

Barchester Hellens Limited

Camellia House 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 ●

Summary of findings

Overall summary

About the service

Camellia House care home is a care home providing personal and nursing care to 22 people at the time of the inspection. The service can support up to 54 people.

Camellia House care home consists of three floors. The ground floor had living facilities which included the kitchen, dining rooms, living rooms and people's individual bedrooms, some of which had an en-suite. The second floor had bedrooms and the third floor had a staff room.

People's experience of using this service and what we found

People had care plans that detailed their support needs. People felt they had control of their lives and staff supported them in the least restrictive way.

Staff knew how to protect people and keep them safe. They had the right skills and knowledge to meet people's needs, and people were happy with how staff supported them.

People and staff confirmed they were given opportunities to make suggestions and provide feedback about the service. There was evidence that people were listened to and their suggestions implemented.

The management team and the provider demonstrated their willingness and commitment to learn lessons and improve the service where required.

Quality monitoring processes were in place and the management team were able to demonstrate they were gathering the information, auditing, analysing and implementing improvements. However, we found some instances where the initial data that was collected was not always followed with documented actions.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 7 April 2020 and this is the first inspection. The service was sold to another company and in which the name of the care home changed to Camellia House. The care home was previously called Highfield Care Home and their rating was inadequate.

Why we inspected

This was a planned inspection.

We looked at infection prevention and control measure in the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Camellia House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of one inspector and one Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Camellia House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave five minutes notice so we could clarify the services COVID-19 Personal Protective Equipment (PPE) practice for visiting professionals and identify persons who were shielding so we could respond accordingly.

What we did before the inspection

We reviewed information we had received about the service since they were registered. The provider was not

asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and nine relatives about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, nursing staff, domestic staff and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives spoke about how they felt their family member was safe in the home. One relative said, "[Relative] happy in his own way so he must feel safe." Another relative said, "The overall security is good, and they [staff] are often in contact. We are always able to find a member of staff if needed, there were eight or nine this morning. I can walk out and not have a care in the world, they do a better job of caring for [Relative] than I could."
- Staff had received safeguarding training. They knew how to identify, and report concerns to management relating to abuse and felt comfortable raising concerns and received support for this. One staff member told us, "If I have any problems, I would whistle blow if I didn't like it. I would go to the person in charge or ring CQC if I needed to."
- Incident and accidents were reviewed and looked into; the information collected shows that there is a reduction in safeguarding incidents. Appropriate support was offered to people where accidents or incidents occurred.

Assessing risk, safety monitoring and management

- People had individual risk assessments which detailed their key support needs such as, manual handling, nutrition and hydration and health risks. These were kept under review.
- Staff were able to explain the people's risks and identify their individual needs. We observed staff supporting people safely and patiently.
- Where people's needs changed, and risks emerged the staff team sought to amend the support of the person.
- Staff were clear about their responsibility in the event of a fire. People had a personal evacuation plan (PEEP). A PEEP detailed how someone would be supported to evacuate the building in the event of an emergency such as a fire.

Staffing and recruitment

- The management team recognised and responded to support practices that needed improvement. This was through guidance, observation and training.
- The service had undergone recent changes to the management structure and provider. The overall feedback from people and relatives is the support has improved.
- We observed there being enough staff to support people. When speaking to people they said there were always staff around when they needed them.
- People were supported by staff who had been through a recruitment selection process. This included all pre-employment checks, such as references and a criminal record check. However, there were some gaps in

people's employment history.

Using medicines safely

- Staff had been trained to administer medicines in a safe way and records supported this.
- Medicine audits and spot checks showed that people's medicines were administered safely. Medicine administration records (MAR) had been completed correctly and were clear to read. People received their medicines when they needed them.

Preventing and controlling infection

- All the staff we had contact with were wearing the correct PPE and disposed of these correctly. Records showed that staff had completed infection control training.
- People and staff had access to regular testing for COVID-19. Where new people moved into the home, there were systems in place to ensure the person self-isolated for a set time in line with current guidance. In addition, the home requested COVID-19 test results before the person moved in, this was to safeguard other people living in the home.
- The lay out of the property meant that if there was an outbreak of COVID-19, they would be able to zone sections of the home to reduce the risk of the virus spreading.
- The home had built a bespoke visitor's pod; this is so relatives and friends could visit their family members whilst remaining socially distant from the person. This was in line with the current government guidelines.

