

Asa Care Limited

Camowen

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 well-led?	Good ●

Summary of findings

Overall summary

About the service

Camowen is a residential care home providing accommodation and personal care to 20 people living with dementia and other health conditions at the time of the inspection. The service can support up to 20 people.

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

People were safe living at Camowen. One person told us, "I feel very safe living here and have no complaints. Seeing the girls in face masks used to be a bit strange, but these are the times we are living in. They want to keep us safe from Covid and other infections, therefore, the masks are necessary, although I look forward to seeing their faces in the future". Actions had been taken following the last inspection to ensure people were protected from the risk of the spread of infection. People's risks had been assessed and were managed well by staff to minimise the risk of harm, with referrals made to healthcare professionals if required. People received their medicines as prescribed.

People's consent to make specific decisions had been assessed appropriately and was documented within their care plans. Action had been taken following the last inspection to ensure relatives or people's representatives made decisions on people's behalf in line with guidance. 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.

Auditing systems were effective in measuring and monitoring the care and support people received, and to drive improvements. People and their relatives were positive about their experiences of Camowen. One relative said, "I never see staff sitting around. They are on the go all of the time and I cannot fault them. They are patient and they do their best with what they have got. I know who the manager is, and she is very approachable".

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 22 March 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted in part due to concerns we had received about the service with regard to the management, staffing levels and people not receiving timely support. A decision was made for us to inspect and examine these concerns. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe and Well Led sections of this report.

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.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well Led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Camowen on our website at www.cqc.org.uk.

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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Camowen

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 was undertaken by two inspectors.

Service and service type

Camowen 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service which included concerns in respect of staffing and, at that time, the lack of a registered manager. 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 five people who used the service and one relative. We spoke with the registered manager, the assistant manager, deputy manager, the registered manager of one of the provider's other homes, and three care staff. 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.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. 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 the complaints log and related policy on complaints.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to protect people from the risk of infection when they had become unwell. One person had sustained several falls, one of which had resulted in injury, but their care plan had not been reviewed nor had a referral been made to the falls team for advice. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections. The provider now understood what action to take to prevent the risk of the spread of infection, such as closing the home if required.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- Risks were safely managed. People's risks were assessed before they moved into Camowen, including plans to manage and mitigate risks. Risk assessments and care plans were regularly reviewed to ensure they remained effective. Where people's risks had changed, for example, an increase in falls, a referral was made to healthcare professionals.
- Risk management plans clearly identified the risks posed and provided guidance for staff. People assessed as being at high risk of physical issues such as falls or skin tissue damage had suitable equipment to minimise these risks. These included mobility aids, pressure mats and pressure-relieving mattresses.
- The environment and equipment were monitored. Equipment such as fire-detecting and lifting equipment was regularly checked and serviced by external contractors.

- Information on actions to take in the event of an emergency was provided to staff. Personal emergency evacuation plans (PEEP) contained guidance for staff about people's individual support needs and how these should be met in an emergency.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse or harm. One person said, "I feel very safe living here". Another person told us, "I really enjoy living here and, yes, I am safe".
- We observed people in the company of staff. Staff provided support and gentle assurance when people became upset or distressed.
- The registered manager had a clear understanding of what constituted abuse and action that should be taken, such as making a referral to the local safeguarding authority and notifying CQC.
- Staff had completed training in safeguarding. One staff member told us, "We can look at the safeguarding policies. There are different types of abuse such as verbal and physical". Another staff member said, "People have to be kept safe with everything we do. There's been no kind of abuse that I've witnessed here. If there was, I would report it to the manager, or if anything out of the ordinary happens".

Staffing and recruitment

- There were sufficient staff on duty to meet people's needs. People felt there were enough staff and one person said, "I enjoy living here. I think the staffing levels are okay. I never need to wait for things. Someone comes when you buzz within five minutes. It feels like there are enough staff on the whole". A relative told us, "It doesn't matter what the staff levels are. I know they encourage Mum to get up and make the most of her day, and that's important, otherwise I think she would stay in bed all day".
- Staff felt there were sufficient staff unless staff called in sick, and one staff member explained, "Then it can be hectic if we don't have enough staff. We're trying to get staff to work extra hours if there are gaps".
- The registered manager explained they assessed staffing levels using a dependency tool. A dependency tool is used to look at people's needs and identify the minimum number of staff required to support people safely and effectively.
- People who had limited mobility or were being cared for in bed had access to their call bells. We observed calls bells were responded to promptly and that people did not have to wait long for staff to support them.
- Safe recruitment practices were followed. Pre-employment checks were carried out before staff started work. These included Disclosure and Barring Checks, which related to a person's good character and whether there was any criminal record. Potential staff had their employment histories verified and two references were obtained.

