

Camilla House. Care Home Service

Main Street
Auchtertool
Kirkcaldy
KY2 5XW

Telephone: 01592 780590

Type of inspection:

Unannounced

Completed on:

8 February 2019

Service provided by:

Kingdom Homes Ltd

Service provider number:

SP2003001615

Service no:

CS2005112020

About the service

Camilla House is a privately run nursing home and the provider is Kingdom Homes Ltd. The property is of two storey construction and is registered to accommodate a maximum of 42 older people with physical and/or mental frailty, 35 of whom may be living with dementia. The home is situated in the village of Auchtertool which is near Kirkcaldy in Fife.

All bedrooms have en-suite bathing facilities. Two bedrooms are of sufficient size to be offered to couples or people who may choose to share. 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 available for residents' use. There are car parking facilities to the side of the home.

What people told us

We distributed 14 questionnaires prior to the inspection and received five completed questionnaires from residents and relatives. The residents/relatives strongly agreed/agreed with the statement that overall they were happy with the quality of care and support provided to them. We also spoke informally with a number of residents and relatives.

Comments received from residents and relatives during the inspection included:

"It's brilliant; they're ever so good with everybody. They're well looked after; she looks great. The staff are amazing".

"We are in every day and we join in the activities; there's something on every day".

"Mum's put on weight; she enjoys the food and she gets plenty drinks".

"The management and admin are very helpful".

"They tell us everything; from the carers to the nurses".

"We have a review every four months and go through the care plan".

"I know staff are on top of her health".

"It's really good. There have been very few issues and they have been dealt with straight away. She has had a few health issues but the staff were on top of it and they kept us informed".

"We couldn't get much better".

"The girls do a good job; they're definitely very kind to us".

"I'd rather be in my own house but this is okay; they look after us well".

During the inspection we used the SOFI 2 which stands for Short Observational Framework for Inspection. This tool helps us to capture the experience of people using the service who may not be able to express their views for themselves. We spoke with the management team about our observations of people's care in one sitting room/dining room at tea-time. We observed at least one member of staff in the sitting room at all times interacting with the residents. The residents appeared to know the staff well and felt at ease. Residents and relatives told us it was the norm for staff to present at all times.

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?	5 - Very Good
How good is our leadership?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
How well is our care and support planned?	5 - Very Good

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

How well do we support people's wellbeing?

5 - Very Good

We evaluated the service as performing at a very good level. This means that the service demonstrates major strengths in supporting positive outcomes for people. There were very few areas for improvement and those that do exist would have a minimal impact on people's experiences and outcomes. Opportunities to strive for excellence were being taken within a culture of continuous improvement.

Relatives spoke of being kept up-to-date on their relatives' health needs and felt confident that they would be informed of any changes in their relatives' care. They said they were confident staff would seek medical attention as soon as their loved one needed it and gave us examples. They told us they were invited to attend care reviews.

We looked at a sample of residents' care plans. We saw that these were well recorded and included and identified current care needs and how these were being met. These were evaluated monthly or if a change occurred. Advice was sought appropriately from other professionals in relation to a variety of health needs.

It is important for residents to enjoy a healthy and balanced diet and have access to plenty of drinks throughout the day. We found that dining rooms were presented very nicely and that residents could choose whether to have meals there or in their own bedroom. Residents told us that the food was very good and if they didn't fancy what was on the menu they could have an alternative.

It is important that people experience support that promotes independence, dignity and choice and that staff have an enabling attitude towards those they care for. We were pleased to see residents were involved in deciding how to spend their day and what activities they wanted to take part in. The full-time activities co-ordinator held monthly meetings with the residents and devised the activity planner around their wishes. Residents and relatives told us their opinions were taken into account in all decision making in the home. Residents had the choice to go on the fortnightly bus trips and they told us they loved the regular entertainers that came to the home. They also had the opportunity to do one-to-one activities they requested via the 'wishing well'. These had included a trip to the museum for one resident and a trip to North Berwick for another. Relatives told us they were invited to join in all activities.

The enthusiastic activities co-ordinator had started several groups for the residents including

arts & crafts, music, reminiscence and a chair exercise group. The residents enjoyed the monthly church services, weekly visits from a local child-minder and her looked after children and visits from the local primary school for seasonal events.

