

Camelot Care (Somerset) Limited

Camelot House

Inspection Report

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Summary of findings

Overall summary

Camelot House is a care home which is able to accommodate up to 62 people. The home specialises in providing care to people who have dementia and other mental health needs.

At the time of this inspection there were 52 people living at the home.

There was a warm and friendly atmosphere in the home. We saw that relationships between people who lived there and staff were respectful and polite. One health and social care professional told us: "There is always good feedback concerning the friendly atmosphere within the home and the activities that take place."

There was a registered manager in post who created a positive, person centred culture. One member of staff said about the manager: "She's very friendly and you can always talk with her about anything. She cares about the people who live here and treats everyone as an individual."

People were cared for in the least restrictive manner to keep them safe. Some people who lived at the home had been assessed by outside professionals using the Deprivation of Liberty Safeguards as set out in the Mental Capacity Act 2005. We saw the records relating to these authorisations and were confident that people were receiving care in line with the conditions set out in the authorisations.

We saw acts of kindness and consideration throughout the day. One person was sat quietly doing a word puzzle. Staff noticed they were having difficulty with the pen they were using and quickly provided them with another. We saw that another person had become upset and staff sat with them offering reassurance and comfort.

People who lived at the home looked very relaxed and comfortable with the staff who supported them. One person told us: "I feel safe with all the staff. Being cared for by nice people makes all the difference."

People were able to make choices about all aspects of their day to day lives. Throughout our visit we saw that people made choices about how they spent their time. People were offered opportunities to take part in variety of activities in groups and on a one to one basis. We saw there were a number of pictures about the building to assist people to move around independently and make choices. Some people chose to spend time in their rooms whilst others spent time in communal areas. One person said: "I like my room and my TV so I'm happy up here."

People received effective care at the end of their life. The home was accredited to the 'National Gold Standard Framework.' This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their life. The home had been awarded 'Beacon' status, which is the highest level of this award.

There was a wide and varied programme of activities which ensured that everyone was involved in activities and occupation throughout the day. We saw that activities were arranged in line with people's needs and wishes. The home employed two activity workers who made sure activities were available every day.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards. People's rights were therefore properly recognised, respected and promoted.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

The service was safe because people told us they felt safe at the home and with the staff who supported them. One person told us: “I feel safe with all the staff. Being cared for by nice people makes all the difference.” Another person said: “I’m happy with the girls, they treat me nicely.”

Staff we spoke with were up to date with current good practice around safeguarding vulnerable adults and with reporting procedures. Staff told us they had received training in recognising and reporting abuse. Staff spoken with were aware of the Mental Capacity Act 2005 and how to support people who lacked the capacity to make decisions. Records seen confirmed that all staff received training in safeguarding vulnerable adults and the Mental Capacity Act 2005.

There were adequate numbers of staff to keep people safe. On the day of the inspection we saw that everyone received the care and support they required in a timely manner. There was ample skilled and experienced staff to ensure that people received assistance with personal care and to take part in a variety of activities.

People were enabled to take day to day risks. People moved freely around the house and garden and were able to make choices about how they spent their time.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards.

Are services effective?

The service was effective because they sought people’s views to make sure effective care was arranged to meet their needs and preferences.

People who lived at the home and/or their representatives were involved in planning care. We saw that care plans and reviews of care had been signed to say how people had been involved. One visitor said: “They have always involved me in the care plan. It means they get care in the way I know they would have wanted.”

People’s preferences, likes and dislikes were recorded in their care plan. This meant that staff had information to enable them to provide care in line with people’s preferences. The care plan for one person who was being nursed in bed said they liked to listen to

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classical music. When we visited this person there was classical music playing and the person told us: “They know me really well. They know what I like and they are always coming in to make sure that I have everything I want.”

People were supported to have access to healthcare services. Their health was regularly monitored to identify any changes that might have required additional support.

People received effective care at the end of their life. The home was accredited to the ‘National Gold Standard Framework.’ This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their life. The home had been awarded ‘Beacon’ status, which is the highest level of this award.

Are services caring?

Everyone we spoke with at the home felt that the service and the staff were very caring.

There were positive, caring relationships with people who lived at the home and their families. One person told us: “I am looked after beautifully. Every kindness is shown in everything they do.” Another person said: “The staff are always kind and polite. I feel I can ask them for anything.”

