

## Camelot Care (Somerset) Limited

# Camelot House & Lodge

### Inspection report

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Date of inspection visit:

10 January 2020

15 January 2020

Date of publication:

18 February 2020

### 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 House is a nursing home which is able to accommodate up to 90 people in two buildings. Camelot House can accommodate up to 62 people and Camelot Lodge can accommodate up to 28 people. The home specialises in providing nursing care to people who have dementia and other mental health needs. At the time of the inspection there were 81 people using the service.

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

People and their relatives were happy with the care and support provided, and they felt the service was safe. Comments included, "It suits me beautifully here; I am not a scrap disappointed" and "Here they make him feel special; they give him that extra confidence. I can leave without a worry."

There were not always suitable arrangements for storing and disposal of medicines, including those needing cold storage and extra security. However, this had been addressed by the second day of the inspection and medicines were stored securely.

Most people were protected from social isolation as a range of varied activities were on offer. The service was working to improve the offer of meaningful occupation to people who did not take part in group activities.

Systems were in place intended to protect people from harm or abuse. There were enough suitably trained and qualified staff to meet people's needs and staff were recruited in a safe way. Regular health and safety checks were carried out of the premises and equipment to make sure they were safe. The premises were clean and well maintained.

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.

Care and support were delivered in a line with current legislation and achieved good outcomes for people. People were able to access the healthcare services they required, and staff knew how to recognise when people's health had deteriorated. People were supported to maintain a balanced diet and enjoyed the food provided.

Staff were friendly and caring, and attentive to people's needs. People were treated with respect and their privacy and dignity protected. They or their family were involved in discussions about their care.

People received effective, compassionate care at the end of their life. The service had been reaccredited with the Gold Standard Framework (GSF) for the third consecutive time and had been awarded the quality hallmark award of platinum status.

The service had an inclusive ethos and people's diversity was respected. The provider had systems of quality assurance to measure and monitor the standard of the service and drive improvement. Staff worked with other professionals to ensure people received the support they required. Professionals expressed confidence in the service and described good working relationships with all staff at Camelot House and Lodge.

Rating at last inspection (and update) - The last rating for this service was good (published 13 July 2017).

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 reinspection programme. If we receive any concerning information we may inspect sooner. This was a planned inspection based on the previous rating.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was 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 House & Lodge

## 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

This inspection was carried out by two inspectors and a medicines inspector, along with an expert by experience on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day was carried out by two inspectors.

#### Service and service type

Camelot House & Lodge 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 since the last inspection. We used the information the provider sent us in the provider information return. 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 12 people, 14 relatives, 15 care staff, nursing staff, the registered manager and deputy manager and the company's representatives. We also spoke with two visiting professionals. We looked at the personal care and support plans for five people and the medicines records 12 people. We also looked at three staff files in relation to recruitment and staff supervision. A variety of other records relating to the management of the service, including policies and procedures were reviewed.

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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted seven health care professionals to get their views. We received feedback from four.

# 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.

### Using medicines safely

- There were not always suitable arrangements for storing and disposal of medicines, including those needing cold storage and extra security. However, this had been addressed by the second day of the inspection and medicines were stored securely.
- There were protocols for some medicines prescribed to be taken 'when required', to guide staff as to when it would be appropriate to give a dose. However, we found that these were not fully completed for all medicines prescribed this way. This had been addressed by the second day of the inspection with protocols being reviewed and up-dated.
- Covert administration plans were in place. However, some of these, lacked information about which of a person's medicines were to be administered in this way. Also, some indicated that this method should only be used if the person refused their medicines. No record was made for these medicines whether they were administered covertly or otherwise. The registered manager confirmed they were implementing the dispensing pharmacy's new records to improve the process.
- Information about changes to medicines with the medication administration charts was not always the most recent available in the home. The old records had been removed by the second day to ensure staff had accurate information.
- There were systems in place to report any medicines errors or incidents. Regular medicines audits were completed, and we saw that some issues were identified, and actions for improvement recorded. However, the areas for improvement that we found had not been identified and addressed. The registered manager and deputy manager had taken action to include the shortfalls we found within their regular audits.
- Medicines records appeared well completed and doses signed as administered in accordance with the prescription. We saw that medicines were administered using a safe method.