Learning lessons when things go wrong

- The management team reviewed incidents that happened, analysed them and developed lessons learnt. This was then used to feedback to staff to make improvements across the service. Staff confirmed they were given feedback on lessons learnt.
- Staff said they felt comfortable in speaking up when things may have gone wrong and this would be discussed with the staff and how they could learn from it.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they began using the service. Assessments detailed preferences and how other professionals were involved in people's care. Care plans were developed from these assessments and spoke about people's choices and how they liked their support to be delivered.
- People felt that the support they received was empowering and they had choice and control of their support.
- The management team kept up to date with ways to keep people safe. For example, the home had to lockdown due to the pandemic and only have essential visitors and professionals entering the home.

Staff support: induction, training, skills and experience

- Staff felt they had the right training to complete their role. One staff member said, "We have had a lot of training and have had e-learning. They have been useful for my role."
- People and relatives spoke about how they felt staff had the training and skill to complete their role. One relative said, "The staff understand [relatives] needs, she had dementia and they help when we visit to encourage her to have a conversation." Another relative said, "I can't fault the staff they are very kind and caring".
- Staff had training that covered health and safety, safeguarding, Mental Capacity Act, manual handling, food hygiene and had specific training dependant on the service user support needs.
- Staff had regular competency checks throughout their employment in areas such as medicines administration and moving and handling.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs were highlighted in their care plans and any risks of malnutrition managed, this was through using tools such as food, fluid charts and weight charts and encouraging people to eat high calorie foods.
- People had choices and access to food and drink throughout the day. Where people wanted to have a specific meal, they were able to request this.
- The dining environment was pleasant, and people were not rushed whilst eating.

Supporting people to live healthier lives, access healthcare services and support, Staff working with other agencies to provide consistent, effective, timely care

- People were involved in decisions about their care and felt listened to if they needed access to health services. One person said, "They will always listen to you. I do not have a worry to say what I need."

- People received care from health professionals in a timely manner and referrals for relevant professionals were completed. For example, the service identified where a person needed full support with eating. With input from the occupational therapist and speech and language therapist they put additional equipment in for the person, which as a result meant the person is now able to sit comfortably and not need any assistance with eating.

Adapting service, design, decoration to meet people's needs

- The home was maintained and decorated to a high standard. There were different areas for people to use for their preferred activities, and private space to spend time with their families or visitors, or to have time alone. The service used equipment to meet people's care and support needs, such as hoists, these were serviced regularly.

Ensuring consent to care and treatment in line with law and guidance

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. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us staff asked for their consent when supporting them.
- People were given choice and control over their lives and made all attempts to support people in the least restrictive way.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People felt the staff treated them with respect. One person said, "They treat me with respect. The staff are great."
- We observed staff interacting with people in a caring way, when speaking with people they felt staff were kind. One person said, "Staff are very good, very helpful. They always see if you are ok."
- Staff showed commitment when speaking about the people they supported. They were a number of examples of where staff had a great understanding of people's support needs, likes and dislikes.
- The registered manager promoted and upheld people's and staff's equality and human rights. For example, one person's support needs were around maintaining their beliefs and religion. As part of this staff would ensure that they had connections with their church and where they could not attend a service, they were supported to watch virtual services.

Supporting people to express their views and be involved in making decisions about their care

- People could express their views about the service they received, and we observed staff offering choices throughout the day.
- People told us they were involved in developing their care plans and making decisions about their care. Where people could not make decisions about their care, family members were involved. One relative said, "We get regular updates so that helps with knowing she's safe, we also have care reviews perhaps six times a year and they always call if there are any changes or new treatments."

