

Camilla Care Home. Care Home Service

Auchtertool
Kirkcaldy
KY2 5XW

Telephone: 01592 780 590

Type of inspection:
Unannounced

Completed on:
26 October 2023

Service provided by:
Holmes Care Group Scotland Ltd

Service provider number:
SP2020013480

Service no:
CS2023000073

About the service

Camilla Care Home is situated in the village of Auchtertool, near Kirkcaldy in Fife. The service provides nursing and social care. There are a variety of sitting and dining rooms on the first floor. The upstairs bedrooms can be accessed by two internal passenger lifts. The home benefits from a well kept, landscaped and enclosed garden area to the rear of the property, with garden seating. There are car parking facilities to the side of the home.

Camilla Care Home was re-registered with the Care Inspectorate on 14 March 2023 to provide 24 hour care and support for up to 40 older people. The service is provided by Holmes Care Group Scotland Ltd.

About the inspection

This was an unannounced inspection which took place on 25 and 26 October 2023. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with nine members of staff and management
- spoke with seven residents and one of their relatives
- reviewed training records
- reviewed medication administration/audit systems
- reviewed support plans
- observed staff practice
- reviewed documents
- reviewed quality assurance systems.

Key messages

- People benefitted from a strong, core staff team who knew them well.
- People were included in decisions about service delivery.
- People were supported to spend their days in ways meaningful to them.
- The home had a very calm, relaxed and friendly atmosphere which people told us they really appreciated and enjoyed.
- Care plan recording required improvement to ensure all documents were accurate and up to date.
- Training required improvement to ensure all staff were up to date with best practice.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

People should expect to experience warmth, kindness and compassion in how they are supported and cared for. We evaluated this key question overall as good, where there is a number of important strengths which, taken together, clearly outweigh the areas for improvement.

We observed very warm and compassionate care and interactions between staff and residents which were friendly, good natured and humorous.

During the course of our inspection the atmosphere in the home was very calm and relaxed. This meant that people could feel at ease in their day to day lives. We spoke to people using the service and they told us they felt safe and that they enjoyed living there. One person told us "I like it here" and another said "people are very nice".

There was a range of effective systems in place that monitored and evaluated people's health needs. People benefited from regular access to local health professionals to support their health and wellbeing. Staff had good working relationships with health professionals and sought advice when required. Personal plans were in place which were monitored and reviewed regularly. We saw evidence that any potential risks for people were assessed, with clear strategies in place to guide staff on how best to minimise these. This helped to keep people safe. Feedback from people spoken with indicated they felt well cared for and families were confident their loved ones were being well looked after.

We looked at the medication administration and recording systems (MARS), and found these to be well managed. Protocols were in place to inform staff's practice in the administration of medication prescribed on an 'as required' basis for example, psychotropic medication. This meant people could be confident they were getting the right medication at the right time.

Mealtimes were very calm and relaxed and were clearly a part of the day that people looked forward to. People living in the service spoke naturally amongst themselves and this contributed to the homely feel of the service. Staff took time to make sure that people were happy with their choices and found alternatives if this was not the case. One person decided they did not want any of the options given so was offered a range of alternatives, with their choice being provided quickly so they could continue to enjoy their meal with the people they were chatting to.

Menus are reviewed on a regular basis and we saw evidence of consultation with people to ensure their preferences were available. People were encouraged and supported with eating and drinking in a very kind and dignified way. Outwith meal times we saw people being offered a variety of food and drinks regularly, including fruit, chocolate and smoothies. There were also snack stations which people could access themselves. We could be confident that good nutritional and fluid intake was promoted, benefitting people's health.

There was a commitment to meaningful contact and activities, both within the service and externally. Activities were taking place throughout our inspection and this included both group activities and one to one. During our inspection we observed a Halloween party and a pumpkin carving competition. We were also told about therapy pets, visits from local school children and day trips out on the bus. Some people we spoke to preferred not to take part in group activities and some preferred to spend time in their room. We saw these people enjoying one to one time during the inspection.

