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:
13 December 2016
16 December 2016

Date of publication:
24 January 2017

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

The inspection took place on 13 and 16 December 2016 and it was unannounced. Camelot Nursing and Residential Care Home is registered to provide accommodation for 35 people who may require nursing and/or personal care. At the time of our inspection 32 older people were living at the home including one person who was staying on a short break. People had various needs including dementia and physical disabilities.

Camelot Nursing and Residential Care Home is two houses that have been converted into one large home with a front driveway. The home is situated in a residential area of Worthing within close proximity to both shops and the seafront. Communal areas included a lounge, an activity lounge a dining area and an additional small coffee lounge area often used for meetings or the visiting hairdresser. A lift was used to take people from the ground to the first floor, stair lifts were is use for people who lived in two mezzanine areas at either side of the building. An attractive patio and garden area to the side and rear of the home could be accessed by people and their relatives.

We found the home to be clean and tidy and maintained to a high standard, there was an action plan in place for areas of the home which required decorating including the replacement programme for all carpets to be replaced by a selection of laminate floorings. Home furnishings such as pictures and ornate framed mirrors decorated communal areas and hallways. Due to the festive season the halls were decorated with Christmas decorations and Christmas trees were positioned in communal areas throughout the home. The front foyer area was complete with a 'meet the team' which included photographs of all staff members and their job role. The ambience of the home was warm and inviting. All bedrooms were personalised with pictures and ornaments and were single occupancy. Helpful signs throughout the home supported people to navigate themselves around the building.

A registered manager was in post at the time of our inspection who had managed the service since 2012. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us the home provided a safe service and there was enough staff to meet people's needs. Staff were trained in how to recognise signs of abuse and able to speak about what action they would take if they had a concern or felt a person was at risk. Risks to people had been identified and assessed and information was provided to staff on how to care for people safely and mitigate any risks. Medicines were managed safely and people were happy with how their medicines were administered.

The home followed safe staff recruitment practices and provided a thorough induction process to prepare new staff for their role. Staff demonstrated how they would implement the training they received in core subject areas by providing care that met the needs of the people they supported. Staff received regular

supervisions and spoke positively about the guidance they received from the registered manager and the registered nurses.

Staff understood the requirements under the Mental Capacity Act 2005 and about people's capacity to make decisions. They also understood the associated legislation under Deprivation of Liberty Safeguards and restrictions to people's freedom. People could choose when, where and what they wanted to eat. Additional drinks and snacks were observed being offered in between meals and staff knew people's preferences.

Staff spoke kindly to people and respected their privacy and dignity. Staff knew people well and had a caring approach. People received personalised care. Care plans reflected information relevant to each individual and their abilities, including people's communication and health needs. Staff were vigilant to changes in people's health needs and their support was reviewed when required. If people required input from other health and social care professionals, this was arranged. At the end of their lives, people were supported to have a comfortable and dignified death.

People were offered activities to attend within the home. All complaints were treated seriously and were overseen by the registered manager. People were provided opportunities to give their views about the care they received from the service. Some people chose to use these opportunities to become more involved with their care and treatment. Relatives were also encouraged to give their feedback on how they viewed the service. Staff understood their role and responsibilities.

The registered manager demonstrated a 'hands-on' approach and knew people well. They had implemented a range of audit processes to measure the overall quality of the service provided to people and to make improvements. The registered manager was keen to work alongside external agencies such as the dementia 'In-Reach Team' to enhance the lives of people and their families living with dementia.

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.

People and their relatives found the service safe.

Staff were trained to recognise the signs of potential abuse and knew what action they should take if they suspected abuse was taking place.

Risks to people were identified and assessments drawn up so that staff knew how to care for people safely and mitigate any risks.

There were sufficient staff to meet people's needs.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

People's care needs were managed effectively by a knowledgeable staff team that were able to meet people's individual needs.

Staff attended core training and additional training such as dementia was organised by the registered manager.

Staff received regular supervision and appraisals.

People were supported to have sufficient to eat and drink.

Consent to care and treatment was sought in line with legislation under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

People were supported by kind, friendly and caring staff who knew them well.

People were given opportunities to be involved and supported to express their views on how they wished to be cared for. People's spiritual and religious beliefs were respected.

