

Ms Susan Munro

# Camelot Nursing and Residential Care Home

## Inspection report

6-8 Tennyson Road  
Worthing  
West Sussex  
BN11 4BY

Tel: 01903203660

Date of inspection visit:  
24 October 2022

Date of publication:  
16 November 2022

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Camelot Nursing and Residential Care Home is a residential care home providing personal and nursing care to up to 36 people. The service provides support to older people with age related frailties and health conditions, this includes Parkinson's disease and epilepsy. At the time of our inspection there were 33 people using the service.

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

Quality assurance processes were mostly effective to provide managerial oversight of all systems in the service. Audits of care records carried out by the management team had not always identified some inconsistencies in people's care records. The registered manager rectified the discrepancies immediately and shared plans to further monitor records. Other quality assurance processes were effective in identifying areas for improvement which fed into a quality improvement plan. The management team worked in partnership with professionals to continually learn and develop the service.

People received their medicines by registered nurses who were trained and competent to administer them safely. People who required time specific medicines received them at the right time each day. People and their relatives were aware of any changes to their medicines. One relative told us, "I'm updated with changes like medication or if [person] has a urine infection, that sort of thing." People were protected from the risk of infection such as, the COVID-19 pandemic. Staff followed policies to keep people safe, wore appropriate personal protective equipment (PPE) and practices good hand hygiene.

People's health risks were assessed and managed safely. Where people had associated health risks, such as Parkinson's and epilepsy, risk assessments and care plans guided staff on how to safely support them. People were supported to go out with friends and family, risk assessments enabled this to be done safely. People told us they felt safe and felt comfortable to speak with staff or management if they had any worries or concerns. One person told us, "I feel safe, if I press the bell, they (staff) will come. Most of the time I don't need to as they pop in a lot." Staff received safeguarding training and understood their duty on how to prevent and report potential concerns of abuse.

People were supported by enough staff who knew them well. Staff were recruited safely and received training relevant to their role. People were complimentary of the care staff. Comments included, "I couldn't be more well looked after. They are really good and work so hard. Lots of staff have a good sense of humour which I like as I think I have too. I have six favourites but I'm not naming names, they are all great." And, "The staff are extremely good."

People said they were involved in planning their care and were given opportunities to give feedback on the service. One person told us, "I am very happy with my care, we plan it together and I can make changes when I want." When speaking about their involvement with the service, one person said, "I have filled in questionnaires I think two already. I have made suggestions, just things like how I wanted my room set up, it

was all done for me as I wanted."

People, their relatives and staff told us they felt comfortable to make suggestions or complain if needed, they were confident the management team would deal with any problems. Most relatives told us staff and management kept them up to date with changes to their loved ones. One relative said, "I know the manager seems to be doing a good job, there is an open door policy, my relative likes them."

Staff and the management team worked closely with health and social care professionals to improve people's care, safety and well-being. One visiting health care professional told us, "[Registered manager] is turning things around, staff when they were out of ear shot said how pleased they were that [registered manager] is their manager."

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

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

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 16 August 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We carried out an unannounced focussed inspection of this service on 3 and 4 June 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to check whether the Warning Notice we previously served in relation to Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance had been met. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Camelot Nursing and Residential Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next

inspect.

## 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.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Camelot Nursing and Residential 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 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.

#### Service and service type

Camelot Nursing and Residential Care Home 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. Camelot Nursing and Residential Care Home is a care home with 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. Inspection activity started on 24 October 2022 and ended on 28 October 2022. We visited the location's service on 24 October 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection including the action plan submitted. We sought feedback from Healthwatch - Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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

During the inspection we observed support people received throughout the day. We spoke with four people who used the service about their experience of the care provided and 12 relatives of people who use the service. We spoke with one health care professional who regularly visited the service. We spoke with seven members of staff including the registered manager, the administration, registered nurses, care staff and kitchen staff.