We could be confident people were treated as individuals by staff who respect their needs and wishes. Activities were well planned and delivered, meaning people were able to undertake a wide range of activities in line with their preferences and interests.

People told us that their families visit regularly and are made to feel very welcome. Feedback from visitors was very positive with respect to the ease of visiting, friendliness of staff and the quality of the care. We were told "the staff are so caring" and "we are very grateful". Relatives also told us that staff are always friendly and that they tend to see the same carers. People were therefore able to maintain close contact with people close to them.

How good is our leadership?

4 - Good

Managers should have the skills, capacity and systems in place to identify risks, plan appropriate actions to address these, and drive improvement. We evaluated this key question as good, where there is a number of important strengths which, taken together, clearly outweigh the areas for improvement.

The manager had a good overview of the service including accidents and incidents, people's health care needs including nutrition and wound care, and the environment including IPC (Infection Prevention and Control).

People living in the home benefited from a happy, well organised staff group. People told us they were supported and encouraged to give their views and raise any concerns. These were welcomed and responded to positively. This showed the service valued people's comments and suggestions. A relative told us, "I can't speak highly enough, we are very grateful. Communication is always excellent if there is ever any update or things to tell me about. The manager is fantastic".

The manager held staff meetings twice weekly and spoke with nightshift every morning. This helped to ensure all staff were kept up to date with any changes in service delivery. It also gave staff an opportunity to share information and express their views.

The service had a development plan in place which is regularly updated. There was also evidence of people living in the home and their families being involved in the decision making of service delivery. We suggested to the manager that the improvement plan could be enhanced by including people's views to highlight they play an active part in driving improvement.

The service had a complaints policy in place, however, no complaints had been received since the previous inspection. Complaints were generally handled by the organisation's quality team; the complaints policy was being updated to reflect this.

Systems were in place to safeguard people's finances, which they had access to at all times.

The service was well led. People were supported in a person centred way that recognised and respected their rights, wishes and needs.

How good is our staff team?

4 - Good

People should be confident that staff have the necessary competence and skills to support them. We evaluated this key question as good, where there is a number of important strengths which, taken together, clearly outweigh the areas for improvement.

Staff were courteous, friendly, and interactions between staff and people living in the home were warm and caring. People benefited from positive relationships and this made the care home a pleasant place to be supported. People spoke very highly of the staff.

The service maintained staff rotas on a forward planned basis, to ensure the care home provided a safe level of support for those people experiencing care. When agency staff are used, the manager and agency endeavour to ensure the same agency staff are sent, so people living in the home are supported by staff that are familiar to them.

Most staff demonstrated a good level of knowledge and competency in their roles and were supported to develop their skills, which enabled positive outcomes for people who used the service.

Most of the training is completed online. In-person training is delivered by the organisation's training department, and external training is also sought, for example from the NHS. The new manager was aware that some staff were not up to date with their mandatory training and since taking up post, had identified the gaps and instructed them to rectify this. Records showed completion rates varied, however, we noted at least one member of staff was very out of date with IPC (Infection, Prevention and Control) and moving and handling training. This training is essential for maintaining people's safety. An area for improvement (1) is made.

New staff undertake a period of induction which allows them to feedback on their learning throughout the period. It also focused on people's skills and values, giving people living in the service the confidence that the right people were in post.

We found that staff supervisions had taken place, giving staff the opportunity for positive and constructive feedback on their practice. This included identifying and addressing individual staff training needs. Some staff told us that although they had undertaken fluid balance and hydration training, they would like more training on this topic. We saw the manager had listened to them, and requested this from the training department.

We were confident that safer recruitment practice was being followed. Staff were either registered, or in the process of doing so (new staff) with the SSSC (Scottish Social Services Council) or the NMC (Nursing and Midwifery Council).. There was regular management overview of this.