Staff promoted people's dignity and respected their privacy.

People were supported at the end of their life to have a private, comfortable and dignified death.

Is the service responsive?

Good

The service was responsive.

Care records were personalised and completed with people.

Choices were offered to people with regard to activities.

People knew how to raise a concern and felt able to do so.

Is the service well-led?

Good

The service was well-led.

The culture of the home was open, positive and friendly.

The staff team cared about the quality of the care they provided and understood their role and responsibilities.

People and staff knew who the registered manager was and felt confident in approaching them.

An overview of the quality of care provided was overseen by the registered manager.

The registered manager worked alongside external agencies such as the dementia in reach team to enhance the lives of people living at the home.

Camelot Nursing and Residential Care Home

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 legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 13 and 16 December 2016 and was unannounced.
The inspection was carried out by one inspector, a Specialist Advisor who had expertise in nursing care 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. The expert-by-experience at this inspection had experience of elderly care.

Prior to the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

During the inspection we observed care provided by staff to people including how medicines were administered to people. In addition we spoke with five people living in the home and seven relatives who were visiting at the time of the inspection. We observed a handover meeting from the morning staff to the afternoon staff. We spoke separately with two care staff and the kitchen assistant. We also spoke separately with a registered nurse, the deputy manager and the registered manager who are both registered nurses.

We spent time looking at records including five care records, three staff files and staff training records. We also looked at staff rotas, medication administration records (MAR), health and safety maintenance checks,

compliments and complaints, accidents and incidents and other records relating to the management of the home.

The home was last inspected in September 2014 and there were no concerns.

Good

Is the service safe?

Our findings

People told us they felt safe living in the home we observed people were relaxed and comfortable in their home. One person said, "The care is very good. I have a comfy room. I go to bed and get up when I want. The food is good and my pills are on time". Relatives described how assured they felt about the care provided to their family members. One relative said, "They are safe because they never rush the residents". Another relative told us, "My [named person fell many times before she came here…She has regained her confidence here". A third relative said, "They (staff) are all very inventive when it comes to safety"

Staff had been trained to recognise the signs of potential abuse and in safeguarding adults at risk. Staff explained how they would keep people safe. They could name different types of abuse and what action they would take if they saw anything that concerned them. All staff told us that they would go to the registered manager or one of the registered nurses in the first instance and failing that would refer to the whistleblowing policy for advice and guidance. One member of staff said, "I would go to my manager" another staff member told us, "I would go to the nurse in charge" if they had cause for concern.

Accidents and incidents were reported appropriately and documents showed the action that had been taken afterwards by the staff team and the registered manager. This also included an analysis of any persons that had experienced a fall. The records showed that appropriate professionals had been contacted and subsequent support provided such as the introduction of specialist equipment. This helped to minimise the risk of future incidents or injury.

Risks to people were managed so that they were protected from harm. Risk assessments provided information, advice and guidance to staff on how to manage and mitigate people's risks. Risk assessments covered areas such as how to support people to move safely, skin integrity, how to administer medicines safely and how to support people with the food and fluids they required. When potential risks had been highlighted for people the necessary guidance was provided in the person's care record. We found risk assessments were updated and reviewed monthly and captured any changes. For example one person used a catheter. A risk assessment was in place to advise staff on what they needed to check with regard to catheter care and what action to take if they were concerned. In this instance registered nurses working at the home would assess any concerns and if needed contact a district nurse or seek advice from the hospital consultant the person was under. The same person used an electric wheelchair to support their mobility and maintain their independence. A risk assessment was in place and had assessed what checks staff should carry out on the wheelchair to ensure it was fit for purpose and prior to the person using it. A relative told us, "I know [named person] is safe because they are always ahead of the situation they can anticipate risks which ensures my peace of mind as well".

Personal emergency evacuation plans had been drawn up so that, in the event of an emergency, staff knew how to support people to be evacuated safely. Equipment used to support people, for example with moving safely, was checked in line with regulatory guidance. Call alarm bells for the use of people to alert the attention of the staff were checked to ensure they were fit for purpose on a monthly basis. During our inspection we noted seven were not working. We brought this to the attention of both the deputy manager

and registered manager who were unaware there was an issue as during their routine check in the previous month there had been no highlighted issues. They resolved the problem the same day by contacting their contractor who was able to fix the temporary fault.