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

- People's relaxed and positive body language indicated they felt safe. People smiled when approached by staff; when assisted from one place to another people went happily with staff. Some people waved and smiled at staff as they walked through communal areas. One person said, "It suits me beautifully here; I am not a scrap disappointed" and another said, "I have all I need and want."
- Relatives and professionals said people were safe at the service. No poor practice had been witnessed. Comments included, "We hold this place in very high regard. They have a very high level of care here" and "(Person) has a better life here than at home. Here they make him feel special; they give him that extra confidence. I can leave without a worry."
- Staff had been trained to recognise the signs of potential abuse and knew what action to take if they had any concerns. The registered manager demonstrated their understanding of abuse and how to deal with allegations of abuse. They had notified any issues of concern to CQC as required.

- A member of the local safeguarding team said, "They (the registered manager) are open and honest in their dealings with us." Another said, "The manager and deputy understand the processes and work incredibly well with us to investigate any concerns to a high standard." No current concerns were received.

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

- Risks to people's personal safety and wellbeing had been assessed and plans were in place to minimise these risks. These included risks related to falls, pressure damage; nutrition and behaviours which may challenge the service. Staff were aware of the risks associated with people's care and knew how to support them safely. One relative told us, "I absolutely know I am leaving them in safe hands." A professional said, "They do an amazing job with the complex people."
- The provider had systems in place to check the safety of the premises. Fire safety measures were in place, although we found two fire doors which were not closing properly. The maintenance person immediately adjusted these. The registered manager had liaised with the local fire service to provide realistic and practical training for staff. Care plans contained personal evacuation plans to make sure people could be safely evacuated in the case of an emergency.
- Potential health and safety hazards had been addressed. Radiators were low surface heat to reduce the risk of burns to people. The temperature of the hot water supply was controlled and was within the 44 degrees limit recommended by the health and safety executive (HSE). We found two outlets where the water was over the recommended limit. This was addressed immediately. Window openings on the first floor had been restricted to reduce the risk of people falling. We found two restrictors which were broken, which were fixed immediately.
- The registered manager had a system for recording incidents and accidents, and these were reviewed regularly to improve practice. Learning from incidents were shared with staff through regular team meetings and during staff supervision.

Staffing and recruitment

- There were adequate numbers of staff to keep people safe and meet their physical needs and they received staff support in accordance with their assessed needs. For example, some people required one to one support for several hours a day and this was provided.
- The atmosphere at the home was busy but organised. People confirmed staff were on hand when needed. One person said, "You never have to wait. It is a wonderful place. I feel well cared for." Relatives and professionals confirmed staff were available to support people and also available to speak with them when needed. One relative said, "Someone is always there to talk to."
- At some points in the day, care staff had time to spend socialising with people. At other times they appeared more task focussed, however, they did respond to people's needs and requests promptly.
- Staff recruitment systems and records showed all pre-employment checks were completed to help protect people from staff who may not be suitable to work with them.

Preventing and controlling infection

- The control and prevention of infection was well managed. The premises were clean, and a team of housekeepers were employed to maintain standards.
- Staff received training in relation to infection control and used personal protective equipment such as disposable gloves and aprons when providing personal care to people. Regular checks on cleanliness of the service were carried out by the infection control lead for the service. Audits showed action had been taken where improvements had been identified. For example, the cleaning of soft furnishings. One visitor said, "Always clean and fresh, if there's an accident it's dealt with within minutes."

# 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 Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager or deputy manager assessed people's individual health and social care needs before a move to the service was considered. Professionals commended the assessment process, which they said was robust and included observations of people's abilities and moods, not just completing paperwork assessments. One said, "The deputy manager spent whole days watching people to see what their care needs were. They service is responsive, and we get straight answers. They clearly know when they can't meet needs or if they feel there will difficulties."
- Relatives also described an inclusive assessment process which ensured people's needs were understood and could be met by the service. One said, "They greeted me and made it incredibly easy. They are outstanding with their care, they really are."
- Staff followed best practice guidance, to promote good outcomes for people. For example, they used nationally recognised tools to assess the risk of malnutrition and the risk of skin breakdown. Action was taken to address any concerns.