People who were unable to express their views verbally looked very happy with the staff who supported them. We saw people smile broadly when approached by staff and reach out their hands to make physical contact.

Staff had a good knowledge of people’s personal likes and lifestyle preferences. Throughout the day we heard staff chatting to people about things that were relevant to them.

People’s privacy and dignity were respected. We observed that when people needed assistance with personal care this was provided in individual rooms behind closed doors.

Are services responsive to people’s needs?

The home was responsive to people’s needs and took account of their views and wishes.

People were supported to express their views and involved in making decisions about their care and support. Care plans were personal to the individual and outlined people’s likes and preferences as well as their needs.

Staff used a variety of methods to support people to make choices. We saw there were pictures around the home to help people to

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make choices and inform people of events. At meal times we saw that all tables had a menu on. The choice of meals was in written and picture format. We also saw that people were shown meals to assist them to make choices.

There was a wide and varied programme of activities which ensured that everyone was involved in activities and occupation throughout the day. We saw that activities were arranged in line with people's needs and wishes.

People said they would be comfortable to make a complaint and all were confident that action would be taken to address any worries or concerns.

Are services well-led?

The service was well led because there was a registered manager in place who was open and approachable. One relative told us: "The manager is excellent and always ready to listen."

The home encouraged friends and family members to be involved in the running of the home. There was a formal group, known as the 'Friends of Camelot', who played an active role in the home. The group provided support for people to take part in trips out and activities. It also acted as a support group for carers.

There were systems in place to audit practices and plan improvements according to people's needs and wishes. These audits included care plans, medication, accidents and incidents. We saw that where audits identified shortfalls in the service action had been taken to make improvements. The home also sent out satisfaction surveys to gauge people's views and make sure improvements were planned in line with people's wishes.

Summary of findings

What people who use the service and those that matter to them say

During the inspection we spoke with 25 people the home and seven visiting relatives. After the inspection we received feedback from two health and social care professionals who were involved with the care of people who lived at the home.

Everyone we spoke with was happy with the care they received and the staff who supported them. One person told us: "I am looked after beautifully. Every kindness is shown in everything they do." Another person said: "The staff are always kind and polite. I feel I can ask them for anything." One visitor said "The staff are always smiling and kindly disposed, very willing to help, never too busy to stop and help."

We spoke with one visitor whose relative had died at the home. They described the care their relative had received and told us: "They had the perfect end. I just can't speak highly enough of the care they received."

People received the care and support they needed to meet their healthcare needs. One person told us: "They

always make sure I see a doctor if I'm not well." A health and social care professional said: "It is my experience that the nursing staff at Camelot communicate well with relatives, health care professionals and GP's"

People told us they would feel comfortable to make a complaint but felt that any grumbles were always sorted out without the need to make a formal complaint. One person told us: "I wouldn't have a problem making a complaint but it doesn't ever get that far."

People spoke highly of the staff who worked at the home. Comments included: "The staff are all very nice" and "Nothing is too much trouble." One relative said 'Another thing you notice is the residents are all nicely dressed and clean – not dirty or unkempt.'

People said they felt safe at the home. One person told us: "I feel safe with all the staff. Being cared for by nice people makes all the difference." Another person said: "I'm happy with the girls, they treat me nicely."

Camelot House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1

We visited the home on the 29 April 2014. At the time of the inspection there were 52 people living at the home.

This inspection was carried out by a lead inspector, a second inspector and an Expert by Experience. The Expert by Experience had personal experience of caring for older people.

Before the inspection we looked at information sent to us by the provider and reviewed all the information we held about the home. At our last inspection in June 2013 we did not identify any concerns with the care provided to people who lived at the home.

During the day we spent time talking with people who used the service, visitors and staff. We looked around the premises and observed care practices throughout the day. We also looked at records which related to people's individual care and to the running of the home.

After the inspection we asked the local community mental health team for older people for their views on the service.

We spoke with 25 people who used the service and seven visiting relatives. We spoke at length with seven members of staff and spoke with a number of other staff throughout the day. Some people were unable to fully express their views verbally so we spent time observing to assess what their experience of the home was.

Are services safe?

