

Crawfords Homes Limited

# Camellots Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Camellots Care Home is a residential care home providing regulated activities of accommodation and personal care for up to 9 people living with a learning disability and autistic people. The standard registration for Camellots care home is for 8 people to be accommodated, however the registered provider currently has a condition on their registration allowing them, for the purposes of COVID 19 response, to accommodate a maximum of 9 people. This is a maximum of 7 people in the main house and a maximum of 2 people in the annexe at Camellots Care Home. At the time of our inspection, 7 people were living in the main building and 1 person in an annex in the garden. Accommodation is provided over two floors. Communal areas include a sitting room, conservatory/dining room and kitchen. All rooms are of single occupancy.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

#### Right Support:

People were mostly 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.

Staff did not always support people to have a range of opportunities and experiences to learn to be more independent and have greater control over some areas of their own lives. Some people had limited opportunities to build skills and participate in individual activities. Staff carried out daily tasks such as cooking and cleaning without always actively supporting people to take part. The registered manager was seeking additional training for staff to understand how to be more focused on people's strengths and promote what they could do, so people had a fulfilling and meaningful everyday life. Each person had their own room, which was generally personalised to meet their needs and preferences.

Staff supported people with their medicines in a way they wanted, and achieved the best possible health outcome. Staff supported people to play an active role in maintaining their own health and wellbeing.

#### Right Care:

People and their relatives told us they received kind and compassionate care. Staff understood how to protect people from poor care and abuse. The service worked with other agencies to do so. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing. Staff and people cooperated to assess risks people might face. Staff encouraged people to take positive risks and

make decisions.

People received good quality health care, support and treatment because trained staff and specialists could meet their needs. Most staff knew and understood people well. Staff demonstrated they understood people's communication needs and the registered manager and staff knew where they needed to improve to develop greater clarity about people's sensory needs.

#### Right Culture:

Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Internal quality assurance systems and processes to maintain and develop the safety and quality of care were not always operating effectively.

People and their relatives told us, they liked living at Camellots care home and liked the managers and staff.

The provider was aware of and were committed to providing resources to make any necessary improvements as quickly as possible. Staff equality and diversity was respected and promoted at the service and within the provider's organisation.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 25 October 2017).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under 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 COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

#### Enforcement and Recommendations

We have identified a breach in relation to governance at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Camellots care home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Camellots 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 Health and Social Care Act 2008.

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 was carried out by 1 inspector

#### Service and service type

Camellots is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Camellots is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We communicated verbally and non-verbally with 3 people. We spoke with 7 members of staff including the registered manager, 2 deputy managers, the provider and 3 support workers. We sought feedback from 2 relatives and 4 visiting health professionals about their experience of the care provided

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Autistic people did not all have assessments of their sensory needs. One person had a sensory assessment with recommendations for support, however this had not been reviewed or updated since the person's physical needs changed some four years ago. This meant potential adaptations to the environment had not been fully considered. However, staff did use some sensory support with some people, for example one staff said. "(Name of person) likes putting their hands through jelly and sand or having their hair brushed."
- Risks to people from fire had not always been assessed effectively. We found fire doors wedged open, this would mean they would not automatically close in the event of fire. We raised this with the registered manager who arranged for automatic closures to be fitted. We received assurance this had been done.
- General risk assessments were in place; however, some had not been reviewed for over a year. The registered manager gave assurances this was work in progress.

### Using medicines safely

- People could not always be assured they received their medicines safely in accordance with the prescriber's instructions. 'As required' medicine (PRN) protocols were not in place to guide staff describing what the medicine was prescribed for and did not include details such as dose instructions, signs and symptoms. This was raised with the registered manager, who ensured the PRN protocols were in place and available to staff immediately following the inspection visit. We found people had not come to harm but there had been a risk of harm.
- Each person had a medicine plan, to guide staff to information about the medicine people were taking, however these plans were mostly out of date, some had medicines no longer being taken recorded and did not include all current information. The Medication Administration Record (MAR) did contain correct information, staff were using the MAR as they were aware the medicine plans were out of date. When we raised this with the registered manager the medicine plans were updated, the registered manager gave assurances the updated plans had been shared with staff.
- We observed a staff member administering medicines to people, this was completed with care and attention. The staff member was knowledgeable about the medicines they were administering and demonstrated an understanding of the person's needs and preferences. One person said, "They (staff) help me and tell me what I'm taking."
- Only staff who had been trained to administer medicines were permitted to do so; the rota confirmed there were always trained staff available to carry out this task. Staff had checks on their competency in practice.
- Leaders understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured people's medicine was reviewed by prescribers in line with

these principles. We saw evidence of use of antipsychotics being reviewed and reduced where appropriate. Antipsychotics are used for some types of mental distress or disorder.

