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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Cameron House Care Home is based in Bury, Lancashire. The home is registered to provide nursing and residential care for up to 40 older people. On the day of the inspection there were 37 people accommodated at the home.

At the last inspection the service was rated overall Good. This was an unannounced inspection which took place on the 7 March 2016. At this inspection we found the service remained Good.

The service was meeting all the relevant fundamental standards. People who used the service told us they felt safe and well cared for. Staff members felt supported in their roles and were adequately trained to meet the needs of people who used the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

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?

Good

The service remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service has improved and was Good.

At our last inspection this domain was rated requires improvement because some aspects of care plans such as intake and turn charts had not been completed. We checked the care records and found they were fully completed.

Is the service well-led?

Good

The service remains Good.

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 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, unannounced inspection which took place on the 21 and 22 of March 2017. The inspection team on the 21 March 2017consisted of one adult social care inspector and an expert by experience (who had experience of the care of older people). An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector completed the inspection on the 22 March 2017.

We had not requested the service complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. However, before our inspection we reviewed the information we held about the service including notifications the provider had sent to us. We contacted the Local Authority safeguarding team, the local commissioning team and the local Healthwatch organisation to obtain their views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We did not receive any concerns.

During the inspection we spoke with four people who used the service and five relatives/visitors. We also spoke with the registered manager, the clinical nurse lead, the care coordinator, a senior care staff member, two care staff members, a new employee and the cook.

We carried out observations in the public areas of the service. We looked at the medicine records for ten people who used the service. We also looked at a range of records relating to how the service was managed; these included three staff files, training records, quality assurance systems and policies and procedures.

Good

Is the service safe?

Our findings

People who used the service said, "I feel safe here. I have a red button and somebody arrives, always somebody arrives and comes to the door. That is brilliant and I don't have to wait a long time, they are here in minutes. Sometimes I cannot get into my clothes so I ring and someone comes right away. They seem to have it under control here like the food and clothing. I feel safe and listened to" and "I feel safe here."

Family members/visitors said, "I feel the house is safe and secure. The home have had incidences with [my friend] because she is in such a paranoid state, but they handled the incident very sensitively. I can only give a superficial perspective as I am just a friend, not a carer, but I am very happy with how I've been here and what I've seen", "I feel [My relative] is safe and well cared for. I have recommended this home to someone else", "I would recommend this home to anybody. I would stay here. I have another relative who is very ill and if they lived nearer would recommend the home" and "I feel I can leave [My relative] in good hands so if I need to go on holiday they will be looked after the way I would look after them at home."

Staff members told us and records confirmed that safeguarding training was undertaken by all staff and they knew their responsibilities. All the staff members we spoke with told us they had a whistleblowing policy in place and would not hesitate to report poor practice.

We saw risk assessments were in place, which were updated to reflect any changes. These did not restrict people but were designed to keep people safe. There were personal risk assessments for moving and handling and environmental risk assessments to protect people from slips, trips and other hazards.

We saw that the electrical and gas installation and equipment had been serviced. The service also had a contingency plan in place in case of emergency, including electrical failure and gas failure. Control measures were in place for staff to follow. Each person also had a personal emergency evacuation plan (PEEP) to inform emergency services of any special needs a person had if they needed to be evacuated.

We saw that the fire alarm system was checked regularly and staff were trained in fire safety. This helped keep people safe in the event of a fire.

There were robust recruitment processes in place to ensure people who used the service were protected from unsuitable staff members.

We saw from looking at the off duty and from talking to people who used the service, visitors and staff that the service had been through a recent patch of sickness and absence. However, we saw the registered manager was employing new staff and setting up a bank of staff who could be called upon to ensure staffing numbers remained sufficient. Staff who were regularly calling in sick were being investigated. Comments from relatives included, "There are odd times when they (the staff) appear stretched rushing around, but generally it is ok" and "I do think the staffing levels can be poor at times. I've mentioned the concern about staffing to senior people, it was mentioned at the residents meeting two weeks ago in March where about seven people attended and the manager was present and senior nurse." Staff said, "We have been through a

period of shorter staff numbers but we are employing new staff. I am currently supporting someone on induction. We get time to have a sit and a chat with people – definitely", "Staffing is a bit up and down with people ringing in sick and you have to cover. I'm on back up and I get called up a lot at weekends but the manager is doing something about it" and "As a rule there are enough staff. Occasionally we get chance to sit with people and talk to them." One visitor commented that on the day of the inspection the staffing was good. A new member of staff was on the second day of induction which showed new staff were being employed. During our inspection we found that call bells were answered in a timely manner. Action was being taken to ensure people were looked after by sufficient numbers of staff.