Our findings

Throughout the day we observed that people who lived at Camelot House were very relaxed and comfortable with the staff who supported them. One person told us: "I feel safe with all the staff. Being cared for by nice people makes all the difference." Another person said: "I'm happy with the girls, they treat me nicely."

There were clear policies and procedures in place to protect people. There was a comprehensive policy on recognising and reporting abuse. Staff with were clear about what may constitute abuse and how to report it. All said they were confident that any allegation would be taken seriously and fully investigated by the management of the home. One member of staff said: "Of course it would be dealt with." Another told us: "I am 100% sure any worry would be investigated."

Staff were up to date with current good practice regarding safeguarding vulnerable adults and with reporting procedures. Staff spoken with were aware of the home's whistle blowing policy and the ability to take serious concerns to appropriate agencies outside the home. Staff told us they had received training in recognising and reporting abuse. Records seen confirmed that all staff received this training.

Staff had received training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff were aware of the need to involve personal and professional representatives to make sure decisions were made in the persons' best interests.

People were cared for in the least restrictive manner to keep them safe. Some people who lived at the home had been assessed by relevant professionals using the Deprivation of Liberty Safeguards as set out in the Mental Capacity Act 2005. We saw the records relating to these authorisations and were confident that people were receiving care in line with the conditions set out in the authorisations.

People who lived at Camelot House, or their representatives, were involved in the assessment of risk and were able to make choices about how risks would be managed. For example we saw that where people had been assessed as requiring bedrails to keep them safe

when in bed, this had been fully discussed with the person or their representatives. These assessments had been signed by the appropriate parties to show that everyone was happy with the decision. We observed that one person had been assessed as requiring a pressure relieving mattress after a hospital admission. This equipment had been provided but the person had clearly stated that they wished to have their own bed back and this decision had been respected. This demonstrated people were able to make choices about their care and support.

People were enabled to take day to day risks. We saw people moved freely around the house and garden and were able to make choices about how they spent their time. Staff assisted people who were unsteady on their feet to move around wherever they chose. One person told us: "If I want to go outside they help me. I can't do it on my own very well." We saw one person was carefully helped back into their wheelchair after trying to leave the table unaided and walking. The staff then asked where they wanted to go and said they would help them to get there. This ensured they were able to move around the home safely.

The home had a robust recruitment procedure. During the inspection we looked at the files for three members of staff. The files gave evidence of a recruitment process which ensured that new staff had the relevant skills and were of good character. The recruitment procedure also minimised the risks of abuse to people who lived at the home by making sure all staff were thoroughly checked before beginning work. We saw that all potential employees completed an application form which gave details about the person and their previous employment. The home carried out interviews and sought references from previous employers.

On the day of the inspection we saw that everyone received the care and support they required promptly. There was ample skilled and experienced staff to ensure that people received assistance with personal care and to take part in a variety of activities. Care staff and activity staff supported people to take part in a range of activities according to their individual needs. We also saw that staff visited people in the personal rooms to monitor their well-being and provide care.

Are services effective?

(for example, treatment is effective)

Our findings

Effective care was arranged to meet people's needs and preferences. People who lived at Camelot House and/or their representatives were involved in planning care. We saw that care plans and reviews of care had been signed to say how people had been involved. One visitor said: "They have always involved me in the care plan. It means they get care in the way I know they would have wanted." A person who lived at the home said: 'If I have a problem the staff always try to help even if it takes time'

People were able to make choices about all aspects of their day to day lives. Throughout our visit we saw that people made choices about how they spent their time. People were offered opportunities to take part in variety of activities in groups and on a one to one basis. We saw there were a number of pictures about the building to assist people to move around independently and make choices. Some people chose to spend time in their rooms whilst others spent time in communal areas. One person said: "I like my room and my TV, so I'm happy up here."

People's preferences, likes and dislikes were recorded in their care plan. This meant that staff had information to enable them to provide care in line with people's preferences. The care plan for one person, who was being nursed in bed, said they liked to listen to classical music. When we visited this person there was classical music playing and the person told us: "They know me really well. They know what I like and they are always coming in to make sure that I have everything I want."