People and their relatives told us that there were sufficient numbers of suitable staff to keep people safe and we observed this during the inspection. When people needed support with personal care, their meal or help with refreshments in between meal time's staff were able to meet people's requests. A relative told us, "Personal care is never rushed". Staffing levels had been assessed based on people's needs and rotas were then completed by the registered manager. In the morning of our inspection there were eight care staff on duty, a registered nurse, the deputy manager and the registered manager. There was also three domestic staff member, an activities coordinator, maintenance person and two kitchen assistants. One kitchen assistant was responsible for the preparation of meals whilst the chef was on leave. During the afternoon and early evening shift, we were told and records confirmed four care staff and a registered nurse were on duty. At nigh times shift rota's provided details of three care staff and one registered nurse would be awake on duty to support people. Staff told us they were able to meet people's needs however one staff member felt between 2pm and 4pm it was difficult to attend to personal care needs and carry out a planned activity and complete the necessary care records. We fed this one comment back to the registered manager who appreciated this was a busy period. The registered manager and deputy manager worked flexibly and covered care staff absences therefore reducing the impact to people.

Staff recruitment practices were robust and thorough. Staff were only able to commence employment upon the provider obtaining suitable recruitment checks which included; two satisfactory reference checks with previous employers and a current Disclosure and Barring Service (DBS) check. Staff record checks showed validation pin number for all qualified nursing staff. The pin number is a requirement which verifies a nurse's registration with the Nursing and Midwifery Council (NMC). Recruitment checks helped to ensure that suitable staff were employed.

Medicines were managed safely by the home using an effective medicine administration system. People told us they were happy with the medicine system and felt confident with how they received their medicines. One person said, "Medicines are always safely supervised and regular". We observed the registered nurse administering medicines during the lunchtime period with confidence and using a personalised approach. They showed us medicines were stored and administered from a medicine room and two locked facilities, one on each floor which were secured to the wall for safety. The nurse wore a tabard labelled, 'Do not disturb' when administering medicines to people. This encouraged other people and staff not to interrupt the registered nurse whilst they were carrying out their allocated responsibility.

The recording system included a photograph of the person and information that was pertinent to them, this included any known allergies. Tablets were dispensed from blister packs and medicines administered from bottles or boxes were stored and labelled correctly. Some medicines had to be stored in a refrigerator. Staff were vigilant at recording the temperature of the refrigerator daily. We observed that the Medication Administration Record (MAR) was completed on behalf of each person by the registered nurse on duty each time someone was supported to take their medicine. This evidenced that people received their medicines as prescribed. Guidance was provided for staff when administering "When required" (PRN) medicines. One person told us, "I don't have pills except a painkiller if needed". The pharmacy, used by the home, carried out an annual inspection of the system. The last one was completed in May 2016. There was a recommendation to ensure a room thermometer was put in place to regulate the medicines room temperature and we observed this was now in place.

Some people were prescribed nutritional supplements in the form of a yogurt or a drink. These were stored

in blue delivery containers in people's bedrooms. They were also given to people by care staff yet signed off on the MAR by the registered nurse on duty. Whilst we did not observe a negative impact of this practice there was a potential risk of inaccuracies surrounding what had actually been administered to a person by care staff and what was signed for by the registered nurse. Also as the supplements were not centrally stored there was a potential risk surrounding the lack of control over the temperature in which they were stored. We discussed this with the registered manager for her consideration. Shortly after the inspection the registered manager amended their medicine's procedure and shared with us all nutritional supplements would be stored centrally in the food storage area of the home. Registered nurses would then be collecting the nutritional supplements from the food store daily and giving them to the allocated care staff supporting each person. They also told us care staff would be signing separate MAR after the supplements were given to people. This meant any risks to people when administering the supplements were minimised.

Good

Is the service effective?

Our findings

People received effective care from staff who had the skills and knowledge they needed to carry out their roles and responsibilities. People we spoke with were complimentary about the staff. They told us of the confidence they had in the abilities of staff and said they knew how to meet their needs. One person told us, "It does not matter the level of nurse or carer they all have time to sit and chat". One relative told us, "They really care it is not just a job". Another relative told us, "The carers are good listeners and are so energetic and involved".