Staff followed their procedures for ordering, storing, administering and disposal of medicines. We looked at 10 medicines administration records and found they were accurate. Only staff who had been trained to do so administered medicines. The medicines records were audited by management and the competency of staff was checked regularly. We saw that the administration of medicines was safe.

We toured the building and found it to be clean, warm, tidy and there were no malodours. We observed throughout our inspection staff wearing aprons and gloves where appropriate. Policies, procedures and training were in place to guide staff on their responsibilities in regards to infection control.

Good

Is the service effective?

Our findings

All the people we spoke to thought staff were sufficiently well trained to meet their needs.

Records we looked at showed that staff were to complete an induction when commencing employment within the service. A member of staff who was at the home for the second day of employment said, "I have been here since yesterday. The induction is going really well. I am caring with support and helping to feed people. I am making sure people are comfortable and happy. I have a book and I am filling it in as we do things, been shown around the building, fire escapes and had a tour. I am being mentored by one member of staff. I love caring for people. I think I am being supported well. I am going to continue to work here. I love it. I worked as a domiciliary worker but this is much better. I will be working with someone else for at least three days." Experienced staff were given the homes induction to ensure they were able to perform their duties. The registered manger said any staff new to the care industry would be enrolled on the care certificate which is considered best practice for this type of work.

Staff told us and the training matrix confirmed that a range of training was undertaken by staff members, such as moving and handling, first aid, medicines administration, fire safety, safeguarding, infection control, food safety and infection control. Staff told us, "I feel I have had the training to do the job and we are offered training at supervision" and "I get enough training to do the job. I am OK with some of the eLearning." Staff were encouraged to undertake a NVQ or diploma in health and social care. Further training was offered such as end of life care at the local hospice, the mental capacity act and DoLS, the care of people with dementia and how to manage people whose behaviour may challenge. Training was ongoing at this care home.

Staff also told us and we saw records that staff received regular supervision and could bring up their training needs or discuss their performance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. Then they lack mental capacity to take particular decisions, any made on their behalf must be in their best interest and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service was working within the principles of the MCA and the necessary DoLS were in place or being processed.

Throughout our inspection we observed staff members gained consent from people in various ways. We saw they gave people choices, for example, what they wanted to eat or drink or where they wanted to sit.

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. All the people who used the service said they enjoyed the food and

commented, "I choose what to eat on the day and I just ask staff for water and they bring water", "I like Italian food, I like the lasagnes they are nice here. I like pizza but they never make pizza here. I like the puddings", "Food is very good because you get a choice of two or three things so I think that's good. The fruit juice jug is filled up every day" and "I can ask the staff to make me a meal anytime. I like omelettes, which they will make for me." Visitors told us, "My relative does not like the food here but accepts it, he loves food in general although the vegetables are stewed and cooked to death" and "I feel she likes her food and she eats all of it and I feed her when I am here" There were mixed views on the quality of food. The area manager and registered manager said they were having a meeting with the managers of the catering company to see what could be done to improve the menu and quality of food.

We saw that staff interacted with people at mealtimes and people who needed assistance were supported individually. We observed all staff at lunch time supporting residents choosing their lunch preferences. We observed staff approaching residents and gaining their attention, prior to communicating with them, in a clear, respectful way demonstrating they were aware of deafness.

The communal areas were well decorated and had sufficient seating for people accommodated at the home. The communal areas were homely in character and a television was available for people to watch if they wished. Some people preferred to remain in their rooms. Bedrooms we visited had been personalised to people's tastes.

We saw that people had access to professionals and clinicians including their own GP. This helped ensure their health care needs were met

Good

Is the service caring?

Our findings

People who used the service said, "I feel respected by the staff", "Everything works. This place is very, very good, making sure you've got your meal on time and if you're stuck for anything they will make sure you get it, but I want to go home and get back to normality" and "I've been on my own for years and lost my husband early so I like to be on my own here I'm a loner. I do not go downstairs because I don't like it. I read in my room."