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

# 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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection risks to people's care and safety were not always assessed and mitigated. 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- At our last inspection, risks to people were not always managed safely. Concerns relating to wound care and falls were identified. At this inspection, improvements had been made.
- The registered manager had established and maintained a tracking system to ensure people who required wound care and dressing changes had these completed in line with their assessed needs. People's care plans had been updated and the system alerted staff to when clinical support was required. Accidents and incidents had been included on a separate tracker to provide an overview of trends and patterns. The registered manager identified falls had occurred during specific times of the day, staffing had been increased and there had been a decrease of accidents and incidents following this.
- Accidents were considered on an individual basis; intervention included a review of the equipment used to support the person, a review of their environment and referrals to the person's GP. Following a series of falls, it was identified for one person being cared for in bed to move to the ground floor so staff could monitor them closely and to avoid social isolation. An assessment had been carried out for further equipment such as a low bed and sensor mat which alerted staff if the person required support. They experienced a decrease of falls following these measures.
- Risks to people were assessed and mitigated. Where people had equipment such as, catheters, care plans guided staff on how to minimise the risk of complications and infections. People were encouraged to maintain a healthy fluid intake to reduce infections and complications associated with catheters, staff recorded people's fluid intake and output to identify any concerns.
- Where people lived with health conditions such as epilepsy, health risks had been assessed. Care plans guided staff on how to respond to seizures and when rescue medicines were required. People's oral health needs had been assessed; where people needed reminding or assistance with their oral health, staff followed care plans to support them.
- The registered manager developed a 'high risk tracker' to monitor people's needs and ensure staff were aware of how to meet them. For example, people who were at risk of weight loss were weighed weekly. Actions such as, adding extra calories to people's food and giving them smoothies proved to be effective in supporting a healthy weight gain. The high risk tracker provided an oversight to ensure care staff were meeting people's assessed needs and other departments, such as, the kitchen staff were aware.



- Risks were managed safely. People were involved in their risk assessments and were enabled to take risks. For example, people were supported to go out with their friends, families and staff. People who wished to smoke cigarettes were enabled to do so safely following a risk assessment.
- Environmental risk assessments were in place and safety checks were carried out. The risks of legionnaires had been assessed and mitigated. Checks on firefighting equipment and emergency lighting were completed regularly. People had personal emergency evacuation plans (PEEPs) to guide staff of support required in the event of an emergency. The use of medicines oxygen had been assessed and signage was placed around the service to highlight where oxygen cylinders were stored, this was further included in the PEEPs.

#### Using medicines safely

- At our last inspection, staff did not always have their competency assessed before administering medicines to people. People who required time specific medicines did not always receive them at the correct time. At this inspection, improvements had been made.
- All staff who administered medicines had received training and the registered manager assessed their competency and knowledge on an ongoing basis. People living with medical conditions such as Parkinson's disease received their time specific medicines at the correct time each day. People's care plans highlighted the importance of time specific medicines and registered nurses were aware of who required them.
- People told us they received their medicines at the right time and our observations confirmed this. One person told us, "They do my pills for me and they come on time. It's the nurses that give them out, which gives a sense of being well cared for. I'm not saying the carers are not excellent, but the nurses do the nurse things." People received their medicines in a person-centred way. Staff were guided by protocols to enable them to identify when people required their 'when required' (PRN) medicines, such as, pain relief.
- Medicines were stored and documented safely. The registered manager and their deputy completed weekly and monthly audits. The registered manager had engaged the pharmacy to complete an external audit of medicines, no actions were required.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- The registered manager assessed people's mental capacity and made applications in their best interests. People were being supported in the least restricted way, for example, people went out with friends and family. Where people had conditions included in their DoLS authorisations, they had been met. Some included regular reviews of medicines; the reviews had been carried out in line with the conditions.

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

- Systems were in place to safeguard people from the risk of abuse. People told us they could speak with the registered manager or any staff members if they felt unsafe. One person told us, "I do feel safe as the

staff are so kind. They will help everyone." A relative said, "[Person] is safe here, the nurses and carers know what they are doing, any sign [person] isn't themselves and they are straight on the phone to doctors."

