to their needs during the night and day. People said, "I can call for help 24/7 if I ever need it," and, "The staff always manage to come quickly if I needed help." The staffing rotas recorded an organised system that maintained staffing numbers and a mix of staff experience and skills. Each shift was led by a senior staff member who had achieved a qualification in care. Catering and domestic staff worked in addition to the care staff. The two registered managers worked regularly in the home providing support guidance and additional staffing when needed. There was no formal process to review staffing numbers but the registered managers used daily feedback from people and staff. Staff told us there was enough staff to provide the required care and support in a safe and unrushed way. They said they were provided with the skills to undertake their work safely. One staff member said, "There is enough staff to look after people well and in a way that suited them." We saw staff had time to provide care and support to people in an appropriate way without rushing.

The registered managers ensured they only employed staff who were suitable and qualified to work with adults at risk. Records confirmed robust recruitment procedures were followed when employing new staff. Records seen included application forms, identification, references and a full employment history. Each member of staff had undergone a criminal records check prior to commencing work at the home.

There were systems in place to allow people to be independent and to access the community in a safe way. Staff were seen to accompany people to the park across the road for a walk. While another person left the home to walk into town on their own. Staff knew they had left the home and checked with them that they were dressed according to the weather. One of the registered managers explained how risks for people were assessed and demonstrated these were reflected within the care records. Staff knew people and any risks associated with them leaving the home, and measures were in place to monitor and manage these risks. Care documentation was updated to reflect changes to care in response to risk. For example, when people fell further monitoring was established to check on people's safety.

Camelot Residential Care Home was clean and well maintained throughout. There were regular health and safety risk assessments undertaken with action taken to address any findings. For example, the replacement of flooring to allow for effective cleaning. The managers had systems in place to deal with any foreseeable emergency. Contingency and emergency procedures were displayed in key areas that included what to do in the event of a gas leak, electrical failure and flood. Staff had access to relevant contact numbers in the event of an emergency.

The registered manager's ensured people were accommodated in rooms that best met their disability, for example a ground floor room if a person used mobility equipment such as a hoist. This demonstrated people were supported in ways to promote their mobility in a safe way for them and for staff. This reduced the possibility of falls and allowed people to mobilise and socialise around the home.

Medicines were managed safely. Storage arrangements were appropriate and included a trolley and a controlled medicines cupboard for when controlled medicines were used. Some prescription medicines are controlled under the Misuse of Drugs Act 1971 these medicines are called controlled drugs or medicines (CD). These have specific procedures which are required to be followed with regards to their storage, recording and administration. We saw a staff member administer medicines individually from the medicines trolley, completing the Medication Administration Record (MAR) chart once the medicine had been administered. Staff ensured people had a drink and asked people what medicines they needed. Staff confirmed they undertook medicines training and that the registered manager assessed their competency on an annual basis. This was confirmed by the records we read.

Good

Is the service safe?

The supplying pharmacist provided training for staff and undertook an audit of the medicine management in the home. The last audit identified some areas for improvement that were actioned by the managers. This included the monitoring of the temperature in the room where medicines were stored.

Staff undertook safeguarding training each year. Staff understood their responsibilities to keep people safe from abuse and were clear what action they would take if they had any suspicion of abuse occurring. One staff member said, “I have received training on safeguarding recently. I would report any concern and if not dealt with I would take it to social services.” The managers recorded and reviewed the number of accidents, incidents and safeguarding concerns to make sure action was taken when necessary.

Good

Is the service effective?

Our findings

People told us they felt staff had the knowledge and skills to look after them. They had confidence in everyone working in the home and felt they were experienced and understood their needs well. They said staff were attentive and listened to what they wanted. One person said, "They (the staff) are a good team of people, they are well trained." Relatives felt staff were well informed and kept them up to date. They were available to answer any questions and tell them of any problems or any changes in people's health and care needs. One relative said, "They always keep me informed if I am not here, if they call the doctor for example."

