

Camelot Rest Home Limited

Camelot Rest 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

Camelot Rest Home is registered to provide accommodation and personal care for up to 39 older people, younger adults and including those with dementia. At the time of the inspection 29 people were living at the home.

People's experience of using this service and what we found;
Previously we had seen training was not carried out in a timely manner, during this inspection we saw improvements had been made and training was up to date and staff found it useful. At the last inspection individual slings were not used for people being hoisted, we saw that this was no longer the case and staff were aware of how to use them appropriately.

Audits had not previously identified the issues seen during the last inspection. We found audits were now detailed and provided a clear overview of the service.

People felt they were safe and relatives raised no concerns over how staff supported their family member. Staff knew how to escalate issues and concerns and were aware of potential risks when providing support. People received their medicines appropriately, as required. Staff used correct equipment, such as gloves and aprons when assisting people. Accidents and incidents were managed appropriately. Staff were recruited in a safe way.

Staff received an effective induction and appropriate ongoing training, so they felt confident when supporting people. People felt staff supported their individual needs and requirements. People received food and drinks as required and attended any medical appointments.

People felt staff were kind and caring towards them. People were given choices and were able to make their own decisions as far as possible. Staff supported people to be independent and ensured that people's privacy and dignity was maintained.

People and relatives felt involved in the development of care plans. Care plans provided staff with information about people's needs and preferences and how they would like these to be met. A complaints procedure was in place and people and their relatives knew how to raise concerns and felt these would be addressed. People were supported to remain active and participate in social activities.

Staff were aware of the requirements of the mental capacity act and had received training. People were supported to have choice and control over their lives and staff understood that they should support them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff ensured that people's privacy and dignity was maintained.

Feedback was taken from people and used to inform the service. People knew the registered manager and felt they were approachable.

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

Rating at last inspection

The last rating for this service was Requires Improvement. (Report Published 23 January 2019). The service had been rated 'requires improvement' in each of the key questions.

There was a previous breach of regulation 17 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the lack of oversight of the service. This had now been met.

Why we inspected

This was a planned inspection based on the previous rating.

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 ●

Camelot Rest 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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Camelot is a care home, which provides accommodation and personal care for older people, younger adults and people with dementia. 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

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 with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who use the service and one relative. We spoke with three members of care staff

and the registered manager.

We looked at four people's care records, including their Medication Administration Records (MAR), three staff recruitment records and records relating to the governance of the service. This included quality assurance audits, records of accidents and incidents and complaints made. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe, with one person saying, "I am very safe here, I just ring my bell and they [staff] are here. I feel safe." A relative told us, "I am very happy that [relative] is safe here. They are much safer than they were at home alone." A staff member told us, "We know people well enough to keep them safe, we know what to look out for and how to manage any risks." We saw staff attending to people and providing appropriate support.
- Staff understood how to keep people safe and were able to describe to us the different types of abuse that people may encounter. One staff member told us, "Abuse covers neglect, mental abuse, physical abuse, sexual abuse, and generally not doing what you should be doing for people in their best interests. I would notice if anything out of order was happening and do something about it."
- Staff were knew how to report safeguarding issues and referrals to the appropriate external agencies had been made as required.

Assessing risk, safety monitoring and management

- Individual risk assessments for people were recorded within a computerised system and gave detail on risks such as; mobility and falls, skin issues, behaviour and mental health and medication and health. Risk assessments provided guidance for staff and staff members told us they felt this information assisted them to do their job effectively.
- Accidents and incidents had been dealt with as required, with action being taken if needed.
- Personalised evacuation plans were in place, which gave details to staff should there be the need to evacuate people safely from the building.

Staffing and recruitment

- People told us staff were available to them when needed and one person told us, "They come when I shout them, I never have to really wait for them. Always around." All of the staff we spoke with felt that there were enough staff to keep people safe and they had time to spend with people. We saw staff being available to meet people's needs.
- Rotas we viewed for previous weeks reflected the amount of staff on duty at the time of the inspection.
- Pre-employment checks had been carried out including, obtaining references and Disclosure and Barring Service (DBS) checks.

Using medicines safely

- People told us they received their medicines safely. One person said, "I get all my medicines on time." A relative told us, "All medicines for [person] are on time and given as they should be."

- Staff members we spoke with told us they felt competent to give medicines and had received the necessary training. One staff member said, "They [managers] check regular that I give medicines correctly."
- Where people received medicines 'as and when' required there were instructions for staff as to how to give these.
- Medicine Administration Records [MAR] that we looked at showed that medicines had been given appropriately.

Preventing and controlling infection

- Staff ensured hygienic practices were in place when assisting people. One person told us, "Very clean throughout, very tidy." We saw staff using gloves and aprons when assisting people.
- Staff had completed infection control training and told us how they understood the need to ensure cleanliness within the home.