People received support from staff that had been taken through a thorough induction process and attended training which enabled them to carry out their care worker role. The induction consisted of a combination of shadowing shifts and the reading of relevant care records and home policies and procedures. Newer staff were supported by the registered manager and other registered nurses using observations to assess their competency before performing their tasks independently within areas such as moving people safely. The registered manager told us how they encouraged a team work ethic therefore existing care workers who may have been working at the home for longer were helpful in supporting newer staff. She also told us how care staff worked in pairs throughout the shift to ensure skills could be used effectively when supporting people.

The home had introduced the Care Certificate (Skills for Care) for staff to complete. The Care Certificate is a work based achievement aimed at staff who are new to working in the health and social care field. It provides an opportunity for providers to provide knowledge and assess the competencies of their staff. The Care Certificate covers 15 essential health and social care topics, with the aim that this would be completed within 12 weeks of employment.

The mandatory training schedule covered core topic areas including moving and handling, continence care, risk assessment, first aid, infection control and safeguarding. The registered manager accessed face to face sessions, workbook based and on line training for all the staff team and retained evidence of training attended within their staff files. Refresher training was provided to ensure staff routinely updated their knowledge on particular subjects. Staff told us that training was on going and they were able to approach the registered manager if they felt they had an additional training need. The registered manager worked alongside the West Sussex dementia In Reach team to further the staff team's understanding when supporting people living with dementia. Eight training sessions had been attended by staff including the specialist area of 'dementia –the resident's perspective' and 'dementia and communication'. The registered manager and staff told us the session had influenced their work positively whilst supporting people living with dementia.

Seventeen out of 42 staff had completed a level two of National Vocational Qualifications (NVQ) or more recently Health and Social Care Diplomas (HSCD). These are work based awards that are achieved through assessment and training. To achieve these qualifications, candidates must prove that they have the ability (competence) to carry out their job to the required standard. A further seven staff had completed a level three or an equivalent qualification and a further three staff were working towards completion.

Supervisions and appraisals were provided to the staff team. A system of supervision and appraisal is important in monitoring staff skills and knowledge. Staff told us and records confirmed they received supervision every two months, sooner if needed and they were encouraged to discuss all matters relating to their role within these sessions. Items discussed were agreed and carried through to the next meeting. Staff also told us they did not have to wait for planned meetings as the registered manager was approachable and applied an 'open-door policy'. In addition staff meetings provided opportunities for the staff to come together as a team. Minutes from a meeting in March 2016 showed how a new training provider had been discussed and matters relating to pay incentives. The registered nurses and night staff also attended separate meetings to cover role related responsibilities.

Consent to care and treatment was sought in line with legislation 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked that the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Out of 32 people living at the home the registered manager had applied for 25 standard authorisations on behalf of people. The registered manager demonstrated they understood current legislation regarding the MCA and explained they were able to assess a person's capacity at the initial assessment stage. They said, "Do not assume everybody doesn't have capacity. If they don't have capacity to make decisions we apply for a standard authorisation". They continued to tell us how important it was that decisions were made in people's best interests involving health and social care professionals and if appropriate relatives. They told us they didn't want people to feel restricted and wanted them to, "Spend their days here doing what they want to do and be looked after the way they want to be". Care records showed how consent from people had been captured and capacity assessed and where deemed necessary a DoLS application completed. Training records confirmed staff had attended training in both MCA and DoLS throughout 2016. Staff were able to share knowledge on the topic and provided assurances they were aware of its importance.

People were supported to have sufficient to eat, drink and maintain a balanced diet taking into account individual needs. All staff were aware of any specialist diets including any allergies people had and adjusted the menu accordingly. Staff including the registered nurses and registered manager completed food and fluid charts on behalf of people to monitor what people were eating and drinking. Weights were recorded and monitored on a monthly basis. Registered nurses were able to explain what action they would take if they were concerned about a person's weight which included informing the GP and increasing their observations of the person and what they were eating. This ensured people's nutritional needs were regularly monitored for any changes.