#### Staffing and recruitment

- Staff were mostly recruited safely and in line with best practice. Records showed applications forms were completed and included employment histories. Suitable checks such as references and Disclosure and Barring Service (DBS) were obtained prior to direct working. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Records showed one DBS check outcome should have had a risk assessment in place. The registered manager told us the detail of the risk and how the information had been assessed but agreed that it needed to be recorded.
- There were sufficient staff to meet people's needs. We observed staff were prompt in supporting people who needed assistance. People told us staff were kind to them and how they always had time to chat; we saw this in practice.
- Throughout the inspection we observed staff interacting with people. People were relaxed with staff and generally spoke positively about the service and the staff. One person told us they liked to be supported by a particular staff member and this generally happened.
- Relatives told us they felt their loved ones were safe. One said, "The staff are brilliant."

#### Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- People and their relatives told us they felt safe, one person said, "I have my own keys and I can lock my door if I want to."
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- The registered manager and staff understood their obligation to report any safeguarding concerns to the local authority and to CQC.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The provider was facilitating visits to people living at the home in accordance with current infection prevention and control guidance. People and their relatives told us they were able to have visitors.

#### Learning lessons when things go wrong

- Staff managed incidents affecting people's safety well. Staff recognised incidents and reported them

appropriately and managers investigated incidents and shared lessons learned.

- Staff recognised a person had issues with lights being left on and would worry if they were. Turning all lights off was a potential safety concern as people might not see the stairs in the dark. The solution was to put in a lighting system with sensors which put lights on when people entered the corridor and turned them off when they passed through the area.

# 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Some people had support plans that were named as positive behaviour support plans (PBS). These plans did not include any skills teaching to support the person to have an alternative way to express themselves when emotionally distressed. There was clear detail about the person and how to identify what could cause the person to become upset. A potential sensory cause was suggested but did not go on to guide staff how to address the need. This could be a risk where staff did not know the person well. The registered manager confirmed further understanding of PBS was required and showed us they had started to investigate commissioning this training.
- Most people had lived at Camellots for a number of years, so support plans replaced initial assessments. The support plans were generally detailed, but staff told us they found it difficult to find the most up to date plan in the file. This was raised with the registered manager who immediately started work to improve the access to plans.

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

- People had enough food to maintain a healthy balanced diet.
- People had limited involvement in choosing their food, shopping, and planning their meals. Some people were involved in preparing breakfast and lunch in the kitchen. People told us the staff did the cooking.
- People were not always supported to be involved in preparing and cooking their own meals in their preferred way. People had mixed views of how involved they wanted to be. One person told us they did not want anything to do with cooking and another said they would like to cook with staff support.
- Staff offered baking as an activity but generally people were not involved in shopping or cooking as part of the everyday activities of their own life. This was a missed opportunity to build people's skills and confidence and have the opportunity to feel valued by others. A relative said, "(Name of loved one) should be encouraged to do more for themselves."
- People could have a drink or snack at any time, and they were given guidance from staff about healthy eating. This included information to support a person with diabetes.

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

- There was a portable hoist available, however this was stored and charged in the communal living room, reducing the usable space in the room. People told us they didn't mind the hoist being stored in the living room.
- There were no pictorial supports displayed such as a photo display of staff on duty. This was raised with

managers, who told us there were two people who might benefit from this and this was put in place following the inspection.

- The provider has installed a wet room for one person who had a significant change in their mobility needs.
- People appeared comfortable in their environment and spent time in their own rooms, communal areas and the garden. People had their possessions in their rooms and were keen to show us their rooms and pointed out the things that were important to them.