Staff support: induction, training, skills and experience

- People were supported by staff who were skilled and knowledgeable. Comments from relatives and professionals included, "They do an amazing job with the complex people; staff are skilled and patient"; "They (staff) are all fabulous; sweethearts. I trust every one of these staff with my husband", and "Staff are on the ball. They just deal with things."
- Staff completed a range of training relevant to their role and specific to people's needs. They described a supportive culture where their learning and development needs were central. For example, a number of staff had been supported to complete leadership and management courses.
- New staff completed induction training to ensure they worked safely and effectively with people. Staff who were new to care were supported to complete training that followed the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life.
- Registered nurses confirmed they received training and support to maintain their registration. Checks were made to ensure nurses working at the service were registered with the Nursing and Midwifery Council (NMC) and safe to practice. The NMC is the regulator for nursing and midwifery professions in the UK.
- Staff received regular individual supervision and group supervision. This enabled them to discuss their work and training needs and receive feedback on their performance.

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

- People continued to be supported to maintain a balanced diet which met their needs and preferences.

Each person had a nutritional assessment to identify their dietary needs and preferences, and any allergies they may have.

- The chef and staff were knowledgeable about people's requirements. A variety of different meals were available to meet people's needs. For example, gluten free; vegan; vegetarian; diabetic; and soft and puree textures.
- People enjoyed the meals provided; they confirmed they were always given a choice of alternatives to the main meal of the day. Comments included, "There's lots of soup and sandwiches. Dinner in the evening. Feels like I'm eating all the time" and "The food is very good; nothing I don't like. We get plenty of food." Staff were on hand to assist people discreetly where necessary.
- The main meal was served in the evening. The registered manager explained the change of time followed research which showed people living with dementia were more settled after a full meal and experienced a better night's sleep.
- At lunch time people were provided with plastic plates to eat off. This did not promote respect and dignity and was discussed with the management team. They explained they were planning to replace these with crockery.

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

- People had access to a variety of health and social care professionals to ensure they received the support they needed. The service worked well with health and social care professionals to provide timely care to people.
- Professionals told us they received appropriate and timely referrals and their recommendations were actioned. Comments included, "It is a good service and resource for people with advanced dementia and complex needs" and "We have a good working relationship. Staff really know what they are doing with people."
- People's weight was monitored so significant changes could be referred to healthcare professionals for advice. Records were kept to monitor people's diet and fluid intake where they were at risk of weight loss. Several people received fortified meals, that is meals with additional calories. A choice of drinks and snacks were offered to people throughout the day.
- Referrals were made to the speech and language therapy team (SALT) where people experienced problems with swallowing. A SALT confirmed referral to them were appropriate and timely and their recommendations were followed. They added, "Staff are recognising when people's needs are changing."
- People were supported to maintain their oral healthcare and assessments had been completed. People could access local dental services or a visiting dentist, depending on their needs and preferences.

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.

- Individual mental capacity assessments had been completed to determine a person's ability to make specific decisions about their care and treatment.
- When a person was considered to lack capacity to make a specific decision, best interest decisions had been made with advocates, relatives and health and social care professionals. A professional independent advocate said, "We've never had problems here. They are one of the most responsive services. Our views are respected, and they always involve us."
- Staff supported people to make decisions and choices and sought their permission and consent before providing any support. People were consulted about their daily choices and routines; they were free to spend their day as they chose.
- Appropriate applications for DoLS had been made to the local authority where necessary. This was because people required continuous staff support and supervision to ensure their safety.

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

- The adaptation, design and decoration of the premises meet the needs of people using the service. Easy to read pictorial signage was used to guide people to communal areas, such as the lounge, dining room and toilets and bathrooms. Door frames and corridors had been painted in a bright contrasting colour, so people could see them and find their way around more easily. Movement activated lighting was used in some areas.
- There were various seating areas, including in the wide corridors and we saw several people choosing to use these areas.
- Points of interest had been set up to make the environment more interactive and engaging, using various tactile and visually interesting stimuli. The registered manager said there were plans to introduce other key areas of interest.