Visitors told us, "My relative has been her for 12 months. They were lovely with me when he came in. I've been to a lot of homes but I was impressed by the attention they gave me. I felt respected and I still do. I was impressed the first time, then I came back again I really found them very good. They always have time for me. I feel part of the family and I speak to the other residents", "I feel my relative is safe here, respected and valued and cannot fault the staff here. I don't think there are any improvements. Residents here are respected in different ways", "I see when I come in people are cared for but also allowed latitude and their own independence to be themselves and secure. I am very happy with what I have seen", "My relative is happy here. He is a private person and likes to sit in his room and watch TV. I asked him if he wanted to go home or stay here and he said stay here" and "As far as I can say this home is fabulous. I have looked after my relative for 25 years with dementia. I like the independence and the home has respect for the residents. I visit to try and help minimize (resident's name) anxiety and paranoia. As far as I can see, it is a very caring service given to the residents and the environment is ideal because there is a lot going on to accommodate resident's different needs."

We observed that staff members' approach was calm, sensitive, respectful and valued people. They explained options and offered choices using appropriate communication skills. People appeared comfortable and confident around the staff. We saw people laughing and smiling with staff members. People were encouraged to remain as independent as possible and were involved in any decision making. We observed that staff respected people's privacy and dignity; staff knocked on people's door before entering and doors were closed when people were being supported with their personal care needs.

Some staff had undertaken end of life care training which should mean they knew how to support people who used the service and their families when people's health deteriorated.

Good

Is the service responsive?

Our findings

Records we looked at showed that prior to moving into this care home a pre-admission assessment was undertaken. This provided the registered manager and staff with the information required to assess if Cameron House could meet the needs of people being referred to the service prior to them moving in. We looked at the care records for three people who used the service. The care records contained detailed information to guide staff on the care and support to be provided, including what people were able to do for themselves. There was a daily record of what people did or if their condition had changed to keep staff up to date.

At the last inspection one care plan was contradictory and charts for turning, fluid and food intake and supplements had not been completed. The care plans we looked at were accurate and all the charts we looked at as we went around the building had been completed and were up to date. Theses charts were kept in people's rooms. There was good information about the person's social and personal care needs. People's likes, dislikes, preferences and routines had all been incorporated into their care plans.

There was an activities coordinator and activities were arranged regularly. Each day's activities were advertised on a notice board. Activities included hairdressing, pamper sessions, a gardening club , outside entertainers, music therapy, exercise sessions, board games, a library with audio books, religious services, local schools come into the home, shopping trips in a mini bus, therapy dolls, reminiscence therapy and special events such as cheese and wine afternoons or meals. Birthdays were also celebrated. Some people like to read a newspaper or watch television. There were suitable activities to help keep people stimulated if they wished to participate.

The service had a complaints policy in place. This provided guidance for staff members on verbal complaints, written complaints, investigating and following up actions. We looked at complaints that the service had received and found the registered manager had responded to any concerns in a timely manner and had resolved any issues.

Good

Is the service well-led?

Our findings

The service had a registered manager in place. 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.

We asked if the home was well led. Staff said, "The manager is approachable. Her office is always open" and "The registered manager is brilliant. She is very approachable and supportive. The best manager I have had. She is available to talk to. She comes on the floor and lot and serves meals." A visitor said the clinical lead was "Superb." All the staff we spoke with thought the management team were supportive.

Staff members we spoke with said they could attend regular team meetings and were able to bring their ideas to the meetings. Items on the agenda of the last team meeting of 15 March 2017 included cleaning, completing documentation, routine checks, daily routines, dignity and 24 hour care. There was a new hand over system and sickness levels were discussed. There were also clinical discussions around various topics such as tissue viability. 10 staff members attended this meeting. There were meetings with domestic staff. Staff were able to have their say in helping to run the home.

People who used the service and family members were also invited to regular meetings although some of the people we spoke with did not wish to attend. At the last meeting of December 2016 12 people attended as did some family members. Topics discussed included Christmas, meals and drinks and staffing. Part of the meeting was devoted to food and what they are doing about it. Other items for discussion included activities (a cheese and wine afternoon was asked for and arranged), the gardening club, outings, going to the football museum, Cadburys World and local meals out. A Crufts type dog show was brought up and arranged. People were also able to air their views in surveys. We looked at the results of the surveys and found the results were positive around the questions asked which included care, meals and staffing. The responses were mainly positive. All responded they were happy to be in the home, felt well cared for, safe, and food was satisfactory. People were able to bring up things they would like and we saw that the home responded.

During our inspection our checks confirmed the provider was meeting our requirements to display their most recent CQC rating. A copy of the latest inspection report was also made available for people to read.

We saw there was a service user guide and statement of purpose. These documents gave people who used the service and professionals the details of the services and facilities provided at this care home.

We saw that there were systems for auditing the quality of the service including visits from the area manager.