

Camelot Care Homes Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook an unannounced focused inspection of Camelot Care Homes Ltd on 19 April 2018. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection in August 2017 had been made. The team inspected the service against two of the five questions we ask about services: is the service well led and safe? This is because the service was not meeting some legal requirements.

No risks or concerns were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

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

Camelot Care Homes Ltd provides accommodation with nursing and personal care for up to 57 older people, some of whom have dementia. At the time of our inspection, 52 people were resident at the home. Five of the beds were for people to stay for a short period of 'intermediate care'. This gave people the opportunity to regain their independence after leaving hospital before returning home, for example after an injury or planned surgery.

The service is housed in two separate buildings on one site. One building is called Comilla and one is called Countess. There are landscaped gardens, which both buildings share. Accommodation was arranged over the ground and first floors and there were lifts for access. There are a range of communal areas that people can access such as dining rooms, lounges and a conservatory. Parking was available.

There was a registered manager in post. 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.

People we spoke with felt safe living at the service, there were sufficient numbers of staff to meet people's needs. Staff understood their responsibility to safeguarding people from harm and what to do if they were concerned.

Medicines were managed safely, registered nurses were responsible for the administration of medicines and we observed their practice was safe.

The environment had been decorated in some communal areas such as corridors, toilets and bathrooms. The environment was clean with no evidence of odours in any part of both buildings. Flooring in some areas

had been replaced and there was a plan in place to make further improvement to areas such as flooring, painting and decorating.

Maintenance checks were completed and where needed external contractors were used to service equipment and check for safety. Staff were observed to use safe infection prevention and control practices such as use of gloves and aprons.

Risks had been assessed and measures put in place to support safe practices. Clinical staff regularly reviewed risks and they shared good practice with care staff. Accidents and incidents were analysed for trends or any lessons that could be learned.

People, relatives and staff were complimentary about the management of the service and thought the home was well managed. The service worked in partnership with other agencies to make sure people got the care and support they needed.

Quality monitoring had improved and was used to produce action plans. The provider was involved in monitoring at the service and reviewed action plans with the registered manager at their visits.

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 was safe.

The service was clean and many areas had been recently decorated. Some old flooring had been replaced and there were plans to further improve the environment.

Medicines were managed safely. Nurses were responsible for medicines management at the service and their practice was observed to be safe.

Staff were aware of the different types of abuse and what to do if they were concerned about incidents of abuse. There were sufficient numbers of staff on duty, rotas demonstrated that staffing numbers were consistent.

Is the service well-led?

Good ●

The service was well-led.

Quality monitoring was comprehensive and covered a range of areas.

The service was managed by an established and experienced manager who was supported by experienced nurses. The provider visited regularly to complete audits, which were shared with the team.

Feedback from people, relatives and visiting professionals had been sought; the results were on display at the service.

Camelot Care Homes Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This focused inspection took place on 19 April 2018 and was unannounced. This inspection was carried out to assess whether the provider had taken action to make sure they were meeting all of the Regulations. We inspected the service against two key questions we ask about services. Is the service safe and well-led? This was because at our last comprehensive inspection in August 2017 the service was not meeting some of the Regulations.

The inspection was completed by two inspectors and an 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. For this inspection, their expertise was older people.

Before the inspection we reviewed information we held about the service, this included notifications received. Notifications are information about specific important events the service is legally required to send us.

During the inspection, we spoke with 10 people who live at the service or use the service on short stay. We also spoke with six relatives, nine members of staff, one visiting healthcare professional and the registered manager. We looked at six care plans, medicines administration records, four staff personnel files, health and safety records and other records relating to the management of the service.

Is the service safe?

Our findings

We have inspected this key question to follow up the concerns found during our previous comprehensive inspection on 17 August 2017. At that inspection we identified that the service was not meeting Regulations 12, 15 or 19 of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014. This was because there were some areas of the service, which were not clean and in need of repair. We also found that not all pre-employment checks had been completed prior to staff starting work at the service. At this inspection, we found the service had made the required improvements and the Key Question of safe is now rated good.