# 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 has 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 continued to receive a caring service. People were supported by staff who were kind, caring and respectful towards them. Comments from people included, "Staff are very good. Really friendly"; "It is a wonderful place...couldn't be any better" and "I have all I need and want. The girls are the best. I couldn't ask for better people."
- Relatives and professionals echoed these comments saying, "They have been amazing here. Their care, compassion and kindness has been remarkable, and we can't thank them enough"; "Staff have a really sensitive approach here" and "They care for people with very complex needs and they do an absolutely smashing job."
- To ensure staff understood Human Rights principles, they completed training in equality, diversity and inclusion. It was clear from speaking with staff, observing practice and feedback from relatives, that staff respected these principles and worked to promote equality, dignity and autonomy for people using the service. For example, one person was from overseas, their relative said, "The chef is fantastic. He knows (person) has travelled the world, so he is doing noodles and different things for (person). The chef has gone out of his way..."
- Various religious representatives visited the service to support people who wished to practice their faith.
- Staff showed concern for people's well-being in caring and meaningful ways. Where people experienced periods of distress or anxiety, staff responded effectively and with compassion. For example, if people became anxious or restless at periods during the day. Staff spent time gently and sensitively reassuring and comforting these people both with verbal and physical contact. A relative commented, "The nursing staff and the permanent care staff are wonderful. So wonderful and patient."
- Staff were aware of people's likes and lifestyle preferences. Throughout the day we heard staff chatting to people about things that were relevant to them. This included talking about people's previous jobs and their families. Staff also entered people's world and reality; for example, one person thought they were waiting in a queue to see someone. Staff acknowledged this, sat with the person and engaged in conversation with them.
- The service has purchased a day bed for one person as they liked to lie down in the communal area; they had also provided two-seater sofas so that couples could spend time together.

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

- Where possible, people and their relatives had been consulted about the care and support provided and their views were respected. One visitor said, "We have a good care plan in place." Another said they felt fully involved in everything.

- People had control of their day to day lives, for example, they had a choice of food; clothes they wore and how they spent their day.
- The registered manager had introduced the 'Resident of the day' initiative. This involved the nominated resident (and their family where appropriate) meeting with the registered manager to discuss their care. They also met with the chef to discuss their likes and dislikes. A review of their care records was completed to ensure these were accurate and up-to-date. Their bedroom was checked to ensure it was clean and comfortable and that any equipment was in good working order. It also afforded one to one time to discuss any wishes with regards to activity.

#### Respecting and promoting people's privacy, dignity and independence

- Staff ensured people's privacy and dignity was respected. People's personal care was well attended to, which promoted their dignity and well-being. A relative commented, "The personal care and attention is second to none. They are very comfortable and content."
- The activities co-ordinator had arranged a special pampering day for one person who had worked in the cosmetic industry during their career. This was a job the person had loved, and their appearance was important to them.
- There was a balance of gender within the team, meaning people could chose who they wanted to support them with personal care tasks. A relative said, "Staff are very human. They put themselves out for you."
- People were encouraged to maintain their independence. People were supported to move independently where possible with staff ensuring they had any necessary equipment to keep them safe. For example, walking frames and sticks. Staff also remained nearby to provide additional assurance. Referrals were made to other professionals, such as physiotherapists to ensure people had the correct equipment to support their independence.

## 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 has 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

- People received care and support that met their needs. Feedback from people, their relatives and professionals confirmed this. Comments included, "I was particularly impressed by staff member's knowledge, interest and approach..."; "There is a level of care of the highest quality here. They know their residents. They communicate well with residents and families. They never judge people for their behaviour but understand" and "It is a good service and resource for people with advanced dementia and complex needs."
- Each person had a care and support plan in place. The care plans contained important information about the support people required with their personal care, nutrition, behaviours, pressures areas, continence and social activities. Any allergies and people's preferences were also included.
- The personalisation of the care plans was variable, and some were not as comprehensive as others about people's likes and dislikes. However, staff spoken with knew people well and the things that made them happy.
- Relatives and professionals shared several examples of how the responsiveness of the service had impacted positively on people's experience. A professional said, "We have seen some very successful stories here."
- For example, staff had recognised the trigger for one person's aggressive behaviour was an invasive daily test to monitor their diabetes. The registered manager and the nursing team arranged for the person to be fitted with a special mechanism that meant daily needle pricks were completely avoided. Their relative explained, as a result, the aggressive behaviour had reduced significantly, the person was much calmer, and their diabetes was more stable and well managed.
- A professional described how the service had supported another person and their relative with their wish to return home to see how they coped. Staff enabled the relative to 'shadow' them while delivering care and support to their loved one and supported the person during home visits. Another person was successfully assisted to return home following skilful intervention by staff, a reduction in medication and encouragement with nutritional intake. The registered manager said, "It was rewarding to see (person) hire a van and move their belongings to their new house."
- Another person had moved to the service for what family expected to be end of life care. However, their relatives explained the "miraculous" recovery they had made since moving to the service, which they credited to staff's skill, determination and caring approach. The person had been non-verbal; unable to get out of bed; unable to feed themselves. They required all care and support. The relatives said, "We are overwhelmed. It's been remarkable. The staff have been incredible. (Person) initially needed one to one staff but now he is mobile; talking and eating well. We didn't think (person) would ever make it or come this far." They explained they were looking to the future and making plans for a safe discharge.

