

Avens Care Homes Limited

Camplehaye Residential Home

Inspection report

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Ratings

Is the service well-led?

Requires improvement



Overall summary

We carried out an unannounced focused inspection on 26 and 27 November 2015.

We carried out an unannounced comprehensive inspection of this service in May 2015. Breaches of legal regulations were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal regulations in relation to the breaches.

We initially gave the provider until July 2015 to meet the breach in 'Good governance'. We then met with the provider where it was agreed the timescales would be extended to mid-October 2015. This was because we were confident risks had been identified and were being addressed. Also, the provider had already employed a new manager and time was required for them to take forward the service action plan.

We undertook this focused inspection to check the provider had followed their plan and to confirm that they now met the legal requirement for good governance. This was because this related to the way the home was run. The other breaches will be looked at during a subsequent

inspection. 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

Camplehaye Residential Home provides accommodation and personal care to a maximum of 44 people. The home specialises in the care of people living with the condition of dementia and is not a nursing home. There were 37 people using the service at this time of this inspection.

The home is required to have a registered manager. 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. The home had a registered manager during this inspection but they had not been in continuous day to day control of the service since January 2015 and had not

Summary of findings

taken steps to remove their name from the register. A new manager had been appointed to run the home. They started their employment on 2 November 2015 and had taken steps to register with the Care Quality Commission.

The improved standard of monitoring had led to a safer home for people. There were monitoring visits by the provider and a manager at a sister home and an internal system for monitoring on a weekly, monthly and quarterly basis at the home. The deputy manager said, “There have been a lot of changes in governance and staff have been very supportive.”

Where monitoring arrangements had previously failed and breaches in the regulations had been found in May 2015, there were improved arrangements. These included auditing of medicines, training, including how to protect people’s legal rights, and staff were now receiving face to face supervision of their work. This meant that people were more likely to receive a safe and efficient service and their legal rights were now being upheld.

The manager had a clear and achievable improvement plan on how to improve the standards of care and manage risk, with timescales. Their auditing had shown where staffing improvements were needed. The provider had resourced staffing changes through the use of agency staff; people were safer. Where people’s experience had not been good, for example, people becoming angry with each other in the lounge, a change in the staffing had led to people’s support improving.

Health and social care professionals said they had confidence in the staff and the manager had addressed issues correctly.

The manager had a good understanding of how to improve people’s lives and a clear vision of how to achieve this. Some staff were finding the pace of change was a challenge but one said, “She’s doing a pretty good job so far”.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

We found that action had been taken to improve safety, but some of the changes were not yet embedded.

Improved checks by the provider and a more robust quality monitoring system had increased safety for people.

The standard of monitoring was much improved and had led to a better overview of where improvement was needed and plans to achieve those improvements were in progress.

Staff continued to need strong support through the many changes which some found very unsettling.

Requires improvement



Camplehaye Residential 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.'

We undertook an unannounced focused inspection of Camplehaye Residential Home on 26 and 27 November 2015. This inspection was done to check that improvements to meet one of the legal requirements, planned by the provider after our May 2015 inspection, had been made. The inspector inspected the service against one of the five questions we ask about services: 'Is the service well-led?' This is because the service was not meeting some legal requirements.

Before the inspection we reviewed information we received since the service was registered with CQC. This included notifications that the provider had sent us and information from local authority commissioners.

A number of people living at the service were unable to communicate their experience of living at the home in detail. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people, who could not comment directly on their experience.

During our inspection we received information from four people who used the service and three people's family members. We spoke with the newly appointed manager, deputy manager, provider, and 10 staff. We reviewed the records of three people using the service, and records relating to the management of the service. These included quality monitoring visits, audits, maintenance, training and staffing. We received information from one health care professional with knowledge of the care provided to people who use the service.

Is the service well-led?