Learning lessons when things go wrong

- The Registered Manager told us how they had ensured that positive changes were made following the previous inspection. There was now a detailed training plan in place and individual slings were used for people when they were hoisted.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question had improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- We had previously found staff were not always trained to ensure people's needs had been met effectively. We found work had been undertaken by the registered manager to ensure all training was up to date. A staff member told us, "Training has really been improved. We have online training and face to face. I have recently done training on oral awareness and mouth care and training on giving thickeners in food. A nurse came in to give that and we had two separate groups, so that we could all learn in a smaller group."
- The training matrix provided guidance for the registered manager as to when staff training was due to be carried out and information recorded within it reflected what staff told us and the certification they held.
- Staff did not previously have an awareness around the requirement to use individual slings when hoisting people, as to not promote cross contamination. All staff we spoke with told us they now used slings for hoists appropriately and we saw this throughout the inspection.
- Staff received an induction, which included working with experienced staff members and learning about people they were supporting. A staff member told us, "I did a week of shadowing other staff, so I was ready for the job. There is also the workbook, the care certificate." The care certificate is a set of standards, which sets out the required skills, knowledge and behaviours required of people working in health and social care sectors.
- Staff told us they received regular supervision and they could go to the registered manager at any time.

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

- Pre-admission information assisted the provider in compiling an initial assessment to ensure care was planned and reflected people's individual needs and preferences.
- Protected characteristics within the Equality Act, such as disability needs, religious and cultural requirements, age, gender and sexuality had been considered as part of the assessment process.
- Specific oral health assessment were in place for people. This was detailed and was accompanied by specific training for staff and pictorial reminders for people to be aware of their oral hygiene.

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

- People told us they were happy with the quality of the food provided. One person told us, "The food is pretty good, they [staff] are cooking all of the time." Another person said, "It's good, we get choices". A relative told us, "[Person] has a special diet, the staff ensure this, but it is still as appetising as everybody else's, it is good."
- We spoke with a member of staff who also worked in the kitchen, they told us, "We know what people like and dislike and what they can and cannot have. The food is really good."

- We saw food for people with diabetes was prepared using a sugar substitute, but with the same appearance as the original recipe.
- We saw, and people told us, they received drinks periodically throughout the day and as they wanted them.

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

- The provider worked with other healthcare professionals to ensure positive outcomes for people. One person told us, "I am only here for respite and I have hospital appointments, they staff make sure they do for me what the hospital tell them."
- We saw from records concerns were shared with professionals in a timely manner and appropriate actions taken where required.
- Staff told us they would notice if people were not well and would call the GP or medical professionals.

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

- There was an environment assessment in place. This assessed any hazards within the environment and also led to checks being made on any equipment used to assist people, such as wheelchairs and hoists.
- There were signs around the home giving people information on the day, date, season and weather. Pictures around the home reflected people using the service.

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. We saw that applications for DoLS had been made appropriately.

- Staff understood how to support people in their best interests and spoke to us knowledgably on mental capacity and DoLS. One staff member told us, "DoLS is put in place to safeguard people in their best interests. If it isn't safe for them to exit the building a discussion has to be had with professionals on how we can limit the risk, such as not letting them leave. This can only be done where it is the best thing to do to keep the person safe."
- People told us that staff sought their consent before supporting them and we saw this happening. One person told us, "They always ask first." A staff member told us, "We ask consent and people say yes or no, we don't push it. If someone couldn't speak I would know if they were unhappy by visual clues, such as head shakes, pushing me away or general body language."

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.

At the last inspection this key question was rated as Good. At this inspection this key question had remained the same. 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 told us staff were caring towards them with one person saying, "The staff are brilliant. That one there [pointing to staff member] is my best friend, they are all our friends."
- We saw lots of positive interactions between staff members and people living in the home. A relative told us, "The staff are very kind and caring, they treat [person] very well."
- The registered manager and staff were aware of the need to ensure people's diversity were respected. Staff told us how previously ministers of religion had been invited into the home when people had asked.
- Where people had lived within the local area staff enabled them to retain these links by talking about experiences in the community and sharing stories related to the town.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and their privacy was respected. One person said, "I haven't felt embarrassed once when they [staff] have done personal care, even when the staff member is a different gender to me. That shows how good they are."
- We saw staff knock on people's bedroom doors before entering and speaking to people in a respectful manner. A staff member told us, "If I take someone to the bathroom I ask them discreetly if they want to go. I also use screens to maintain privacy and stay outside of the room, if I am not needed."
- People's independence was encouraged by staff. Most people at mealtimes were able to eat without assistance. However, where they required aprons whilst eating, staff encouraged them to put these on independently, where they were able, without just doing it for them.