## End of life care and support

- People received effective, compassionate care at the end of their life. The service had been reaccredited with the Gold Standard Framework (GSF) for the third consecutive time and had been awarded the quality hallmark award of platinum status. (This is a comprehensive national quality assurance system which enables care homes to provide quality care to people nearing the end of their life.) This demonstrated the sustained excellent practice and ethos within the service.
- No one was receiving end of life care at the time of the inspection, but several people were having palliative care. People's wishes regarding their end of their life care were discussed with them when they felt able to talk about this sensitive subject. Treatment Escalation Plans (TEP) were in place, which recorded important decisions about how individuals wanted to be treated if their health deteriorated. This meant people's preferences were known in advance, so they were not subjected to unwanted interventions or admission to hospital at the end of their life, unless this was their choice.
- Two families were visiting during the inspection following the death of their loved ones. One family came to thank staff for the care and attention their loved one received. They gave a generous donation to the staff fund as a way of expressing their gratitude. Two other visitors requested to speak with us to share their experience of the care their loved had received. They described the care, support and attention they received from staff, during this most difficult time. They said the care was "second to none" and spoke about the "exceptionally high standards" within the service.
- Following discussion with family members, the service used technology to live stream the funeral of one person, whose family lived overseas and were unable to attend.
- We saw many of the thank you cards, and letters related the end of life care. Comments included, "I would like to thank all the staff for the wonderful care...you made her final years the best they could have been." and "Our family cannot express how grateful we are for all the care you gave."

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 were supported to participate in activities that interested them; however, there was not always enough activities available throughout the day to keep people stimulated and occupied. For example, during the inspection, although the activities staff were working with groups of people, a number of people stayed in their room or did not take part in group activities. Records showed that some people had not been involved in activities for 19, 21 and 26 days respectively over a 28-day period. The team was working to improve occupation for these people.
- There was a team of three activity staff plus an apprentice, who mainly worked at the weekend. The lead person for the activities programme was enthusiastic and was praised by people living at the service, relatives and professionals.
- The activities team had developed a weekly activity programme which many people enjoyed. For example, different theme days that celebrated cultures from around the world. Indian independence was celebrated, with Indian staff helping to make the event authentic. We were told people entered into the spirit of the event by wearing saris and traditional pyjamas.
- A mocktail masterclass was organised with the help of a local night club to enable people to order, sample and make their own different mocktails. A glamping tea party was arranged following discussion with one person who had enjoyed caravan holidays throughout their life. Two caravans parked at the service and people were supported to look around them, sit and relax and have afternoon tea. The person was reported to have been thrilled, saying, "One of these looks just like my old caravan. This is so lovely, I've had a great day." One person told us about an ice-skating trip. They were extremely animated when they discussed this with us saying, "We went ice skating. It was scary but lovely." During the inspection, the men's club' went to a local pub for a drink and a chat. The service had a mini-bus and organised a number of trips to places of local interest.

- Individual activities were organised. For example, one person had loved to fish. A fishing trip was organised for them with two staff supporting the person to ensure their safety. Another person loved to dance, and trip was arranged for them to see Swan Lake, they also got to go backstage and meet the cast afterwards. A visit was organised to a local air field for ex RAF service men, which was enjoyed enormously. Another person liked to read, and it had been arranged that the local library visited the service with books.
- The service had also hosted special wedding anniversaries and birthday parties.
- The registered manager and staff adopted a caring approach towards family and friends. Relatives said they were always made to feel welcome, refreshments were offered, and time was given to up-date them on their relative's progress. People were supported to maintain contact with family members who lived abroad or a long way from the service. Staff assisted people to write letters and emails and to use Wi-Fi calling systems to see and speak with family.
- The service had an on-line presence and family and friends could log in to see what had been going on at the service.

#### 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.

- Care plans provided information about people's sensory impairment and communication needs. Staff were aware of those people who relied upon hearing aids or glasses to enhance communication.
- There was some helpful signage to guide people around the building. A notice board used pictures to help people understand information. For example, the activity plan for the week. It was small and would not be easy for most people to see or read. On the second day of the inspection this had been addressed and larger posters giving information about activities and meals had been produced and displayed.