Our findings

Our inspection in May 2015 found the registered provider did not have effective arrangements in place to ensure that risk was being managed effectively and promote people's safety. This inspection found arrangements for improvement had been implemented but some were still being embedded. The deputy manager, who had run the home on a day to day basis since May 2015, said, "There have been a lot of changes in governance and staff have been very supportive".

Improvements included monitoring visits by the provider. The most recent was the 24 November 2015, where they had spoken with people using the service, their family, and staff, inspected the premises, and looked at some records, including a complaint. There were also records of support visits by the provider.

Internal audits, whereby the manager of a sister home audited arrangements at Camplehaye, were undertaken. Improvements required had been identified, as shown by a service improvement plan. The plan highlighted any concerns, what actions were needed, by what date and who was responsible. For example, the manager and deputy manager were to risk assess the use of bedrails on a day to day basis, with a weekly visual check by a team leader, starting December 2015. This would avoid preventable risks to people's health and welfare.

The current manager started at Camplehaye Residential Home on 2 November 2015 and had started a programme of quality monitoring. This included weekly, monthly and quarterly audits. For example, our inspection of May 2015 found medicine management was not safe but an audit of the use of medicines in the home was now in place to reduce the possibility of this reoccurring. Where maintenance was needed this was now signed off when completed so it was clear what maintenance was needed and what had been dealt with.

The manager had prioritised the need for a review of staffing arrangements on her arrival, in particular at weekends because of perceived increased risk. People using the service and their families said they had concerns about staffing levels, one saying, "It's always on the edge." There had been a recent incident of confrontational behaviour between people in the lounge and two recent serious accidents. The manager was completing a

dependency tool which identified the level of support people needed, which provided information from which to make staffing decisions. Those decisions to date had been changes to weekend working, a staff member in the lounge during all day time hours and the use of agency staff whilst new staff were being recruited. The provider had resourced those changes, to improve people's safety and well-being.

The standard of record keeping was improved. Care plans were clear, accurate and staff confirmed they used them for information so that the care they provided was in line with their current needs. The use of records had been reviewed and it was decided care workers were recording unnecessarily. This freed up more time for them to spend with people. Monitoring records were completed, for example, to show people were being repositioned to prevent skin damage. The plan to implement a computerised recording system was on hold until staffing was more settled.

People and their family members had the opportunity to make their views known. There had been a meeting where the manager had introduced herself and outlined how she hoped the future of the service would progress. People and their family members knew about the meeting but not all had been able to attend.

People told us they felt safe at Camplehaye and how kind and caring staff were. Their comments included, "They're good and they're kind" and "Staff are exceptionally kind, very patient and observant". Care workers were attentive and provided the care and support people needed. A district nurse said they had no concerns about the care provided. However, a recent complaint about a lack of care had been substantiated following investigation by the manager. This led to a change in communication arrangements to prevent a reoccurrence. Commissioners said the manager acted quickly and appropriately when incidents had affected people's welfare.

Our previous inspection found training and staff supervision had become infrequent and staff did not feel supported. The provider then implemented a system which identified training needs and ensured staff had the training they needed. All staff had since received essential training and training arrangements were reviewed; those changes were still progressing. For example, there were arrangements for more external training providers to be used to increase the options for staff to update their skills and knowledge. This included training in how to uphold

Is the service well-led?

people's legal rights in accordance with the Mental Capacity Act 2005 (MCA), which previously staff had not understood. No person was now subject to restrictions on their liberty without an authorisation having been submitted, as is required under the Mental Capacity Act. Staff were also now receiving face to face supervision with a line manager, a programme was in place for this to continue and staff meetings had been held. This meant people's needs were met by staff better trained and supported in their roles.

All aspects of the service were under review and there was a fast pace of change. For example, people's menu options had increased and staff were trying to find time to ask each person their choice from the menu. The manager's ethos was to empower staff, reward them for their achievements and provide robust support at all times. For example, an employee of the month scheme had started and staff had received a pay rise.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.