

Roseberry Care Centres (England) Ltd

# Cameron House Care Home

## Inspection report

Cameron Street  
Bury  
Lancashire  
BL8 2QH

Date of inspection visit:  
04 April 2022  
11 April 2022

Date of publication:  
06 May 2022

### Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

Cameron House Care Home is a care home providing personal and nursing care to 33 older people, some of whom were living with dementia at the time of the inspection. The service is registered to support up to 40 people.

The home has two floors which supports a mixture of people with residential and nursing needs. There is a large communal lounge and dining area, a smaller lounge, with a conservatory and an accessible garden. All bedrooms are single occupancy.

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

People and their relatives felt Cameron House was a safe place to live. Risks people may face had been identified and steps identified to manage these risks were in place. We have made a recommendation for staff to follow government guidance for using personal protective equipment (PPE). People received their medicines as prescribed. A plan was in place to improve the protocols for when people needed an as required medicine. A recording system was introduced during the inspection when thickeners were used to reduce the risk of choking.

There were times when staff were not visible in the lounge area, especially when the activities organiser was not on duty. The manager said staffing levels would be reviewed immediately. Staff were safely recruited and received the training and support to carry out their roles.

People were supported to maintain their nutrition, hydration and health. Improvements had been made in oral care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives said the staff were kind and caring. We observed positive interactions throughout our inspection. Staff said they enjoyed working at Cameron House and felt well supported by their colleagues and the management team.

A quality assurance system was in place, including audits carried out by the regional operations manager and director. Action plans were written and signed off when completed. All incidents and accidents were reviewed to reduce the risk of a reoccurrence. Complaints were responded to appropriately.

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

### Rating at last inspection

This service was registered with us on 23 May 2020 and this was the first comprehensive inspection. A focused inspection (published 18 February 2021) gave the safe and well led domains a good rating. A rating

was not given for the whole service as we did not look at all five domains at this inspection.

The last rating for Cameron House under the previous provider was requires improvement (Published 20 November 2019).

#### Why we inspected

This was the first comprehensive inspection and was carried out to provide Cameron House with an overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Recommendations

We have made a recommendation about staff following the current government guidance for the use of personal protective equipment (PPE).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# Cameron House Care 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was completed by one inspector. An Expert by Experience made phone calls to people's relatives to gain their views. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Cameron House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cameron House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service 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. 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.

At the time of our inspection there was a registered manager in post.

#### 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 focused inspection. We sought feedback from the local authority and professionals who work with the service. The provider completed a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with eleven members of staff including the registered manager, the regional operations manager, the regional director, the deputy manager, nurse, senior care staff, care staff, domestic staff and the assistant chef. We made observations throughout the inspection to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple 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 quality assurance audits were reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training information and quality assurance records and policies and procedures. The Expert by Experience telephoned 12 relatives about their experience of the care provided at Cameron House.

# Is the service safe?

## Our findings

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

At our last focused inspection, we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

- Care staff did not always use personal protective equipment (PPE) appropriately. We observed some staff with their masks below their nose or under their chin. The registered and regional operations managers spoke with the relevant staff. We saw checking the correct use of PPE was part of the registered manager's daily walk rounds and staff were reminded about its proper use.

We recommend the latest government guidance for the use of PPE is adhered to, to reduce the risk of infection.

- The home was visibly clean throughout. Cleaning schedules were used to ensure all parts of the home were cleaned. The provider's infection prevention and control policy was up to date.
- Members of staff took part in a regular COVID-19 testing regime. People were admitted to Cameron House safely and had a COVID-19 test prior to admission.

### Using medicines safely

- People received their medicines as prescribed. Staff had annual medicines administration training and a competency assessment was completed.
- Guidance was in place for medicines administered 'when required' (PRN). However, this did not always identify how the person would communicate, either verbally or non-verbally, that they needed the PRN medicine to be administered. The regional operations manager had identified the PRN protocols needed to be more person-centred and plans were in place to review and update them.
- Thickeners were stored safely, and care staff knew who required thickener adding to their drinks to reduce the risk of choking. However, it was not recorded when thickener had been added to a person's drink. Record charts were introduced during our inspection. There had not been any choking incidents at Cameron House.