- Staff received safeguarding training and were knowledgeable about safeguarding policies which were available on an online app. Staff clearly described what constituted abuse and what action they would take should they suspect a person was at risk of harm. Staff told us how they could escalate concerns to external agencies. One staff member said, "If I was worried about residents, I would report to the management. If I needed to go to professionals, I would go to CQC and the police."
- The registered manager demonstrated their knowledge of safeguarding; safeguarding incidents had been appropriately identified and appropriate referrals had been made to the local authority. Investigations included actions taken to reduce risks of reoccurrence.

### Staffing and recruitment

- There were enough staff to safely support people. The registered manager used a tool to determine people's dependency levels and gathered feedback from people and staff to assess the amount of staff required to meet people's needs.
- The registered manager spent time in the home and periodically worked with staff to ensure staffing levels were safe. One staff member told us, "We don't go short staffed, if someone calls sick [registered manager] covers, it's much better as we used to use agency, but they didn't know the residents that well." The registered manager told us working alongside staff gave them insight to the role of the care worker which helped when conducting staff supervisions.
- Staff appeared relaxed and unhurried throughout the inspection and were available to assist people as requested. Call bells were answered promptly, and people told us staff had time to spend with them. One person told us, "They (staff) treat me well, like I want to be treated, they have the time to get to know me." A staff member said, "There are enough staff. That is one of the things I like about this place. You get to know the residents so you can provide personalised care."
- Staff were recruited safely. Applications forms were completed in full, pre-employment checks such as references and Disclosure and Barring Service (DBS) checks had been obtained prior to staff starting their employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Registered nurses were employed at the service, the registered manager checked their PIN numbers were up to date and verified monthly.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Visitors were requested to wear masks upon entering the service.
- 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. Staff were observed to be wearing masks in communal areas and told us they wore gloves and aprons when supporting people with personal care.
- 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.
- People were supported to see their friends and family safely. Visitors were welcomed to the service

without the need to pre-book appointments. One relative told us, "We can visit when we want."

# 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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to ensure that the systems and records in place were robust enough to demonstrate that risks and safety were effectively managed. This placed people at risk of potential harm. This was a breach of regulation 17 (Good governance) 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 17.

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

- At our last inspection, quality assurance and management systems did not always identify shortfalls in people's care. This included monitoring accidents and incidents, wound care and medicine management. At this inspection, improvements had been made. The registered manager had developed an effective tracking system to address the shortfalls highlighted at the last inspection.
- Quality assurance processes were in place; however, audits had not always identified some inconsistencies in care records. Where people were at risk of pressure damage to their skin, care plans guided staff to support people to change position. Night-time documentation of people's position changes were not always completed in line with their assessed needs. No person who was cared for in bed had sustained any pressure damage. The registered manager updated their auditing systems to identify potential future inconsistencies and immediately provided staff with additional training to support their understanding of accurate record keeping.
- The registered manager had been in post for six months and demonstrated a strong passion for the service. They had continued to audit areas of care and the environment, where shortfalls were found, they updated a quality improvement plan. The quality improvement plan was seen to be a working document which included actions to be taken, by whom, and actions addressed. The registered manager told us they felt supported by the provider and said, "[Nominated individual] will pop in a couple of times a week, they have eyes in the back of their head. They observe, discuss issues, resident's needs, checking I am supported and ok with staffing."
- The registered manager had ensured CQC were appropriately notified of events within the service, records confirmed this had been done appropriately.