People had access to healthcare professionals to make sure they received effective treatment to meet their specific needs. Records showed people were seen by professionals including GP's, community nurses, chiropodists and opticians. One person told us: "They always make sure I see

a doctor if I'm not well." A health and social care professional said: "It is my experience that the nursing staff at Camelot communicate well with relatives, health care professionals and GP's"

People were looked after in a way that ensured they remained comfortable and pain free. We visited a small number of people who were being nursed in bed. All the people we saw looked comfortable and warm. No one we visited showed any signs of distress or pain. There were charts in each room to demonstrate when staff had visited them and what assistance they had given to each person. We saw that people's health was monitored and they were being helped to change position regularly to minimise the risks of pressure damage to their skin and ensure their comfort. Care plans that we read confirmed that people were receiving care in line with their assessed needs.

People received effective care at the end of their life. Camelot House was accredited to the 'National Gold Standard Framework.' This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their life. The home had been awarded 'Beacon' status, which is the highest level of this award. We saw that people who lived at the home had been involved in creating care plans for the care that they would like at the end of their life. Where people lacked the mental capacity to make these decisions all decisions had been made in line with their best interests as set out in the Mental Capacity Act 2005.

We spoke with one visitor whose relative had died at the home. They described the care their relative had received and told us: "They had the perfect end. I just can't speak highly enough of the care they received." We also saw numerous thank you cards, many praising the staff for the kindness and care shown to relatives at the end of their life.

Are services caring?

Our findings

Everyone we spoke with at Camelot House felt that the service and the staff were very caring. People were positive about the staff who supported them. Comments included: "Staff are all very nice" and "They encourage my family to be involved and visit as much as they can."

There was a warm and friendly atmosphere in the home. We saw that interactions between people who lived there and staff were respectful and polite. One health and social care professional told us: "There is always good feedback concerning the friendly atmosphere within the home and the activities that take place." One person told us: "I am looked after beautifully. Every kindness is shown in everything they do." Another person said: "The staff are always kind and polite. I feel I can ask them for anything." A visiting relative said: "It's like having a whole new family. I am involved in everything and I still feel I play a big part in my relatives' life. I was worried I would be side lined but that certainly hasn't happened."

People who were unable to express their views verbally looked very happy with the staff who supported them. We saw people smile broadly when approached by staff and reach out their hands to make physical contact.

People were treated with kindness and respect. We saw that staff always asked people for their consent before providing care and support. We saw staff asking one person if they would like to have their hands cleaned before lunch. The person declined and the staff member respected this decision. One relative said: "They always invite residents to do things rather than tell them."

People were assisted in a kind and compassionate way. We observed staff assisting people to move around. They explained what was happening and worked at the person's pace, stopping when the person asked them to.

We saw acts of kindness and consideration throughout the day. One person was sat quietly doing a word puzzle. Staff noticed they were having difficulty with the pen they were using and quickly provided them with another. We saw that another person had become upset and staff sat with them offering reassurance and comfort.

Staff gave individual attention when talking with people and this meant they were made to feel important and what they said really mattered. We observed lunch in two areas

of the home. We saw that each person was asked nicely where they would like to sit and if they would like an apron or assistance to clean their hands. Staff were very attentive to the people they were serving ensuring they were able to make choices about their food.

Staff had a good knowledge of people's personal 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. Bedrooms had been personalised with people's belongings, such as photographs and ornaments, to assist people to feel at home.

People's religious beliefs were respected. A church service was held in the home each month and arrangements had been put in place to support people of different religions. Each year the home held a multi denomination service to remember people who had passed away at the home. We heard that this service was always well attended by people at the home and their friends and family.

People's privacy and dignity were respected. We observed that when people needed assistance with personal care this was provided in individual rooms behind closed doors. We saw that people were able to spend time in the privacy of their personal rooms or in communal areas. There were numerous communal areas around the home and people were able to choose where they spend their day and where they saw visitors. We heard that visitors were always made welcome. One visitor told us: "It doesn't matter what time or day I come they always welcome me with a smile."

The home had an appointed 'dignity champion' who monitored practice in the home and ensured all areas of the service promoted people's dignity. This included making sure all staff respected people's privacy and that all personal information was treated in a confidential manner. We saw information about this person on the notice board so everyone was aware who the champion was.