People living at Camelot Residential Care Home had a range of health care needs associated with age and staff explained how people were supported to access the health care people needed. For example, one of the registered managers accompanied people to any appointments relatives were not available to attend. People told us they appreciated this support as it meant they did not worry about getting to appointments or dealing with any findings. One person said, "The manager takes me to hospital for my appointments, it's very convenient." Another person was not clear what medicines they should be taking and the manager was assisting them in arranging a medication review. They told us, "I do not know if I still need to take these tablets, but the manager is going to talk to the doctor to find out for me." Those people able to look after their own health needs were supported to do this. For example, making and attending their own appointments and managing their own medicines.

Visiting health care professionals including the district nursing team told us the staff responded to their advice and ensured people received the best care possible. Staff told us when people's health needs increased the registered managers took advice from other health professionals as to whether staff could continue to meet individual needs and what additional support should be in place. For example, the advice of the mental health team was being sought regarding one person's changing health needs. One relative told us, "After she was in hospital, the home changed things to meet her different needs. We thought she might not be able to stay here but I am pleased they organised it so she could." During the inspection a practice nurse was attending to people and providing a flu vaccination.

Staff received training and support that provided them with the necessary skills and knowledge to meet the needs of people living in Camelot Residential Care Home. Staff told us and records demonstrated staff undertook an induction programme based on Skills for Care .These reflect the standards that care staff need to meet before they can safely work unsupervised. Individual staff supervision and annual appraisals were recorded and staff said these were used to identify any training needs. One staff member had recently completed a qualification in health and social care that had led to a more senior role in the home. This development had been reflected within discussions at staff supervision and appraisals. Other staff confirmed the essential training they completed on an annual basis included, health and safety, safeguarding, medicine management and safe moving and handling. Records confirmed that a rolling programme of training was in place.

Communication between staff at all levels was well established. All staff met over coffee at the beginning of the day and at other informal meetings throughout the day. We attended one of these meetings and communication between staff was open and friendly. Staff knew people well and shared best practice and people's individual choices and preferences. Everyone had the opportunity to speak and were listened to. For example, concerns around a person's skin irritation was discussed and staff were able to discuss possible causes and treatments.

Staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. The registered managers demonstrated an understanding of the Act and DoLS. They had relevant guidelines in the home and told us that when people were unable to make decisions on their own advice was sought from the local mental health team to ensure people's rights were fully respected. We were told people were not restricted and a DoLS had never been applied for in the past.

Good

Is the service effective?

Staff said people were able to make decisions about daily life and these were listened to and responded to. People told us they felt they were consulted about the care and support provided by staff. One person said, "I am happy with the care I am given and agree with the care I am given. "

People said they were listened to and well able to make decisions for themselves. For example, people moved around the home freely and sat where they wanted even when some other people were not happy with where people chose to sit. Interactions reflected everyday life where people chose to speak to people they wanted to.

Most people ate lunch in the dining room which provided an environment that allowed people to sit in small groups. This included staff and visitors. Four people chose to eat their meal in their own room and this choice was respected. Lunchtime was a pleasant social event with two staff members eating their lunch with people. People were provided with a choice of the main meal and desserts were chosen from a trolley that had a wide selection. The meal time was relaxed and unrushed and people ate their meals without assistance. Staff were available to offer quiet encouragement and to monitor if people were not eating or drinking as expected. People were offered second helpings at lunchtime and a range of hot and cold drinks were offered to people regularly throughout the day. People were involved in menu planning and snacks including biscuits and cake were offered during the day.

Staff knew what people normally ate and what they liked and did not like. Records were used when people's food intake needed closer monitoring and health care professionals were contacted when people's nutritional needs were a concern. For example, one person had lost weight recently and a food chart had been started. Staff had contacted the GP for support and advice.

People said the food was good but they missed the chef who had retired. People said there was a variety of food and it reflected people's needs and preferences. One person said, "We have a variety of food, all is eatable and most of it I like." Another person said, "The food is very good. They know I am allergic to certain things so they make sure they don't give them to me." Relatives said the food was of a good quality and appreciated the opportunity to have meals with people in the home.