We discussed with the manager the benefit of developing a formal development plan detailing plans for the future improvements of the home including timescales, roles and responsibilities.

Kingdom homes has a dedicated maintenance team which all maintenance requests are sent to. Although each job is marked when completed, a record of the date of completion is not kept. We discussed this with the administrator at Camilla House who stated she was going to rectify this.

Whilst looking at recruitment practices during this inspection we were informed it is Kingdom Home's policy to carry out PVG (Protection of Vulnerable Groups) checks every three years for all appropriate staff. This is good practice and helps to safeguard residents. We discussed with the manager the benefit of keeping a record of each members expiry date to ensure renewal: the manager agreed.

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?

5 - Very Good

We evaluated the service as performing at a very good level. This means that the service demonstrates major strengths in supporting positive outcomes for people. There were very few areas for improvement and those that do exist would have a minimal impact on people's experiences and outcomes. Opportunities to strive for excellence were being taken within a culture of continuous improvement.

People should be fully involved in their assessment and development of their personal plan. These should be available and set out in a way which is personalised and meaningful to each individual. We saw evidence of residents and relatives involvement in the development of residents' personal plans. Monthly evaluations were carried out on all individual care plans and updated to keep staff informed of residents' health and well being. Six monthly reviews took place for each resident to which residents and relatives (where appropriate) were invited to be included. All personal plans examined were up-to-date.

Personal plans included information of all visits and appointments with other healthcare professionals and the prescribed treatments and outcomes were well documented.

Monitoring charts such as food and fluid balance charts were fully completed and we saw action was being taken to improve people's health when necessary. Residents who showed signs of stress/distress had care plans in place which were evaluated regularly. However in some instances recording tools such as Antecedent Behaviour Consequence (ABC) charts were being used during such episodes and we found that the review section of the tool was not always being completed. This meant that although the de-escalation techniques used were recorded they were not always being thoroughly evaluated to inform future practice. The manager agreed with this (see area for improvement 1).

Areas for improvement

1. The manager should ensure that full evaluations are carried out and recorded following a resident's episode of stress/distress. These evaluations should be taken into consideration when reviewing the care plan.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

The service must review arrangement for security of bedrooms to ensure care and risk management arrangement meet the personal care and safety needs of each resident . The management team to review their approach taking into account the Mental Welfare Commission guidance, Rights Risks and limits to Freedom (see requirement 1).

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, 2011, Scottish Statutory Instrument 2011/210 Regulation 4 (1) (a), (b) and (c) and National Care Standards, Care Homes for older people, 4, Your Environment (1), (8), 9, Feeling Safe and Secure (8) and 16, Private Life (1).

Timescale - within three months of receipt of this report.

This requirement was made on 5 July 2018.

Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because the service had fitted door gates to a number of bedrooms to provide security and privacy for residents. We asked the service to review these arrangements to ensure care and risk management arrangements met the personal care and safety needs of each resident.

During this inspection we saw that residents who had door gates fitted to their bedrooms had protocols in place. We also saw that in each instance a risk assessment was in place and a consent form signed by the resident/ relative.

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

1. In order to ensure good outcomes for people experiencing care, the manager should ensure that there are effective systems in place to ensure adequate nursing oversight of changes in residents' presentation with referral to external professionals being carried out as and when required.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that, 'I am assessed by a qualified person, who involves other people and professionals as required' 1.13.

This area for improvement was made on 27 November 2018.

Action taken since then

This area for improvement was made as a result of an upheld complaint. It was made because people experiencing care services should expect their personal plan to clearly set out how their needs will be met. This should include being assessed by a qualified person, who involves other people and professionals as required. We were not confident that the resident's mobility had been adequately assessed by the right people.

During this inspection we saw numerous instances of other healthcare professionals being involved in individual resident's care. This had obviously been requested by the care home staff. We also saw that staff were adhering to the instructions given by other healthcare professionals. This area for improvement was met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very 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 benefits from their care and support	5 - Very Good

How well is our care and support planned?	5 - Very Good
5.1 Assessment and care planning reflects people's planning needs and wishes	5 - Very Good

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