Using medicines safely

- Medicines were managed safely. People told us they were pleased with the way staff supported them with their medicines.
- Staff had been trained in administering medicines and their competency was assessed. Medication administration records (MAR) we reviewed were completed appropriately.
- Information was provided to staff to enable them to support people safely with their medicines. MARs contained relevant information such as photographs of people for identification purposes, whether the person had any allergies or preferred to take their medicines in a particular way.
- Some people were prescribed medicines, such as pain relief, on an 'as needed' (PRN) basis. Protocols informed staff on how such medicines should be administered, and included maximum dose levels over a 24 hour period.
- Medicines were ordered, stored, administered and disposed of safely.

Learning lessons when things go wrong

- Lessons were learned if things went wrong.
- The registered manager provided examples of actions that had been taken following issues relating to people's care and support needs. One person had become increasingly distressed and agitated with staff and with people. This person regularly contracted urinary tract infections. Their GP was consulted and they were prescribed with medicines which prevented these infections from occurring. Support was also provided from mental health services, and the person's mood and general welfare had improved as a result.
- Another person had stopped eating. Following completion of an oral assessment, they had been referred to a dentist and received treatment. The person's appetite had returned and they were now eating normally.

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 has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At our last inspection the provider had failed to ensure consent was gained lawfully. Some relatives had taken decisions on behalf of people when they were not authorised to do so. Decisions had not been taken in people's best interests where their freedom was restricted. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 11.

- Consent to care and treatment was gained lawfully. Where relatives or people's representatives had Power of Attorney to make decisions on people's behalf, these were now documented and copies kept on file.
- Capacity assessments had been completed where it was felt that people might lack capacity to make a specific decision. An assessment was made of one person where it was felt they might not understand the implications of receiving a COVID-19 vaccine. The assessment determined the person did understand what this meant and gave their consent to receive the injection. Where people lacked capacity, decisions were made in their best interests, and documents confirmed this.
- DoLS had been applied for as needed, and authorisations from the local authority were documented.

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

- People's care and support needs were assessed before they came to live at Camowen.
- Assessments were used to develop people's care plans and contributed towards identifying the number of staff hours and skills required to support each person.
- People's diverse needs were assessed and supported, such as religion, gender, culture and abilities. People were reassessed as their needs changed to ensure the care and treatment they received met their needs, including monitoring of their oral health.

Staff support: induction, training, skills and experience

- Staff completed induction and received training in order to undertake their role responsibilities effectively.
- Staff described the training they had completed, such as moving and handling, dementia awareness, COVID-19 and safeguarding. One staff member told us they finished their probationary period after two months and the registered manager worked with them and provided support throughout. They added that supervisions were an opportunity to raise any issues or concerns, of a work or personal nature.
- Another member of staff explained they received reminders when training was due, and that supervisions were held every quarter, but could occur more frequently if needed. They added, "We discuss training and any issues with staffing. I do think they listen to you here and it will be dealt with professionally".

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

- People were supported to eat and drink enough to maintain a healthy lifestyle. One person said, "I like the food here. I can tell them if I am not keen on something. They are always eager to provide food that I do like. I never used to like cabbage so would ask for it to be left off my plate. Now I like it, so they make sure I have it". Another person told us, "I like the food. I don't think they can do any better".
- We observed staff assisting people at lunchtime; drinks were offered, as well as condiments such as salt, pepper and ketchup. One person required frequent reassurance from staff as they became increasingly anxious and were leaving their meal. Staff provided patient and caring encouragement which the person responded to positively. The chef came into the dining room to check whether people were happy with their lunchtime meal; people expressed their satisfaction.
- Systems checked whether people had maintained their fluid intake to keep hydrated. With their consent, people were weighed, and if they had lost weight, referrals were made to healthcare professionals.
- Meals and drinks met people's assessed needs. When people's needs changed, such as their ability to swallow, they were reassessed by healthcare professionals and modified diets or thickened drinks were provided.