Good

Is the service caring?

Our findings

People said staff were kind, attentive and caring. They talked about staff being polite and helpful and always treating them as individuals. Comments included, "The staff are all very nice, polite and helpful, they help you in a nice way." Relatives were equally complimentary about the kindness of the staff with one saying, "Nothing is too much trouble for the staff. They work hard and do their very best."

All interactions observed between staff and people were positive. Staff approached people in a sensitive, pleasant and caring way, they did not rush people when they were moving and accepted that some people took a long time to complete small tasks. Staff knew people well and were able to respond to them as individuals knowing the small things that they appreciated. For example, understanding and responding to a person's wish to have their bedroom door open. People responded positively to staff sharing a joke and physical contact which included linking arms when walking.

Everyone said staff respected people's privacy and promoted their dignity. One person said, "They always knock on the door before coming in." A relative said, "They always speak to mum in a nice way and, when they provide personal care, they are very respectful."

We noted that bedroom doors were closed when people were being supported with personal care. Staff spoke discreetly to people about personal care issues, such as helping them to the toilet. During an exercise activity staff were careful to ensure the equipment used did not inadvertently result in dresses or skirts riding up.

People were encouraged and supported in maintaining links with their friends and relatives. Visitors said they felt comfortable to visit the home as they wished and were always warmly welcomed. One said, "I'm free to come and go as I please, and I'm always made to feel welcome." We noted relatives were free to move around the home and mix with people and staff as they wanted. The home had a family friendly environment with relatives spending long periods of time in the home eating and drinking with people as a normal social family activity.

People confirmed they were able to make choices about their days and how and when they were supported. For example, choices on food and drinks, or when they wished to get up in the morning. We read decisions around care were recorded within the care records. For example, people were asked if they wanted to be checked during the night or if they preferred to be left undisturbed. We also heard staff ask people what they wanted to do.

Before admission people were asked if they wanted to bring anything with them when they moved.

Staff encouraged people to make choices on how they had their rooms and their tastes and personality was reflected within the rooms seen. Most rooms had personal possessions that reflected people's past life's and contributed to their comfort. For example, some people had chosen to bring in their own furniture and ornaments.

Good

Is the service responsive?

Our findings

People said they appreciated the activities and entertainment provided by the registered managers. They said there was variety that suited people's taste. One person said, "The owners really go the extra mile, bringing in people to help to keep people occupied." Other people were less keen on group activity and were supported to undertake more individual activities which they said they were happy with. These included reading, knitting and talking to friends. One person said, "I'm quite content to stay in my room, I like to knit squares for blankets. "Staff ensured people could access reading material and visitors were encouraged into the home.

There was a varied activities programme arranged for people at Camelot Residential Care Home. This was provided by staff as well as outside sources. For example, on the day of the inspection there was the weekly 'Extend' exercise class in the dining room. Extend exercise provides gentle exercise for older people to promote health, increase mobility and independence. It is also used to counteract loneliness and isolation. Nine people had chosen to attend this session and said they enjoyed the activity. It was evident the Extend instructor knew people well and helped people to join in the exercises in the way they wanted to. For example, some people were less agile and the instructor ensured the exercises they completed did not put them at risk of injury.

Most people enjoyed seeing the resident cat and the visiting dog. We heard this reminded them of their own pets and they liked the contact. People also enjoyed getting out and about to the local park or shops. One person said, "The staff have started taking me for walks and I like that. We go into the park and walk around."

People had a full needs assessment completed before admission to the home. This was completed in consultation with people and their representatives, and was used to establish if people's individual needs could be met. The assessment took account of people's beliefs and cultural choices. For example, what religion people practiced. A local non-denominational religious group visited the home and met with people in one of the communal areas as and when wanted.