People and their relatives told us they felt safe and the home was clean. One person said, "The home is clean, well run and the staff are very kind." Another person said, "I think this home is excellent." One relative told us, "[relative] is safe now, the staff look after him." "One visiting healthcare professional told us, "I am a regular visitor and whenever I use the toilet it is always clean."

The service was clean throughout and cleaning schedules confirmed that regular cleaning was completed. We checked all communal toilets and bathrooms in both buildings and found them to be clean. Where fixtures and fittings required repair the service had taken action. Some toilets and bathrooms had been re-decorated, a new floor had been fitted and radiator covers replaced. Bathrooms looked bright and fresh and had been thoroughly cleaned. There were no malodours present throughout both buildings during our inspection.

Corridors had been decorated and flooring replaced. The colours were bright and had been chosen by people living at the service. We could see some doorways and woodwork in corridors were prepped ready for decoration. We spoke to one of the decorators who told us they were working their way around the service and would be painting those areas next. Whilst this works was being completed, the decorators had the necessary signage out to alert people to wet paint and the area being painted was cordoned off safely.

At our last inspection, we observed a window had a broken pane of glass; the broken piece of glass was balanced on a roof below the window. At this inspection, we found the window had been replaced and the area no longer was a hazard. The registered manager told us they had met with the provider and produced an improvement plan to make sure all the work required would be completed by 2019.

The service had recently had an inspection from an environmental health officer from Wiltshire Council who had awarded the kitchen a '5' rating. This meant the kitchen had 'very good' hygiene standards.

Gloves and aprons were readily available around the service and we observed staff wore them when appropriate. Sluice rooms were clean and we observed the clinical waste bins had yellow bags inside. Yellow bags are used to dispose of any infectious clinical waste such as soiled continence pads. We observed staff followed good infection prevention and control procedures. For example, we observed a care worker taking a soiled continence pad to the clinical waste bin. They were wearing gloves and an apron and they had the soiled pad in a small white bag, which was sealed. The service used laundry trolleys which were cleaned and

in good repair.

At our last inspection, we found the service had not completed thorough pre-employment checks on all staff. At this inspection, we found safe recruitment checks in place. The service had requested a full employment history and explored any gaps. There were references in place and the service had obtained a check with the Disclosure and Barring service (DBS). The DBS helps employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Staff we spoke with had an understanding of the different types of abuse and the signs to be observant for. They were confident about how to report any concern and told us they felt sure the registered manager or a senior member of staff would respond appropriately. Records demonstrated that staff had received safeguarding training. We saw there was a safeguarding poster on the boards in both buildings. There were telephone numbers displayed for the local authority should people or their relatives wish to contact them with a concern. There was also a whistleblowing poster up for staff with a number, which they could use if they had a concern about the service.

People's care plans contained risk assessments on a range of risks such as falls, use of bed rails, moving and handling and malnutrition. Those seen had been fully completed and reviewed monthly. The service had appropriate interventions in place to reduce risks. For example, people who had been assessed as being at risk of developing pressure ulcers had been supplied with appropriate pressure relieving equipment such as air mattresses and cushions. Food and fluid charts were in place for those assessed as being at risk of malnutrition and dehydration. Those seen indicated that people received, or were offered, regular meals and drinks.

There were sufficient staff on duty and rotas demonstrated this was consistent. People told us they could call staff when they needed assistance and they did not have to wait. There were nurses present in each building on each shift. On the day of our inspection, the weather was warm and we observed there were sufficient staff on duty to support a group of people to sit in the garden and stay with them.

Medicines were managed safely. Registered nurses were responsible for the administration of medicines. We observed practice during a medicines round and saw it was safe. One relative told us, "They always give [relative] medicines on time, always at the right time." The majority of medicines were supplied in a monitored dosage system (MDS) pre dispensed by a national pharmacy. The quantity of medicines received from the pharmacy was recorded on the person's medication administration record (MAR) sheet. The majority of MAR sheets were pre-printed by the pharmacy and contained the required details such as allergies, date of birth and GP. There were no gaps in the MAR for the ones we checked.

Accidents and incidents were recorded and investigated to identify trends. Findings were shared with the staff team at meetings so that lessons could be learned to improve safety. A lead nurse held regular clinical group supervision meetings with care assistants in which clinical safety issues, such as infection control, falls, hand washing techniques and supporting people with meals were discussed.