Respecting and promoting people's privacy, dignity and independence

- The staff encouraged and empowered people to become more independent. One person spoke about how they could not talk for some time when moving into the home, the home had helped them develop their speech and they are now able to communicate. "I couldn't talk for four years, talking to people and staff helped me. I have certainly appreciated it."
- Everyone we spoke to said they were treated with dignity and respect.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and their relatives were involved in developing their care plans. People's needs were identified, and their choices and preferences were recorded and well known by staff. People's care plans and records used respectful language.
- People had support with social engagement and were encouraged to maintain hobbies and interests. For example, where people enjoyed gardening, they were able to be involved in the maintenance of the home's grounds.
- The staff team had been speaking with local nurseries (garden/children) to organise socially distant visits. This meant a lot to people living there and they enjoyed this.
- People spoke about how valuable the communal space was for them to meet with friends and were able to do activities together. One person said, "It is fun here, I have friends here. There is lots of good chats and games."
- The registered manager constantly strived to improve the service and provided people with enabling care and support to live fulfilling lives. One person spoke another language and felt it was important to maintain this, so the service user held small learning groups to teach basic words to staff, to encourage the continued preference of communication.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place which was shared with people. The registered manager reviewed all complaints to spot ongoing concerns and put actions in place to resolve these.
- We reviewed the complaints record which showed that any concerns raised had been responded to appropriately detailing actions and outcomes.
- People told us they were comfortable in raising concerns if they needed to and were confident it would be dealt with.

End of life care and support

- People had basic end of life care plans. The end of life plans did not detail what good end of life care looked for the person and did not always offer information about specific wishes before and after the person dies.

We would recommend that peoples end of life care plans are developed to details the persons overall wishes for before and after the person dies.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in making decisions about the care they received. The registered manager had created a 'you said we did' board in response to resident meetings and surveys. Actions were put up on the board such as activities. This meant that people were aware of the events and had a choice to attend and meet with people. For example, people spoke about how they wanted to get involved in cooking. This was organised with the chef and people decided to make cakes. The cakes made were given to a local nursery.
- People had knowledge of who the current manager was and felt they could speak up if they needed to. One person said, "[Registered manager] is very accommodating, he talks to you and is happy. I don't have any worry. His door is always open."
- People we spoke with said they were happy living at Camellia House, one person said, "It is so much better now, everything has changed. It is a lot more friendly. I didn't see anyone else before."
- A relative said, "There's a friendly atmosphere, lots of good interaction, I can only praise them."
- There were links to local community resources that meant people were able to engage in meeting others. For example, people wanted to have meetings with the nearest children's nursery. The nursery had sent letters and had window visits with people. One person said, "It is so lovely to see them, we get letter and cards from them and it's great to see them from the window."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and relatives gave examples of where they felt listened to and where they had raised concerns, these were dealt with and changes made.
- Relatives said they felt they were kept informed when things went wrong. One relative said, "Contact and communication has been good with outside visits, phone calls and a Zoom meeting. They [staff] are easy to contact and very friendly."
- Lessons were learnt and communicated widely to support improvement where complaints have been made. For example, there were weekly team conversations relating to lessons learnt, this discussion was also shared with the provider.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had put in new policies and procedures, as well as systems to monitor the quality of the

service. The provider completed monthly audits where they were spot checking the service and put actions in place for improvements. The manager filtered all lessons learnt to staff through weekly meetings.

- The provider carried out regular quality checks. Both manager and provider had an open and honest relationship, which meant that the service received the dedication from all involved.
- The registered manager was open and knowledgeable about the service and the people using it. They understood their responsibilities of quality performance, risks and regulatory requirements.
- A relative told us, "Things have improved since the new manager arrived; I'm pleased with the way it's going."
- Staff told us, and we also saw, that the registered manager was visible in the home and was available if anyone needed to speak with them. One staff member said, "[Registered manager] is approachable, his door is always open."
- The management team ensured there was always a leader available. This offered support to the staff team as well as ensure that they were able to monitor staff practices throughout the week.
- The management team had recently changed; this gave staff confidence the service was being led effectively. One staff member said, "There are new things like paperwork. It has been a good change. There was a change in management, [the registered manager] is very friendly."
- Records showed that legally required notifications were submitted to the CQC as required, and when things went wrong there was evidence that people and their relatives were responded to and kept informed.

Continuous learning and improving care

- The registered manager knew about quality issues and priorities and understood the challenges and from the recent inspection had action plans to address the areas of improvement.
- Audits were carried out on a regular basis. The overall quality audit of the home identified improvements and actions were introduced. Although some of the domestic audits did not appear to have clear actions plans following staff checks. This meant there was not a clear plan to address any improvement that was needed. The registered manager acknowledged this and were looking at adding additional action plan.

Working in partnership with others

- At the time of the inspection there was limited input from other health professionals this was due to COVID-19 and professional entering the home. There had been a recent change in doctor for the home. The home was working alongside the doctor's surgery to ensure people's care was not disrupted.
- The management team ensured they had the key organisations in place to support the care provided to people when needed. This meant the support people received had a holistic approach and did not just focus on the care element.