

Avens Care Homes Limited

Camplehaye Residential Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Camplehaye Residential Home (referred to as Camplehaye) is registered to provide accommodation with personal care to a maximum of 44 people. The home provides care for older people, some of whom are living with dementia. The service is a Victorian property over two floors with two modern extensions, and accommodation off four corridor areas. 36 people lived at the home when we visited.

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

People told us they received safe care. Relatives and a healthcare professional also told us people received safe care.

Risks relating to people's care and support needs were assessed and management plans were in place to reduce these. However, some documentation used to monitor people's safe care had not always been fully completed. This meant staff could not be sure people's care needs were being met as planned.

Where people's bedrooms doors were fitted with locks that required a key, better access was required to a master key to be used in emergencies.

Nine of the 13 people who were able to tell us what it was like to live at Camplehaye, said there were sufficient staff to meet their needs. However, four people told us they had to wait for support when they used their call bells. The registered manager assessed people's dependency and arranged staffing levels in accordance with people's needs. They gave assurances they would continue to monitor staffing requirements.

The management team continued to use a number of audits and reviews to assess and monitor the quality and safety of the home. The home worked in partnership with the local authority and community healthcare professionals.

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

Rating at last inspection

The last rating for this service was Good (published 11 October 2018).

Why we inspected

We received concerns in relation to risk management and staffing. One person had been found in a locked room and there was a delay in staff being able to open the bedroom door. As a result, we undertook a focused inspection to review the Key Questions of Safe and Well-led only.

The local authority's safeguarding team were undertaking an investigation with regard to this concern. The investigation had yet to be concluded at the time of this inspection.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained Good. This is based on the findings at this inspection.

We have found evidence that the provider needs to make some improvement. Please see the Safe section of this full report. The registered manager has taken action to mitigate risks.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Camplehaye Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector undertook this inspection.

Service and service type

Camplehaye Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with 18 people, not all of whom were able to share their experiences, and three relatives. We spoke with seven members of staff including the registered manager, deputy manager, a team leader, care staff and housekeeping staff. We also spoke with the provider and a healthcare professional.

We reviewed a range of records. This included three people's care records and a sample of medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and safety checks were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection in August 2018, this key question was rated as Requires Improvement. At this inspection the rating for this key question has remained the same. This meant some aspects of the service were not always safe and improvements were needed to assure people's safety.

There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People told us they received safe care.
- Personal emergency evacuation plans ensured the support each person needed to evacuate the home, such as in the event of a fire, was assessed and documented. Some improvements were required to the access of master keys to unlock some people's doors should this be necessary. The registered manager said they would check each door that required a key to establish that a master key was available.
- Risks relating to people's care and support needs were assessed and management plans were in place to reduce these. Some documentation used to monitor people's safe care had not always been fully completed, for example, people's fluid intake and when their position was changed to reduce the risk of skin breakdown. However, there was no evidence this had led to unsafe care.
- The registered manager had established a system to allocate named staff to people to ensure each member of staff was aware of their responsibility towards people on every shift. People's well-being and safety, as well as staff performance, was monitored throughout the day by the team leaders.
- A healthcare professional told us people received safe care.
- At the previous inspection we found some environmental risks such as fall risks due to trailing leads and worn carpets had not been identified or addressed. At this inspection we found these risks had been mitigated.

Staffing and recruitment

- Not all of the people we spoke with were able to share their experiences with us. Nine of the 13 people who were able to tell us what it was like to live at Camplehay, said there were sufficient staff to meet their needs. They said staff came promptly when they rang for assistance. However, four people said the home required more staff. One person said, "You have to wait for help as the staff are very busy. They say, 'I'll be there in a minute', but you do have to wait."
- The registered manager used a dependency tool to assess people's staffing needs. Records showed this assessment had been carried out monthly and the level of staffing available met those identified by the tool. The provider and registered manager said staffing was adjusted according to people's needs, such as if people became distressed or were receiving end of life care.
- The registered and deputy manager monitored call bell response times every week. Records showed times varied from two to 12 minutes to answer people's call bells. They said staff prioritised those people with the highest care needs or those with known risks to their health and safety.
- Some people being cared for in their rooms due to poor health, were unable to use a call bell. For those people, staff checked on them regularly, at least every hour.

- Staff told us they felt there were sufficient staff available to meet people's needs. On the day of the inspection, the home was calm and well organised. Staff were seen to be present and did not appear rushed.
- Recruitment practices remained safe with the required checks, including a disclosure and barring check (police check), being carried out prior to staff commencing employment.

Systems and processes to safeguard people from the risk of abuse

- People continued to be protected from potential abuse and avoidable harm by staff who had the knowledge and confidence to identify safeguarding concerns. One member of staff told us they had left their previous employment in a care home as they felt people's care was unsafe. They said they would not tolerate that at Camplehay.

Using medicines safely

- The home continued to manage people's medicines safely.

Preventing and controlling infection

- The home was found to be clean, tidy and odour free.
- Staff had access to, and were seen to wear, protective clothing, such as gloves and aprons, to reduce the risk of cross infection.

Learning lessons when things go wrong

- The registered manager and senior staff team demonstrated a commitment to learn from mistakes and to reflect upon practices to ensure people received high quality care.
- Changes to how shifts were managed, and to the daily monitoring records, had resulted from the review of practices within the home.

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 in August 2018, this key question was rated as Good. At this inspection the rating for 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; and how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The home continued to be well led by a registered manager and a supporting management team who had established good systems and processes to monitor the quality and safety of the home. The registered manager described how they were developing the management team to ensure the home was well managed when they or the deputy manager were not present. Staff were clear about their responsibilities and the leadership structure.
- All accidents and incidents reported were monitored to look for trends and identify whether changes were needed to reduce risks.
- The registered manager was clear about their responsibilities for reporting to the CQC and the regulatory requirements.

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

- The registered manager and all the staff we spoke with, demonstrated a commitment to provide person-centred, high-quality care.
- The management team completed a full range of quality audits on a monthly basis and we saw that actions were identified and addressed to bring about improvements. Audit results were shared with the provider.

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

- People, relatives and staff continued to be encouraged to contribute their views on an ongoing basis informally and through regular meetings and surveys.

Continuous learning and improving care; and working in partnership with others

- The home was working co-operatively with the local authority's safeguarding and quality improvement teams to identify whether the care people received was safe, and if improvements were required. Guidance had been provided in relation to assessing and monitoring risks as well as staff performance.
- The registered manager had an action plan to take forward improvements based on feedback they gained from a variety of sources and the findings from quality audits.