People were supported at the end of their life in a manner that respected their wishes and their dignity. We saw that people had care plans in place outlining the care they would like at the end of their life. People who lived at the home and/or their representatives had been involved in care plans and in decisions about whether they wished to be resuscitated. One senior member of staff took a lead role in end of life care. They arranged a monthly meeting to make sure that anyone approaching this time of their life

Are services caring?

would be cared for in line with their wishes and beliefs. There were systems in place to make sure appropriate medication was available to maintain people's comfort and manage their pain at the end of their life.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

People were supported to express their views and involved in making decisions about their care and support. Care plans were personal to the individual and outlined people's likes and preferences as well as their needs. We looked at five care plans. All showed evidence that people who lived at Camelot House, or their representatives, had been involved in making decisions about care and treatment. We saw that care plans were regularly reviewed to make sure staff had up to date information about each person who lived at the home.

There was good communication in the home to make sure staff had adequate information to support people. One member of staff told us: "We know people well but we also use the care plans. Before every shift we have a really thorough handover so we know everything that has happened to each person so if changes need to be made we make them."

Staff used a variety of methods to support people to make choices. We saw there were pictures around the home to help people to make choices and inform people of events. At meal times we saw that all tables had a menu. The choice of meals was in written and picture format. We also saw that people were shown meals to assist them to make choices. We read minutes of a staff meeting which emphasised that providing a personalised service to people was very important. The minutes also showed that staff had been reminded that care plans needed to fully reflect each person's preferred daily routines.

There was adequate information around the home to assist people to make choices and express their views. Information was presented in various ways to make sure it was appropriate to people who lived at the home and visitors. There were notice boards with pictures and written information. There was also large TV screen in the main entrance which gave people information about the home. It also showed pictures of activities that people had been involved in. There were meetings for people who lived at the home and for relatives. There was also a regular newsletter. This made sure that everyone was kept up to date with things happening in the home.

People told us they would be comfortable to make a complaint if they were unhappy about any aspect of their care. One person said: "I'd soon let them know if I wasn't

happy." Some people who lived at the home would be unable to verbally express their complaints but staff said they would recognise if someone was not happy with their care. One member of staff said: "We know people very well. I'm very confident we would see the changes that would tell us something was wrong." People we asked were confident that any concerns or complaints would be listened to and action would be taken to address their worries.

There was a wide and varied programme of activities which ensured that everyone was involved in activities and occupation throughout the day. We saw that activities were arranged in line with people's needs and wishes. The home employed two activity workers which meant activities were available every day. We saw that although the activity workers arranged, and led, many group activities all staff were involved in ensuring people had opportunities to take part if they wished to. Activity workers also visited anyone who was in their bedroom to make sure they received social stimulation and did not become isolated. The activity worker told us: "We see everyone every day, sometimes it's for an activity and sometimes it's just a chat."

Activities were arranged in line with people's interests. One person told us about a trip that had been arranged the following week. They told us: "They know I like trains so they have arranged the trip on the steam train." Throughout the day we saw there was constant interaction with people and numerous activities to occupy them. We saw staff chatting and laughing with people who lived at the home. We noted that staff made sure everyone was included in conversations and activities regardless of their abilities.

People were able to choose activities according to their wishes and abilities. We saw that there was an activity plan in pictures to inform people what was available. There were also pictures to tell people about forthcoming events and trips. During the day we saw some people were supported to take part in one to one activities such as puzzles and knitting. Other people joined in a gentle exercise class and a pet therapy session. One person told us: "We love it when the animals come round".

The home responded creatively to people's changing needs and abilities. The home had a number of pets which people could interact with and assist to look after. There was a bird aviary in part of the garden. One person who lived at the home had always taken a keen interest in the

Are services responsive to people's needs?

(for example, to feedback?)

birds but was no longer physically able to spend time in the garden. They had told staff how much they missed seeing the birds and in response the home had set up cameras in the aviary and linked them to a screen at the end of the lounge. During the inspection we saw this person spent time happily watching the birds on the screen.

There was a variety of communal spaces that could be used for people with different interests and abilities. There was a quiet lounge with mood lighting and calming music which was available to people who were very frail and preferred a calm environment. There was a cinema room where people were engaged in watching films of their

choosing. One person who lived at the home enjoyed spending time outside regardless of the weather. The home had created a covered area to make sure they could enjoy the garden whatever the weather. The corridors and some communal areas of the home had brightly coloured murals and items of interest on the wall. This provided a talking point and visual stimulation for people who lived at the home. One visitor told us how much their relative loved the bright pictures on the wall. During the day we saw people moved freely around the home and garden and joined in with activities that were going on in different settings.