Staff support: induction, training, skills and experience

- People were supported by staff who had received consistent guidance or training to support people with a learning disability and autistic people. Staff told us they valued the training provided. One staff member said, "We are always training and if there is something I am interested in and it's not on our list, we can sign up for it. I did advanced first aid last year."
- Nationally recognised qualifications were held by 15 of the staff team. The Care Certificate was undertaken by new staff where they need it. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards which form part of a robust induction programme.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. Staff told us they were able to ask questions and offer suggestions and these were taken on by managers. Staff told us they had detailed induction, which included shadowing experienced staff, time getting to know people before supporting them alone and time to read support plans and undertake training.

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

- People were supported to access the health care services they needed. One person told us, "(Name of Staff) helps me go to my appointments."
- Hospital passports and health and oral care support plans guide staff to support people. For example, staff have received training in catheter care, diabetes and oral hygiene to meet people's specific needs.
- Multi-disciplinary team professionals were involved and made aware of support plans to improve a person's care. For example, staff told us they talked about any changes, to a visiting district nurse every day to support a person's care.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff received MCA training and were able to explain their role in supporting people to make decisions. One member of staff said, "Most people here make their own decisions, we can offer information and support. For some people we need a capacity assessment and a best interest decision, but the person is always involved."
- The registered manager demonstrated their understanding of when to make a DoLS application. There were no authorised DoLS in place at the time of the inspection.

# 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

Continuous learning and improving care

- The service did not always work in a person-centred way to meet the needs of people with a learning disability and autistic people. They did not always follow best practice and the principles of Right support, right care, right culture and the quality of life tool were not always applied.
- Staff mostly carried out tasks rather than engaged people and encouraged independence, for example, they cleaned, did laundry and cooked meals for most people rather than with them. Some people were encouraged to do some of these tasks for themselves, but this was the exception. One person told us that staff cleaned their room and did their laundry, when asked if they could do this for themselves, they responded, "It's the staff's job."
- People have a monthly review of their support plan. There is a section to record a person's goals and aspirations, however for some it seems to rely on the person coming up with ideas themselves, rather than staff supporting people to try new things and develop conversations about aspirations. The registered manager understood this was an area of improvement.
- The provider did not always have effective systems to monitor the environment and as a result assess risks to people. For example, they had not identified concerns with the practice of wedging open fire doors or gaps in records for checking fire safety equipment. As another example, systems had not been used to address the lack of timely maintenance and addressed the issue of an old door and pieces of wood being stored in the living room. The provider had removed these items following the first day of the inspection, however this had been as a result of the inspector raising the issues.
- Medicine management systems had not identified the lack of information about PRN medicines or reviewed the medicine plans and as a result failed to identify the potential for medicine errors to occur.

The provider had failed to establish adequate systems and processes to assess and improve the quality and safety of the service provided or to assess and monitor risks. This placed people at risk of harm. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Despite the areas for improvement, people told us they were happy and enjoyed their life at Camellots, one person said, "I go shopping every day on my own and I like that."

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

- The registered manager was clear about their responsibilities in regard to acting in an open and transparent way and reporting incidents when things go wrong. Staff told us they were sure the registered manager would report incidents.
- Relatives felt they were informed if issues arose. One relative said, "They always ring me if anything happens."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff spoke about the people they support with genuine affection and pride in their achievements. One staff said, "Everyone is different and that's lovely." And another told us "It was lovely to be part of (name of person) getting involved in the activity."
- Staff encouraged people to be involved in the development of the service. There were monthly meetings with people. Records showed people had the opportunity to express their wishes. For example, one person requested more stew on the menu, and this was done.
- Staff told us they received regular supervision with managers, and they had spot checks on their practice. Records confirmed supervisions and some competency checks. One staff said, "I get brilliant supervision, couldn't ask for a better manager." Another told us, "I feel so supported."

Working in partnership with others

- The registered manager worked with a range of health and social care professionals, such as GPs, district nurses and occupational therapists, as well as commissioners from local authorities.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to establish adequate systems and processes to assess and improve the quality and safety of the service provided or to assess and monitor risks. This placed people at risk of harm.