### Staffing and recruitment

- We observed staff were busy in the morning and there were times when there were no care staff available in the lounge area as they were supporting people to get up and those who wanted to stay in their rooms. Care staff would come into the lounge and ensure people were okay, before leaving again. We noted there had not been falls resulting in an injury in the lounge area in the last year. When the activity organiser was working (four days a week) they were based in the lounge and were able to observe and support people.
- People said there were enough staff on duty to meet their needs, including at night. Feedback from relatives was mixed, with some saying they thought the home needed more staff at weekends.

- We discussed this with the registered and regional managers, who said they would review the staffing levels for the days when the activity organiser was not on duty.
- Staff were safely recruited, with all pre-employment checks completed before new staff started working at the service. The home had recently been successful in recruiting nursing staff, which meant Cameron House was now fully staffed with trained nurses.
- The provider had limited the number of admissions to the home to ensure there was sufficient staffing in place to meet people's needs. As more care staff were recruited, more people would be admitted.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- Risk assessments, and guidance for staff to manage the known risks were in place and regularly reviewed. Staff knew people's needs and how to mitigate the risks they faced.
- Equipment within the home was regularly checked by members of staff and was serviced in line with national guidance. Any repairs identified as being needed were arranged by the provider's estates department.
- Staff had completed training in safeguarding vulnerable adults. They knew the signs of potential abuse and how to report this. Staff were confident the registered manager would respond to any concerns they raised.
- Relatives thought their relatives were safe living at Cameron House. A relative said, "Yes, she is safe; I think the staff make me feel that she's safe."

Learning lessons when things go wrong

- All incidents and accidents were recorded and reviewed by the registered manager to ensure actions were taken to reduce the risk of a reoccurrence.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this domain for this newly registered service. At our last inspection (under the previous provider) we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last comprehensive inspection, under the previous provider, we recommended the provider consider current guidance for the provision of oral care. Improvements had been made.

- Each person had an oral health care plan, detailing the support they needed to maintain their oral health. Staff recorded when they had supported people with their oral care.
- People were supported to maintain their health and wellbeing. People's health needs had been identified and care plans provided guidance for staff for meeting these needs. Timely referrals were made to medical professionals when required.

Staff support: induction, training, skills and experience

- Staff received the training they needed to carry out their roles. There was a high level of compliance for the completion of training courses, including those the provider considered to be mandatory and also those that addressed specific health needs, for example diabetes or epilepsy.
- Staff told us they felt well supported and were able to raise any issues they had with the registered manager. Supervision meetings had been completed, which focused on a specific issue, for example absence reporting, rather than being a more general discussion about the member of staff's work.
- Appraisals had recently been undertaken which discussed performance, training and enabled staff to give feedback on working at Cameron House.

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

- People were supported to maintain their nutritional intake. A nutritional plan identified people's support needs for eating and drinking. People's food and fluid intake were monitored where needed.
- People said they liked the food and were able to make choices about what they had to eat. One person said, "The food's very good; the chef knows what I like and there's always an alternative." People's cultural dietary needs were being met.

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

- An assessment of people's support needs was completed before they moved to Cameron House. The registered manager followed up referrals with the hospital discharge teams, local authority social workers

and relatives where appropriate to ensure they had as much information about people's needs as possible.

- Some people moved to Cameron house on a short-term basis from hospital to identify their longer-term support needs and, where possible, enable them to return to their own home (called discharge to assess). Shorter care plans were used in these instances to identify people's support needs. These were changed to full care plans if the person stayed at Cameron House following the initial discharge to assess period.

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

- Cameron House was adapted to meet people's needs, with accessible bathrooms on both floors. The garden was well maintained and accessible. One person did not like people approaching them from one side as it could startle them. Their room had been re-organised so people would always approach the person from their preferred side.

- Limited adaptations had been made to the environment to support people living with dementia. Toilet and bathroom doors were painted a contrast colour to the surrounding walls, so they stood out. Few dementia friendly signs were used to support people living with dementia to identify different areas of the home. Photographs or memory boxes were not used to assist people to identify their bedrooms. Most people living at Cameron House at the time of our inspection were able to find their own way around the home or needed support from staff to mobilise. We discussed this with the registered and regional managers who said additional dementia friendly signage would be considered depending on people's identified needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Cameron House was working within the principles of the MCA. Capacity assessments were completed, and best interest decisions meetings were held for those people who did not have capacity to consent to care and support.