Maintenance records were comprehensive and checks were completed for a range of areas such as fire, gardens, emergency lighting, water temperatures and legionella. The service used external contractors to service equipment such as hoists and the lifts. The service had an up to date gas safety certificate. There was a contingency plan for emergencies, which had been updated and reviewed in 2018.

Is the service well-led?

Our findings

We have inspected this key question to follow up the concerns found during our previous comprehensive inspection on 17 August 2017. At that inspection we identified that the service was not meeting Regulation 17 of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014. This was because the service had not identified all of our concerns with their quality monitoring systems. At this inspection, we found the service had made the required improvement and the Key Question of safe is now rated Good.

There were comprehensive quality monitoring systems in place to identify any shortfalls. The provider completed quarterly visits to walk around the service with the registered manager and make sure it was safe. The registered manager had worked with the local authority's quality monitoring team to devise an audit tool for infection prevention and control, which was more robust. The service had commenced using this and had identified further improvement was needed in some areas. An action plan had been produced and the service was dealing with each issue systematically. This was an ongoing process, which made sure the service completed an honest review of their care practice.

The registered manager had reviewed the 24 hour handover report they received daily from the nursing team. They had added a section for broken and damaged equipment or concerns with the environment. They told us this made sure the nursing staff informed them if there were any faults or defects that required attention. The registered manager could then make sure action was taken to address any issue.

People and their relatives told us they were happy with the service, the staff and management. They knew what to do if they were concerned about any issues. One person told us, "The home is excellent, the staff give us good support." Another person told us, "I think this home is very nicely run." One person told us, "This is a well-run home with good staff support." Another person told us, "This is a happy well organised home." One relative told us, "I cannot praise [Nurse] enough, she is fabulous." A healthcare professional told us, "I like coming here, it runs really well."

There was an experienced and established senior team at the service. The registered manager had worked at the service for many years and was supported by experienced nurses. Staff we spoke with all told us they found the management of the service to be open and transparent. During our inspection, we were able to observe a clinical governance meeting with the nursing team, the nursing associates and the registered manager. We saw that everyone respected each other's view; everyone present was encouraged by the registered manager to engage and participate in conversations. For areas of concern, the registered manager asked staff's views and ideas for improvement. The staff that were present voiced their opinion readily and listened to others.

The service maintained links with the local community. The registered manager told us that local services such as chiropody, optician and clergy were regular visitors at the service. There were regular events held at the service such as tea parties, fetes and coffee mornings where the local community were welcomed. On the day of our inspection, we observed a local person going around with a 'Pat' dog. 'Pat' dogs are 'pets as therapy' specialist trained dogs who visit services to spend time with people who might appreciate being

able to touch and stroke a friendly dog. They told us they visited the service every week and many people who lived there really enjoyed the experience.

The registered manager was part of a partnership-working group for the new nursing associate role in England. Nursing associates are a new support role that will sit alongside existing healthcare support workers and qualified registered nurses to deliver hands-on care. The service was supporting two nursing associates to gain their qualification. The registered manager had recently gained a mentorship qualification so they could mentor the associates and other staff. They met every three months with other mentors in the local area.

The service had some rooms for 'intermediate care'. To support the people who stay at the service the staff worked with a range of other healthcare professionals such as physiotherapists, occupational therapists and social workers. One healthcare professional told us, "Whatever is required the staff do it, they are pro-active thinking about people's well-being." They went on to say, "The nurses here are really efficient, professional and have good knowledge." This partnership working extended beyond the 'intermediate care' service to everyone living at the service. Records demonstrated that healthcare professionals were regular visitors to people living at the service.

Feedback had been sought from people, relatives and visiting professionals. The results were available for review on the notice boards. 100% of people living at the service would recommend it to others. There were suggestion boxes in the front entrance to both buildings where anyone could share a comment, concern or experience. The receptionist told us they check the boxes daily and made sure the registered manager had any comments for review.

The provider values were on display in both buildings. Staff we spoke with had knowledge of the values and how they should influence the work they did day to day. In accordance with their legal requirements, we observed the provider had displayed their rating from the previous inspection. The registered manager had also informed us of significant events that had occurred at the service.