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

- The registered manager had created an open culture where people, their relatives and staff could approach them with concerns, suggestions and ideas. Staff approached the registered manager with suggestions to help people. One staff member told us, "We have one resident who thought they would never walk again, they were depressed and stopped eating, as a team we had an idea to do more exercises, two to three times per day, we spoke to [registered manager] who said we could put this in place. The resident is now weightbearing very well and started to eat again, they're now happier."
- The registered manager frequently worked alongside care and nursing staff and directly supported people. The registered manager told us this enabled them to fully understand people and the way they wished to be supported. They told us, "I am on the floor a lot of the time, I help with all aspects of care. How else can you develop resident's care plans if you don't know their preferred ways of doing things? I came into care to care for people."
- People told us they were involved in their care and support, and any suggestions would be acted upon. Comments included, "[Registered manager] wanted to know the ins and outs of what I wanted and what I liked. It was really good to be able to say, they said nothing would be too much trouble and that has been my experience so far." Another person said, "We did my care plan when I moved in, this was in depth, but things have changed and I'm much more able now. It has been updated, I was asked my opinion, they haven't made any changes without my say so."
- We received mixed feedback from relatives about their involvement with their loved one's care. Comments included, "I don't know about reviewing [person's] care plan, we talk every time I'm here and if I suggest something, they say they will update it. I haven't seen it, but they give [person] care as they like it. I was asked to complete a form when my relative moved in with their little habits and quirks." And, "No, I haven't been asked about this."
- Resident meetings were held to gather their views and opinions. Minutes included a discussion on food, activities and the décor of the service. People were encouraged to give their views which were acted upon, for example, the continuation of the weekly show by 'Elvis.'
- The registered manager gained feedback from people and their relatives through various methods. This included bi-monthly feedback questionnaires, and a suggestion box was available for people who wished to remain anonymous. The registered manager had an open-door policy and made a point of spending time with people who were cared for in bed to enable them to express their views.
- Staff were supported by regular supervisions and meetings. Staff spoke highly of the registered manager who had previously worked at the service in a different role. Comments included, "I think [registered manager] is brilliant, we were all quite happy when we found they were going to be our manager. When they came back, we were delighted. They know the home and knows us girls." And, "Everything [registered manager] does has made things better, they are not only a manager - like the boss on the top, they're with us, they work with us on the floor. [Registered manager] knows the residents and exactly what they need."

Continuous learning and improving care

- The registered manager continually learned to improve people's experience. They spoke with people and staff and adjusted set routines to suit people's preferences. A staff member told us, "We changed some routines, at mealtime we used to always bring people to the dining room and try to allocate everyone and make a space for them. Since [registered manager] has been here we don't have to do this, it is up to the residents what they want. Everyone who is there together are laughing talking and singing, it's nice, we know they are happy, we can see that."
- The registered manager had linked with other managers to share ideas to improve care and systems. They told us they had made improvements to people's PEEPs following a discussion with another manager. Further support extended to ideas of reducing the spread of infections in the event of a COVID-19 outbreak.
- The provider was keen for the service to continually learn and develop. An external consultant had been

appointed to complete mock inspections of the service to provide advice. Findings from the mock inspection had been updated in the service's quality improvement plan with priorities given to areas with a higher risk and impact. The registered manager spoke of the provider and told us, "When you come from a big organisation you are not as supported than a smaller provider. [Nominated individual] is all for the residents, making sure they have everything they need. [Nominated individual] says to just get anything they need."

Working in partnership with others; 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 demonstrated a knowledge of the duty of candour. They described the duty of candour as being open and transparent when things went wrong and to provide an apology to those concerned. The registered manager was open with the inspection team and was keen to show where improvements had been made to the service and what they were working on to develop the service further.
- The registered manager pursued a transparent and honest approach to working in partnership. They had contacted professional bodies to carry out audits on the service. For example, they requested a fire safety visit from West Sussex Fire and Rescue Service to complete a full fire safety check on the service. Following some recommendations, works were being undertaken in line with West Sussex Fire and Rescue Service's findings. These findings were further included in the quality improvement plan to provide oversight for the registered manager and the provider.
- The service worked in partnership with health and social care agencies to promote good outcomes for people. People had external professional involvement including, GPs, speech and language therapists (SaLT), and the community matrons. Relevant referrals from people had been made appropriately and staff knew where to access support for people. Staff had contacted the wheelchair service for a person who was unable to use a conventional wheelchair. A bespoke wheelchair was made for them which enabled them to leave their bed and go into the communal areas and outside with family.
- Staff and management worked well with professionals to provide good outcomes for people. Visiting healthcare professionals spoke highly of the leadership of the service and told us of a good working relationship. Comments included, "When I got to Camelot [registered manager] was quite new and had been landed with a lot which needed doing. I spent a lot of time with [registered manager] working through some of the issues. They were open to all of my suggestions and really keen to work with me."