A pictorial menu was on display in the dining room for all meals which assisted people in making their choice of what they would like to eat. On both days of our inspection the food looked and smelt appetising. On day one of our inspection we saw people enjoying their lunch; most people had chosen sausages and mash. It was a sociable experience for those involved and people talked to each other and staff throughout. Most people chose to eat in the dining area however some people due to their needs or out of choice ate in their rooms. Staff intervened when people needed more support including people who had remained in their rooms. One person told us that the, "Fish and chips is a particular pleasure on a Friday". Another

person said, "We are asked about having a drink and sometimes we have homemade cakes". A relative told us, "[Named person] has difficulty with pureed food but now they have reverted to mashed foods which are more appetising".

People told us and records confirmed people living at the home had routine access to health care professionals. This included chiropodists, dentists, opticians, district nurses and GP's. Staff told us they would tell one of the registered nurses and/or the registered manager if a person had any health issues immediately and they would then contact a GP. A nurse practioner from the local GP surgery visited the home once a week to review each person and their medicines, any concerns can also be discussed at this time. One relative told us, "My [named person] has new hearing aids and it has changed her quality of life she is a different person now. They (staff) arranged taxis for us to go to various places to get them sorted". Another relative told us, "They (staff) called the GP when my [named person] had a chest infection and informed me immediately. They respond to situations very quickly-nothing fazes them".

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. We observed that people looked at ease in the company of staff and were comfortable when anyone in the staff team approached them. People confirmed their positive experiences of the staff team including the registered manager. One person said the care was, "Exceptional". They added, "Carers here always have time to talk to you they are kind and considerate". A relative told us, "If you ask me about care at Camelot I would say it feels right-it is right".

We observed numerous occasions of positive support provided by staff to people. Staff bent down to address people at their own eye level and maintained good eye contact. Staff spoke with people calmly and warmly and ensured they had everything they needed. We observed how staff interacted with people during a visiting hairdresser session. Staff complimented people on their hair and when they had finished checked to see where they wanted to go next for example to engage in an activity or go back to their bedroom. We observed a staff member sat with one person reading out the person's Christmas card to them. The person was engaged and happy that the staff member had taken the time to do this.

During a handover between the morning staff and afternoon staff information of importance about people and how they presented during the shift was shared between those staff who attended. In addition to health issues, the attention to detail was noted in discussions surrounding a person's well-being. For example, a discussion about who was purchasing a person's birthday cake later that day. Later on during the inspection we saw a 90th birthday cake being delivered with candles lit and with an accompanying 'happy birthday' sung by all the staff supporting the person. Discussions observed showed how much staff cared for people and their relatives. One staff member told us they really enjoyed, "Meeting new residents, spending time with them and finding out what their life was like so I can look after them better".

People's needs and views were supported with regards to their religious and spiritual beliefs and this was reflected in their care records. One person was visited by a representative from their faith when they requested. In addition, people enjoyed visits from a vicar from a local church.

The home encouraged people to express their views and they were actively involved in making decisions about their care. People were provided with opportunities to talk to staff including their key workers and the registered manager about how they felt on a daily basis. A keyworker is a staff member who helps a person achieve their goals, helps create opportunities such as activities and may advocate on behalf of the person with their care plan. Photographs of keyworkers were displayed in people's bedrooms to help people who may not always remember who it was.

Resident meeting opportunities were organised to take place every three months. A copy of the minutes to a meeting held in October 2016 were hung in the main foyer for visitors to read. This meeting discussed which people had enjoyed various activities. For example, one person had enjoyed the embroidery and cross stitch session. Another person had enjoyed the quizzes that had taken place.

People were encouraged to be as independent as possible by the staff. People told us they valued this approach. One person said, "I can wash and dress myself. I get up early on Sundays and have a shower. They just keep an eye on me". Staff described how they encouraged people to take part in their own personal care, enabled them to make choices and decisions about what they wore each day, how they wanted to spend their day, what time they wanted to get up and what time they wanted to go to bed. One staff member said, "I suggest they can wash areas they can". They also told us about one person who likes to walk around the garden independently however said, "I walk with [named person] to make sure she is safe".

People were treated with dignity and respect. Staff were observed knocking on people's bedroom doors and waiting for a response before they entered. Staff talked to people whilst they were supporting them so they gained their consent and people knew what was happening. All staff members we spoke to told us how they would draw people's curtains before supporting them with personal care. A relative told us, "My [named person] is treated with the greatest respect and dignity. They ask me to leave when they change her and wash her in private. They are very discrete and never do anything without explaining or asking".