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

- People received appropriate support to maintain good health. They were supported to attend regular health appointments, including appointments with consultants and specialist nurses. People also saw their optician, dentist and chiropodist regularly.
- Due to the COVID-19 pandemic, the GP carried out video calls regularly with staff, to review people instead of visiting in person. Records confirmed that staff took timely action when people became unwell.
- Staff carried out routine observations on people to monitor and check for signs of health deterioration and completed tests for COVID-19.

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

- The environment of the home had been adapted to meet people's varied needs.
- Communal areas were comfortably furnished and inviting. Signage was used to enable people to navigate their way around the home.

- Outside people's bedrooms were memory boxes which contained items or photos of interest to them. These helped people to identify which room was their bedroom and personal space.

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 has now 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

- At the last inspection, it was identified that not all statutory notifications that were required to be sent to us had been received. A notification that the home was closed to visitors due to a transmittable infection, had not been completed and sent to us. The registered manager was able to evidence that they had sent some notifications by fax. They agreed that in future all notifications would be sent to CQC by email or through the provider portal.
- At this inspection, we corroborated that all notifications which needed to be sent to CQC had been received as required.
- The registered manager demonstrated a clear understanding about their role and regulatory requirements. They told us they felt supported in their role and that if they needed anything, the provider would support them with any request. The registered manager added, "Staff work better by seeing my example of leading from the front and we can make changes together. I really care about this home".
- Staff had a good understanding of actions they might take if they had any concerns, and were aware of the whistleblowing policy.
- The rating received by the home from the last inspection was on display.

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 received personalised care that met their needs. One person said, "I don't want to be playing games, I just enjoy relaxing. I have my family visit and that can be tiring in itself. I like to watch the television, and there's nothing wrong with that is there?" A relative told us, "Staff are lovely. I see the same faces each time I visit, which must be good for Mum. It's consistency and that's what she needs more at this time in her life".
- People's cultural needs and ethnicity were recorded within their care plans. For example, one person was a member of the Church of England, although they chose not to attend church.
- Thought had been given to the ways in which people wished staff to communicate with them. For example, one person used pictures as a reference and these helped them to indicate to staff if they were tired, thirsty, happy, confused, or whether they wanted to listen to music or look at a book. In another person's care plan we read that, due to their advanced dementia, their ability to communicate was declining and that staff should give them time to respond to any questions.
- Staff felt supported by the management team. One staff member explained, "[Named registered

manager] is 100 per cent approachable". Another staff member said, "I like it, but it has changed since I started here. People's needs have changed, for example, two people are cared for in bed, and it feels more like a nursing home now. I love the home and everyone I work with".

- The registered manager commented on the culture of the home and said, "There were problems when I first started, but staff have been accepting of the changes I've introduced. They all want to learn new things and be heard; we're a team".

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 their responsibilities under duty of candour. They told us, "It's where we need to talk with the representative or their family if a person has come to harm or is not happy with their care. We apologise and improve going forward. For example, if a sensor mat was not in place or faulty, resulting in harm to the person".

Continuous learning and improving care

- A robust system of audits measured and monitored the care provided and the service overall. Where needed actions had been taken to drive improvement.
- We reviewed a range of audits in relation to nutrition, weight monitoring, and health and safety. We also looked at feedback from people and their relatives, which was generally positive. One person had stated they would recommend the home and that it was nice to have a chat with the manager.
- Staff were also asked for their feedback and all comments were positive.
- The registered manager said, "I like staff to come up with solutions when there are any issues. Staff will invest in the home if they can be part of the solution. It's very important to get on with your team and staff seem very comfortable to talk to me".

Working in partnership with others

- The home worked in partnership with others.
- When people required specialist support or advice, health and social care professionals had been consulted. For example, advice had been sought from one person's GP following a decline in weight.
- The registered manager valued the support they received from the local medical practice, community matron, and speech and language therapists. They had joined a local managers' forum and received newsletters and updates.