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

- People were offered choices and one person told us, "I am given choices. I get up at my time. I eat which meal I choose, I can watch what I want on the TV. Lots of choices."
- People and their relatives told us they were involved in developing the care plan and that their input was valued.
- Where people required the services of an advocate, the registered manager told us they would signpost the person to the relevant organisation. An advocate assists people to express their views and wishes and stands up for their rights.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good At this inspection this key question had remained the same. 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

- Care plans were detailed and covered guidance for staff to carry out day to day care of people. Staff told us they held enough information to allow them to have a good overview of the person and their needs.
- Care plans were personalised to include people's life history, likes and dislikes and general preferences.
- Care plans were reviewed in a timely manner and people and relatives had been involved in compiling their content. One person told us, "I was asked about why I needed to be here and what they could do to help me." A relative told us, "I was involved in the care plan alongside [person] we are involved in reviews too."

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 told us they enjoyed the activities within the home. One person told us, "There is always something going on, it is busy. A second person said, "I like the singing we do." A relative told us, "They do a lot of things in the home to keep busy, [person] especially likes the musical instrument sessions."
- People enjoyed activities and were encouraged to join in. Staff also carried out one to one activities, such as styling people's hair and reading newspapers with them.
- Visitors were welcomed into the home and one relative told us, "I am always welcomed, and staff are friendly. If they know I am coming to take [person] out they are always ready to go."
- People told us how they had developed friendships with other people using the service and we saw they chose to sit near each other to enjoy each other's company.
- People's pets had also been considered as part of their wellbeing, when coming to live at the home. The registered manager had taken all the appropriate steps required to ensure this happened safely and effectively.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The Registered Manager told us how written information could be produced in a pictorial format, an example being the complaints procedure had a version which had been developed in this way. Large print or any appropriate format was available where required.

Improving care quality in response to complaints or concern

- People told us they knew how to complain if needed. One person told us, "If I had a problem I would speak with [registered manager] and I have been given the written procedure."
- We found that complaints had been dealt with appropriately, with a written audit trail of correspondence and action taken.

End of life care and support

- We found where end of life care was carried out a specific plan was in place and staff were aware of people's needs. Staff had been trained in carrying out end of life care.
- Where there was a 'do not resuscitate' (DNAR) order in place this was shown clearly and known by staff.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question had improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- During the previous inspection we found that although quality assurance audits were carried out these did not identify areas identified during the inspection that required improvement. These areas included, lack of oversight when staff training was out of date and the inappropriate use of slings when hoisting people, which meant that cross infection between people sharing slings was a risk. We found that during this current inspection both of these issues had been addressed effectively.
- Audits provided a clear oversight of any patterns and trends related to the service, including but not limited to; recordings, accident and incidents, falls, training and staffing.
- The provider and registered manager understood the regulatory requirements of their role. They had ensured that notifications were sent to us where incidents occurred, so that we could see how they had responded to any issues raised.
- We saw evidence that competency checks were carried out on staff members practice and that unannounced night checks were made by the registered manager.
- The most recent inspection rating was displayed within the building and on the website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People knew the registered manager, one person told us, "[Registered managers name] has been here years, we see them all of the time. A relative told us, "The manager always listens and is always available." A staff member told us, "[registered manager's name] is the heart of this place. They are here all day until late, we can go to them about anything and they help."
- People told us they liked living in the home. One person said, "You better not rate this place down, it is the best home ever." A second person said, "It is a very nice home, I would recommend it to anybody." A relative told us, "[Person] wouldn't still be here [alive] if they had stayed at home, this place has saved them." A staff member told us, "I have been working here many years and could never see myself working anywhere else now. I always give it 110% and feel valued for the job I do."

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

- We found feedback was taken effectively from people using the service and their relatives. Feedback was taken via a semi-pictorial questionnaire. Feedback was positive, with the exception of one historical complaint which was addressed with the person. We saw that comments included, 'I am happy here', 'I

enjoy everything we do' and 'They are not staff, they are friends'. We saw that action was taken in relation to feedback given, an example being one person had said they didn't like too much gravy on their dinner and this was now documented on the kitchen menu. A relative had provided the following feedback, 'I am happy with the care my [relative] receives. The staff are very helpful'.

- Resident meetings took place and included discussions on general likes and dislikes and discussions around activities, such as upcoming valentine's celebrations. There was also a monthly newsletter for people, which tied in with the regular meetings.
- We found staff meetings were held regularly, and the agenda included; resident's issues, staff issues, safeguarding and training. We saw in minutes of previous meetings that discussions had been held with staff on how they could improve on the last CQC inspection.

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 understood and met their duty of candour. Any concerns raised by people were investigated and actions taken where required.
- The registered manager understood the importance of contacting the local authority safeguarding team or CQC should any reportable incidents occur.
- Staff had been provided with information on whistle blowing and told us they felt comfortable in doing so. One staff member said, "I would contact CQC or the local authority. The whistle-blowing policy has been provided to staff." A whistle blower shares information where they feel that there has been wrong-doing occur.

Continuous learning and improving care / Working in partnership with others

- We found staff worked well with health professionals and people told us they received visits from health professionals when required.