We heard that people and relatives were involved in ongoing discussions around care and support. Records seen confirmed that people's care was reviewed routinely. We saw some changes were made to the care plans but these did not always reflect clearly the care and support provided to people. However this did not impact on the care provided as information was shared verbally openly and regularly. Records included life histories that gave an important insight into people's background and history. All staff knew people well, they were able to talk easily about individual needs and wishes and how they responded to them. This understanding of people's individual preferences enabled staff to provide individualised care. One person had found it difficult to locate their room and staff had put up signs to guide them. This had maintained their independence with the use of adaptations to the environment.

People's views and complaints were taken seriously and responded to. People all said the registered managers were very approachable and they could raise any concern or suggestion with them and these would be dealt with effectively. One person said, "I'm very happy to raise any issues with the proprietors. You can just go and find them and talk to them. They listen to you and respond." A relative said, "I'd have no problems in raising any issues with the managers. They are very open to any suggestions."

One person told us about an incident they had raised with the managers the previous week. We found their concerns had been fully recorded and the managers were responding to the incident, taking account of how the person wanted it dealt with. This included a meeting with staff members concerned to discuss the concerns and seek a resolution. The person said. "I told him (the manager) it is over and finished, but not forgotten. I know it won't happen again."

There was a complaints procedure provided to people within the home information pack. Complaints were recorded within a complaints book. The manager confirmed the confidentiality of this book was to be maintained at all times. Recent complaints raised and resolved included the provision of a television with better reception.

Good

Is the service well-led?

Our findings

Everyone was aware of the management arrangements, they felt there was 'excellent' leadership provided by the two registered managers who were in the home most days. People told us the registered managers were approachable and willing to listen to them. They felt they were important and the manager's wanted to get things right for them. One person said, "I'd be happy to raise a problem with the owners if ever I needed to."

People's views were obtained through a variety of sources and systems were in place to encourage feedback from people, visitors, visiting health care professionals and staff. This included residents and relatives meetings, an annual survey and regular feedback and discussion with staff and the registered managers. The registered managers were open with the feedback from the annual surveys making the results available to people within the home. People's views were taken into account and used to improve the service. For example, the annual survey identified the cleaning was poor at the weekend and as a result additional cleaning hours at the weekend had been arranged. The results from the annual survey were shared with everyone and displayed in the home.

Complaints were also received in a positive way. Complaints and comments raised by people and visitors to the home were recorded and responded to. For example, individual comments about the food were responded to immediately and ongoing issues discussed within meetings. A neighbour raised a complaint about the guttering and this was addressed. The activities programme showed there were residents' meetings and the registered manager described the issues which were raised and actions taken as a result. For example, one person wanted curry on the menu. This was going to be provided, although only this individual wanted it. People talked about the resident's meetings that they used to discuss any issues or concerns or plans for future activity. For example, seasonal celebrations like Christmas.

Camelot Residential Care Home had written values and objectives shared with people within the home's brochure and website. The manager confirmed these values were core to the care provided and key when recruiting new staff. Staff were inducted by one of the registered managers who took this opportunity to ensure new staff had the required skills to embrace the home's values. The values included treating people with respect and as individuals, promoting independence providing a 'home' with sympathetic and conscientious staff. Staff told us they received supervision every two months they said the registered managers were very nice but were also 'firm and fair' ensuring staff understood their roles and responsibilities clearly. Supervision was used to provide constructive feedback and staff said they found the supervision sessions useful. One staff member said, "My accent is still strong and the managers have helped me with improving my speech so people can understand me more clearly." Staff could talk about the values and felt they followed them.

The registered managers had a high profile in the home and everyone knew them and responded positively to their presence. The culture in the home was one of openness where everyone was able to speak to the managers directly. The registered managers both talked about the need to develop the quality of the service and to respond proactively to changes in people's needs. For example, some people had the early signs of a dementia and arrangements had been made for all staff to undertake training on dementia to ensure appropriate support was maintained for people.

There were systems in place for monitoring the management and quality of the home. These included audits for different aspects of the work, for example, medicines, health and safety, housekeeping, and catering. Accident forms were reviewed by the managers who ensured trends and appropriate actions to minimise risks were implemented. The registered managers said that the forms currently used were to be amended to record the manager's review more clearly.