#### Improving care quality in response to complaints or concerns

- The service had an effective system in place to handle complaints. People and their relatives knew how to raise any concerns or make a complaint if they were unhappy with the service.
- Four complaints had been raised with the service in the past 12 months. We reviewed these. Each complaint was investigated and resolved so each party was satisfied, where possible. Action was taken to ensure lessons were learnt and shared with staff, such as additional training or supervision for staff. This meant the registered manager took information of concern and investigated it thoroughly and in a timely manner to ensure the safety and welfare of people who lived at the service.

## 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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and the deputy provided strong leadership and support. People, their relatives and professionals were complimentary about the service and expressed their confidence in the registered manager, deputy manager and staff team. People said the team were open and always available to speak with. Comments included, "They are good on so many levels. The management; staff; training; fabric of the building and the vision...the registered manager and deputy are brilliant"; "We have no concerns about the service. I would recommend and use for a family member" and "They are really thinking outside the box to help people, I can name staff but won't as they are all marvellous."
- The registered manager and deputy had a 'can do' attitude and their ethos was "why not?" This approach was clearly demonstrated through the success stories we heard about people's progress (refer to caring and responsive sections of this report).
- The service had been a finalist at the Gold Standard Framework, care home of the year 2019. This showed the service was delivering good quality personalised care.
- Staff confirmed the registered manager and deputy were very supportive and approachable, and ready to listen to people's concerns or ideas. One staff member said, "They appreciate our hard work here. We feel valued". Another said, "I have a good work life balance. There is always someone to help and support us".
- There was a busy but pleasant and warm atmosphere within the service. It was clear the registered manager and staff team were committed to providing care that was person-centred and respectful of people's differences.

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; Continuous learning and improving care

- The management team were open and approachable and aware of their responsibilities under the Duty of Candour. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.
- One visiting professional said they found the management very open and they were always honest when things went wrong. Another explained how the service had imbedded learning with the team following safeguarding incidents. Records of complaints showed the registered manager offered apologies when shortfalls were identified.
- The current CQC ratings were displayed within the home and on the service's website.
- Notifications with regard to deaths, serious injuries or allegations of abuse were sent to CQC promptly as required.

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

- People lived in a service where there was a staffing structure which provided clear lines of responsibility and accountability. The registered manager and staff team were clear about their roles and responsibilities and as a result, the service was well-organised. A visitor told us, "They (staff) are to be congratulated as they run a marvellous service and all the staff are working to make things better for people".
- The service ran a monthly 'employee of the month scheme' to celebrate and encourage formal recognition of good practice.
- A range of audits and checks were carried out to monitor the quality and safety of the service. Timely action was taken if any shortfalls were identified. Environmental risk assessments were carried out to make sure people lived in a safe environment. In some instances, the provider had commissioned outside contractors to carry out risk assessments to make sure control measures were in accordance with up to date best practice and guidance.

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

- Quality assurance surveys were sent out twice a year to people living at Camelot, families, professionals and staff to monitor the quality of the service and encourage feedback. The results were displayed on a notice board in the form of 'You said We did'. Where people had made suggestions, these had been responded to. For example, one person felt the care delivered was not always explained in a way people could understand. The team reflected on this and they now ask themselves, when giving information to others, 'would I be happy with the information given'. People requested more magazines, so the activities co-ordinator arranged for a local supermarket to donate magazines.
- Regular 'residents' and family' meetings took place, as did staff meetings. This offered an opportunity to discuss the service and hear feedback about any improvements. Relatives, professionals and staff confirmed communication with the service and within the service was very good.
- The CareHomeUK website uses feedback from people and relatives from online reviews of services. The comments and ratings were independently verified by CareHomeUK. The majority of reviews rated the service as excellent, with people 'extremely likely' to recommend the service to others. On-line feedback demonstrated the caring ethos at the service. Comments included, "Camelot House staff have been incredibly caring..."; "The team at Camelot House made what was a difficult time for us more bearable...I cannot praise this team enough..." and "The care home staff were fantastic, all the way through."

Working in partnership with others

- The registered manager and team worked in partnership with a number of health and social care professionals for the benefit of people using the service. Feedback from professionals was consistently good; they described a staff team that was pro-active and responsive.