People were supported at the end of their life to have a private, comfortable, dignified and pain-free death. One person was receiving such care at the time of our visit. The registered manager and team had developed an end of life plan for the person and staff were able to demonstrate their knowledge of what had been agreed. We found the registered manager was able to support and guide staff within this area of work confidently and sensitively. Two relatives shared with us their recent experiences of how the staff team had supported them with their loved one who was at the end of their life. They told us how thoughtful the staff had been towards their other family member and them and how much the compassion displayed had meant to them. They said, "They (staff team) went well over and above". They told us they were impressed how staff had made time for them even at their busiest times including during the night.

Good

Is the service responsive?

Our findings

People lived in a home where staff were responsive to their individual needs. We observed people receiving personalised care. People told us they were happy with the care they received; care records demonstrated they were created to meet the needs of each individual. Bedrooms were personalised to suit people's preferences. Staff demonstrated they had a good understanding of people's personal histories and what they liked and disliked. One person told us, "The care is good. I go to bed and get up when I want". One staff member told us, "Each person's different; each person likes things done in a certain way".

Each person had a care record which included a care plan, risk assessments and other information relevant to the person they had been written about. Care plans were reviewed monthly by registered nurses and included information provided at the point of assessment to present day needs. The care plans provided staff with detailed guidance on how to manage people's physical and/or emotional needs, their goals and their aspirations. This included guidance on areas such as communication needs, continence needs and mobility needs. A relative told us, "I am consulted about his plan and know all about it especially when changes are needed". They added, "But now I don't need to review it as I speak with the matron and nurse almost every day". Staff told us they found care plans easy to read and follow and effective working tools. One staff member told us, "When we have somebody new we go through everything to get to know them, what they like, what equipment they need. The same if something changes".

Mostly care plans were accurate, very detailed and reflected people's current needs. However, during our inspection we found a section in two care plans out of five plans we read which had not captured people's current needs in a particular area. For example, one person had a wound to their left elbow; the care plan had not been updated to include recent information on a plastic dressing which was being used at the time of our inspection. By day two of our inspection the registered manager had addressed this oversight and provided clarity in the care plan. This included naming the particular dressing used and reference to a recent referral to an orthopaedic clinic. Another person's care plan commented on how a person ate their meals in the dining room. However, we observed the same person ate alone in their room. We discussed this with the registered manager who agreed this was misleading and was disappointed this had not been changed by the registered nurse who had reviewed the plan. Shortly after the inspection we were sent the amended care plan with the necessary change made in it.

Daily records were also completed about people by staff during and at the end of their shift. This included information on how a person had spent their day, what kind of mood they were in and any other health monitoring checks. These daily records were referred to when staff handed over information to other staff when changing shifts to ensure any changes were communicated. We read a cross section of daily records some staff were better than others in recording the level of detail required which was an area the registered manager wanted to improve on. They told us about the plan to establish whether the use of tablets such as an iPad would be easier for the staff to use throughout their shift to drive improvements in this area. They were awaiting feedback from two neighbouring homes to establish whether it had been a success before they made a decision. In the meantime they were going to be discussing the issue informally with staff and at staff meetings.

People were provided with stimulation and were offered various group and 1:1 activities to be involved in at the home however people were able to decline to join if they so wished. We spoke with the activities coordinator in the activities lounge who was described by one person as, "Energetic and enthusiastic". They had been working at the home for nearly a year and facilitated activities between Monday and Friday 9.30am-1.30pm. The afternoons and weekends stimulation was provided to people by external entertainers and the care staff team. The activities coordinator told us, "I am here for all the residents". They explained they ran sessions in people's bedrooms as well as the lounge provided. They were able to show us what they had implemented using guidance from the dementia in reach team in developing meaningful activities. One positive piece of work had involved completing life history work with people and showed us an example of one of the books all about a person living at the home. The aim was that each person would have this completed if they wanted to. The books were pictorial and told a story about the person including their social and employment histories, what they used to enjoy and what they currently enjoyed activity wise.