Areas for improvement

1. To support good outcomes for people, the provider should ensure all staff undertake training appropriate to their role and their learning needs. This training should include, but is not limited to, infection prevention and control, and safe moving and handling. They should then be able to evidence how they apply this learning to practice, promoting better experiences for those receiving care.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I have confidence in people because they are trained, competent and skilled' (HSCS 3.14).

How good is our setting?

5 - Very Good

Independence should be promoted as much as possible. We evaluated this key question as very good, where there are major strengths which support positive outcomes for people.

People could move freely throughout the home. The environment was clear and uncluttered and people were not limited in their access to communal areas or use of the lift. Personalisation was encouraged and we found evidence of this throughout the communal areas and bedrooms including pictures, artwork and decorations. This meant that people could feel at home.

We found a strong commitment to promoting independence. Where they were able, people were encouraged to prepare their own food and drinks, and support others to do so. There was a snack station in the home which people could use as they wish. It contained fruit, chocolate, crisps and juice. We observed people using this independently through the day.

We found that the home benefits from a well maintained and attractive garden which includes a summerhouse. People were able to spend time outdoors with friends and family and some had taken on responsibility for tending to some of the flowers and plants.

There were regular consultations with people including on menu planning, use of space in the home and decorations. We could be confident that people's independence was regularly promoted and their wishes and preferences considered.

How well is our care and support planned?

4 - Good

We evaluated this key question as good, where there is a number of important strengths which, taken together, clearly outweigh the areas for improvement.

To make sure that people receive the right care and support, they require an assessment of their needs to take place. People's individual needs and preferences need to be central to deliver positive outcomes for people.

The good standard of personal care and the support provided for people to have a meaningful life was assisted by care plans that covered components of people's physical and social care needs. Arrangements were in place for regular monitoring and evaluation of matters that can impact on a person's health or wellbeing; for example, skin condition, weight and mobility. This kind of monitoring assisted people to keep good health, as it meant concerns could be identified early, and easier to address. We saw evidence of staff following up on referrals to other health professionals when they hadn't been responded to. This meant important health concerns were not being forgotten about.

End of life care plans were in place to ensure people could be fully involved in decisions about current and future support needs. The quality of information in end-of-life care plans was variable with some more fully completed than others. Good information in end-of-life care plans would allow staff to respect people's wishes and promote a dignified death and the service should consider how they ensure adequate information is recorded for each person.

People who displayed signs of stress and distress had informative care plans in place to guide staff on how to best meet their needs. However, we saw some entries in people's daily notes stating medication had been administered during these periods. There was no mention of distraction/de-escalation techniques being used prior to giving the medication in accordance with the care plan. Throughout the inspection we observed staff using de-escalation and distraction techniques and it was evident staff knew people well. We were confident this was a recording issue. An area for improvement (1) is made.

The care plans include a monthly summary; basically a summary of all care plan reviews so staff can see at a quick glance what needs to be done to meet people's needs. In one instance, someone was having treatment for a small wound. There was no mention of this in the monthly summary which could result in it not being treated. We saw evidence in other parts of the care plan to verify the wound had been getting dressed appropriately and timeously. Again, we were confident this was a recording issue. Area for improvement (1) applies.

Appropriate paperwork was in place for people who lack capacity, detailing power of attorney and who the service should be consulting with regarding people's care and support. Consent forms were in place for people who had any restrictions of movement placed on them, such as bedrails or movement alarms in their room. This meant these decisions had been made in agreement with the relevant people.

People were having regular opportunities to participate in formal care reviews. Detailed records were being maintained of discussions and it was evident that these were a supportive opportunity for people to reflect on the service they were receiving, and whether their needs were being met. We felt, however, opportunities were being missed during reviews to find out what improvements could be made to make living in Camilla Care Home even better.

Areas for improvement

1. To promote responsive care and ensure that people have the right care at the right time, the provider should ensure that people have accurate and up to date care plans in place. Each document in the care plan should contain sufficient information to inform staff of any treatment, care and support delivered and to be delivered.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good

How good is our setting?	5 - Very Good
4.2 The setting promotes people's independence	5 - Very Good

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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