Are services well-led?

Our findings

There was a registered manager in place who was open and approachable. One relative told us: “The manager is excellent and always ready to listen.”

The home listened and responded to concerns. There was a complaints policy which enabled people to raise complaints and have them fully investigated. However the manager told us no formal complaints had been made as they were always available in the home to discuss concerns. One visitor told us: “If I have mentioned anything to the manager it has been sorted out straight away. I have never had to make a complaint.” Another visiting relative said: “I like to know exactly what’s happening and have had grumbles in the past. Now I have a really good rapport with the manager and we meet every week to discuss any issues and everything gets sorted out.”

The registered manager demonstrated a detailed knowledge of the people who lived at the home and the staff. They were very visible in the home and we observed that everyone looked very comfortable to approach them. We saw the registered manager interacted openly with people who lived at the home, staff and visitors.

There was a positive, personalised culture in the home. One member of staff said about the manager: “She’s very friendly and you can always talk with her about anything. She cares about the people who live here and treats everyone as an individual.” One person told us: “It’s so different to where I was before. I’m being well looked after and it’s all about what I want, not what the staff want.”

The registered manager and organisation keep up to date with current good practice and took part in initiatives to enhance practice within the home. The home had achieved the highest award in the Gold Standards Framework for end of life care. They were also taking part in a pilot phase of the Dementia Care Audit Tool sponsored by the Department of Health. This is an audit tool designed to improve practice by identifying strengths and weaknesses in a measurable way. In addition to this the home applied for, and was awarded, a grant which has assisted them in providing additional staff training to make sure staff had a high level of skill.

There were systems in place to check that people received safe care and to plan improvements according to people’s needs and wishes. These included regularly checking care

plans, medication, accidents and incidents. The home also sent out satisfaction surveys to gauge people’s views and make sure improvements were planned in line with people’s wishes. We saw returned questionnaires from the most recent survey and this showed a high level of satisfaction. A number of people who completed the survey were unclear about the home’s care plans in relation to nutritional needs. In response to this a display board had been set up to inform people.

Action was taken to make changes when audits identified shortfalls. All accidents in the home were audited on a monthly basis. We saw that where audits had highlighted a number of falls at a specific time of day adjustments had been made to minimise risks. The manager told us that a high number of falls had occurred in the early part of the morning. In response to this the night staffing hours had been extended to provide additional staff at this time. This had resulted in a decrease in the number of falls.

The home encouraged friends and family members to be involved in the running of the home. There was a formal group, known as the ‘Friends of Camelot’, who played an active role in the home. The group provided support for people to take part in trips out and activities. It also acted as a support group for carers. We saw contact details of the chairperson of this group were available in the home. The details stated that if anyone had any concerns that they did not feel able to share within the home they could contact this person. This gave people an independent person to talk with if they chose to.

There were systems in place to make sure there was always enough staff to meet people’s needs. Staffing levels were worked out according to the needs of the people who lived at the home. We were shown the computer programme which calculated the number of staff hours required each week and the number of staffing hours provided. We saw the number of hours provided exceeded the hours required. Some people at the home required one to one support and we saw these hours were provided to the individuals concerned in addition to the overall staffing hours required.

The staffing structure ensured people had access to skilled and experienced staff to meet their needs and answer any questions. There were always qualified nurses and senior carers on duty to support less experienced staff. It also

Are services well-led?

ensured there were clear lines of responsibility and accountability. One member of staff said: “When you come on duty you get an up-date on everyone and you know what you are doing for the shift.”

The home placed a high emphasis on staff training which made sure staff had the right skills and values to provide safe and effective care. We saw the training record which showed staff undertook regular training in health and safety issues and subjects specific to the needs of the people who lived at the home. All staff completed

comprehensive training in the care of people who have dementia. Camelot House was also an accredited training centre for the ‘Overseas Nurse Programme.’ This is a university training programme which enables nurses who are qualified in another country to convert their qualification to practice as a qualified nurse in the United Kingdom. The addition of overseas students in the home meant that additional experienced staff were available to support people.