The activity lounge was decorated with photographs of people who had taken part in particular activities and events. Other activities people told us they enjoyed were live music sessions, film afternoons, arts and crafts and once a month pets were brought into the home for its sensory benefits. People said the Christmas party was enjoyed by all especially the food and the carols sung by visiting school children. Sensory apps on an iPad had also proved successful with some people and the registered manager told us they were keen to expand on this. The activities coordinator also told us how much people enjoyed going out and about and said, "They love their coffee or hot chocolate and cake".

Complaints were looked into and responded to in a good time. There was an accessible complaints policy in place available for both people living at the home and their relatives. There was a clear log of all complaints and the actions taken by the registered manager and the staff team. There were no formal complaints open at the time of our inspection. One person said, "I have never made a complaint but I know I could approach the matron and action would be taken". A relative told us they had, "Great faith in the deputy matron she is very understanding". They added, "Sometimes there are slight language issues (with the staff) but they are being overcome". Staff told us that all complaints were treated seriously. One staff member told us, "[Named person] likes to change her mind every few days with what she wants for breakfast. She got the wrong breakfast this week porridge not toast, I apologised and reported back".

Good

Is the service well-led?

Our findings

People and relatives expressed positive views of the home and the care that staff provided. The culture of the home was an open one and people were listened to by the staff and the registered manager. During the course of the inspection, laughter and pleasant exchanges were observed between staff and people. This showed trusting and relaxed relationships had been developed. A relative told us, "I would recommend every aspect of Camelot. The atmosphere is exceptional from the minute you walk in the door. You cannot get access without ringing the bell and being admitted and greeted enthusiastically by a member of staff". Another relative said, "One of the best features of Camelot is the long serving staff. There are not constant staff changes which unsettle residents the stability is reassuring".

The registered manager demonstrated good management and leadership throughout the inspection and made herself available to people. Any areas of concern which we highlighted during our inspection were immediately addressed. We saw the registered manager working amongst the staff team guiding and leading other staff on duty. For example, she was supporting a person with their lunch on day one of our inspection. We also observed her involved with handover meeting. She provided valuable input showing that she knew people the home supported well. Staff felt supported by the registered manager and the deputy manager and felt they could go to her as her office door was always open to them. One staff member told us, "We can always go and speak with her, voice our opinions, she is very supportive". Another staff member told us the registered nurses, deputy manager and registered manager were all, "Very helpful". A relative told us, "The leadership is quite incredible; the priorities have always been about care and people".

A range of audit processes were in place to measure the quality of the care delivered. Audits had been completed in areas such as medicines, accidents, incidents and complaints. Measures were put in place when a highlighted area of concern was identified. It enabled the registered manager to see if there were any consistent themes or areas of the home which required improvements. We were given a maintenance schedule for 2016 which included areas of the home which had been decorated and what was next to complete. Some areas of the home had been fitted with new laminate flooring. The flooring 'lifted' those areas of the home in comparison to the carpet which remained. People living at the home had been given choices of four shades to choose from and a plan was in place to continue to fit the laminate flooring throughout the home. This showed how people were involved in how the home environment developed.

Views from people on the care they received were gathered through informal discussions with care staff, registered nurses and managers at resident meetings. Relatives were also invited to share their views on the home. This occurred via a combination of annual questionnaires, which received positive responses, discussions over the telephone and face to face meetings with the registered manager. Relatives told us that they remained involved with their family members care and were kept updated with any relevant information from the home.

The registered manager had recently held a relatives meeting. This was influenced by the support provided from the dementia in reach team who were also in attendance. Therefore focused on families who were supporting people living with dementia. The registered manager told us it was a way of, "Sharing the grief

together", and said the outcome was, "Relatives felt less like they were on their own". She spoke proudly of the impact of this meeting and really felt it was an important step. Due to its success the registered manager wanted to continue with the meetings and had already booked to hold another in January 2017.

The registered manager also shared other planned improvements to the home. For example, they had recently recruited two volunteers to help with activities and to chat with residents. In a list of improvement plans she gave to us she wrote, 'both are mature and have much in common with our current residents'. This meant they were acting on ideas to improve the lives of people living at the home. The registered manager told us, "We try to treat people as individuals, we work with families to learn as much as possible". She also said her biggest achievement was, "To see people happy".