- Where people did not have an appropriate person to be involved in their best interest decisions, referrals had been made through the local authority for an independent mental capacity advocate to be appointed.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this domain for this newly registered service. At our last inspection (under the previous provider) we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff knew people, and their individual needs well. We observed positive interactions between people and members of care staff throughout the inspection. People and their relatives told us the staff were kind and caring. One person said, "Its lovely here; the staff are very good" and a relative told us, "I am quite happy with the care, [Name] is well looked after; they are lovely with her and speak to her really nicely."
- A 'This Is Me' document was used to record information about each person's life, including their family, previous jobs and hobbies. This enabled staff to have a basis for starting conversations and engaging with people.
- People's cultural needs were identified. A local church had started to stream their services and people could watch these if they wanted to. A local priest had continued to visit people at the end of their lives throughout the COVID-19 pandemic if they had wanted them to.

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

- People, and their relatives, were involved informally in discussing their care and support.
- Residents' meetings and a survey were used to gather feedback from people. These were analysed and steps taken where issues had been raised.
- If required, people were supported to have an advocate to represent them in best interest meetings.

Respecting and promoting people's privacy, dignity and independence

- The care staff explained how they respected people's privacy and dignity whilst providing support. Relatives felt their relative was treated with dignity and respect. One relative said, "They (the care staff) treat [Name] in a respectful way and with dignity, for example they always shut the curtains and door if they support her with personal care."
- People were encouraged to complete things for themselves where possible. Care plans identified things people could do for themselves with encouragement. We observed one person was supported to put food in the fish tank, which they clearly enjoyed doing.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this domain for this newly registered service. At our last inspection (under the previous provider) we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last comprehensive inspection, under the previous provider, we recommended the provider reviewed the activities programme. Some improvements had been made, but further improvements were needed.

- An activities organiser worked four days a week and had a planned programme of activities, including spending time on a one to one basis with people who stayed in their bedrooms.
- People told us they enjoyed the activities, including the crafts and gardening club. With the change in guidance for visitors to care homes, the registered manager was looking to restart entertainers visiting the home.
- However, on the days the activity organiser was not working, the care staff did not have the time to arrange any activities or spend time with people, especially in the morning. As detailed in the safe domain, the registered and area managers told us they would review the staffing levels for the days the activities organiser was not working.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Person centred plans identified people's support needs and provided guidance for staff on how to meet these needs. Staff knew people, and the support each person needed, well.
- Relatives said they were asked about people's care and support and had good communication with the home. Many relatives said this had been more informal during the pandemic as they couldn't have formal review meetings. Some relatives told us they had been invited to video calls to review aspects of their relative's care and support.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified in their care plans. These were reviewed monthly and any changes in people's communication needs noted.

- The provider was able to supply information about the home in different formats if needed. We saw some information in an audible format and also in Braille.

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

- A formal complaints policy was in place. Few complaints had been received and these had been all been responded to appropriately.
- Relatives we spoke with said they were confident to raise any concerns they had with the registered manager and that they would be listened to. One relative said, "I would go to the manager. The manager takes anything I say seriously, they give me feedback on what they have done to prevent it from happening again."

#### End of life care and support

- Any advanced wishes for the end of people's lives were discussed as part of the pre-admission assessment. Detailed end of life care plans were discussed with the person, their relatives and relevant medical professionals as people approached the end of their life. Best interest meetings were arranged if appropriate to agree people's end of life care.

# 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 our last focused inspection, we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care;

- A quality assurance system of scheduled audits was in place for a range of areas, including care plans, medicines and health and safety. Action plans were written for any issues identified. These were signed when the action had been completed.
- The registered manager compiled a monthly clinical review report. This highlighted a range of clinical issues, for example, infections, weight loss, skin integrity issues and falls. The steps taken to address the issue and prevent any further occurrences were identified.
- The provider maintained their oversight of the home through monthly provider audits and themed visits to follow up on previously identified actions. These were found to be thorough.
- Cameron House had a good relationship with other medical professionals and the local authority.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff said the registered manager was approachable and supportive. They responded when concerns were raised with them.
- Relatives said there was good communication with the staff team at Cameron House. One relative said, "They will inform me of any changes for [Name]" and another told us, "Anything that comes up about [Name] they ring up and tell me; different carers ring me."
- Surveys were used to gather feedback about the service. These were analysed and any suggestions or issues looked into.

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

- A clear management structure was in place at Cameron House. The regional operations manager and director regularly visited the home and supported the registered manager. A new deputy manager had been recruited to support the registered manager.
- The registered manager was aware of their legal responsibilities and notified the CQC and local authorities appropriately when required.
- People and their relatives said they were able to raise any concerns they had to the staff and registered manager, who would address their concerns.

