

Larchwood Care Homes (South) Limited

# Cameron House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

Cameron House is a residential care home providing the regulated activity of accommodation and personal care for up to 44 people. The service provides support to older people and people living with dementia in one adapted building and across 6 separate wings. At the time of our inspection there were 36 people using the service.

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

Although some improvements were noted since our last inspection in June 2022, not all risks for people using the service were recorded in sufficient detail to mitigate the risk or potential harm for people using the service. Improvements were still required to some aspects of medicines management. We have made a recommendation about this.

People were at risk of harm and injury because poor moving and handling practices were witnessed during the inspection. Poor deployment of staff meant people's needs were not always met. Governance arrangements at the service continued to require improvement to ensure improvements were sustained in the longer term.

People told us they were safe. Suitable arrangements were in place to protect people from abuse and avoidable harm. Staff demonstrated an understanding of safeguarding and how to raise concerns internally and external agencies. Staff recruitment practices at Cameron House were safe. 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.

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 and update

The last rating for this service was Requires Improvement (published 16 August 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made in relation to the provider's safeguarding arrangements and they were no longer in breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) but remained in breach of Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance).

The service remains rated Requires Improvement. The service has been rated Requires Improvement for the last two consecutive inspections.

Why we inspected

This inspection was prompted by a review of the information we held about this service and in part due to concerns received about medicines management.

A decision was made for us to inspect and examine those risks. We undertook a focused inspection to review the key questions of Safe and Well-Led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the 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.

The overall rating for the service has remained the same based on the findings of this inspection for a second consecutive time.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cameron House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified breaches in relation to risk management, staffing and quality assurance at this inspection.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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 well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Cameron House

## 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 telephone calls to people's relatives. 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 without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post but they were on annual leave.

#### 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. We sought feedback from the Local Authority and professionals who work with the service. The provider was not asked to complete 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 of this information to plan our inspection.

#### During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 5 people who use the service about their experience of Cameron House. We spoke with 5 members of staff and the regional area manager.

We reviewed a range of records. This included 6 people's care records and 7 people's medication administration records. We looked at 3 staff files in relation to recruitment, and a further 5 staff files relating to training and supervision records. A variety of records relating to the management of the service, quality assurance information and policies and procedures were viewed.

Following the on-site inspection to Cameron House, the Expert by Experience spoke to 5 family members about their experience of 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 inspection we rated this key question Requires Improvement. The rating for this key question has remained 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.

At our last inspection in June 2022, we found no evidence that people had been harmed. However, arrangements were either not in place or robust enough to manage and mitigate risk and improvements were required to the service's medicines management. This was a breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. Not enough improvement had been made at this inspection and the provider remained in breach of Regulation 12 [Safe care and treatment].

### Assessing risk, safety monitoring and management

- Not all risks for people were identified and recorded in relation to their care and support needs to ensure their safety and wellbeing. For example, where people had a catheter in place, not all risks associated with the catheter had been considered or recorded. A catheter is a medical device used to empty the bladder and collect urine in a drainage bag.
- We observed 2 separate incidents whereby staff performed unsafe moving and handling practices. Staff placed people at potential risk of harm by placing their hands under people's armpits when assisting them with transfers. These techniques were unsafe and can cause injury.
- Where a person's care records noted that they could become anxious and distressed and their behaviours impacted on others, risks relating to this were either not considered or were not robust to mitigate the risk or potential harm for people using the service. This meant we could not be assured staff had all information required to manage the person's risks in a safe and effective way.
- Fluid intake records viewed showed people's fluid targets were not always met. No information was recorded to demonstrate how this was being monitored and addressed to mitigate their risk of dehydration.

Effective systems were not in place to identify, monitor and mitigate risks to people's safety. This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Appropriate fire detection, warning systems and firefighting equipment were in place and checked to ensure they remained effective. These ensured the provider was able to respond effectively to fire related emergencies that could occur at the service.
- Personal Emergency Evacuation Plans (PEEPs) were stored within people's care plan and the service's 'emergency grab' folder. This is a bespoke plan for people who may have difficulties evacuating to a place of safety without support or assistance from others.
- Hot water outlets were tested at regular intervals to ensure hot water emitted remained safe and within

recommended guidelines. An analysis for legionella had been carried out and this confirmed no bacteria was detected.

### Staffing and recruitment

- Relatives' comments relating to staffing levels at the service were variable. Where comments were positive these included, "They [Cameron House] seem to have enough staff and they are all nice" and, "There appears to be enough staff available." Less favourable comments included, "There aren't enough staff", "I don't think there are enough staff. I visit [relative] and there is never anybody around." The relative told us this had impacted on their relative's comfort and continence needs not being met in a timely manner. They also stated staffing levels were worse at weekends.
- Staff repeatedly told us care primarily focused on tasks rather than on the person being supported.
- Staff confirmed they did not have the time to sit and talk with people using the service. Comments included, "I am not able to spend quality time with residents or to support people with activities" and, "Staff are run ragged, and shifts can be very hard. I feel people's needs are not always met. The deputy manager does not always support, and seniors help but only if they are really pushed. You are chasing yourself all of the time. Activities do not happen every day, and residents are left to their own devices." The latter was observed during both days of inspection.
- Observations throughout the inspection confirmed what staff told us. The deployment of staff meant there were occasions whereby communal lounge areas were left without staff support. For example, on the second day of inspection the first-floor communal lounge was not staffed for a continuous period of 50 minutes, leaving people at risk of harm, due to their poor mobility or where people could be anxious and distressed.
- The provider had a dependency tool to assess people's needs, and this information was used to inform the service's staffing levels. However, this information could not be relied upon as not all dependency assessments viewed accurately reflected people's care and support needs.

Effective arrangements were not in place to ensure the deployment of staff was suitable to meet people's needs. This demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff recruitment records for 3 members of staff were viewed. Relevant checks were completed before a new member of staff started working at the service. This included an application form, written references, proof of identification and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Using medicines safely

- Prior to this inspection concerns were raised by the Local Authority about the service's management of medicines. In response the provider implemented a number of measures to monitor and improve the service's medication practices. This included staff being retrained and having their competency reassessed to ensure their practice was safe.
- Whilst some progress was noted and better monitoring arrangements were now in place, improvements were still required to ensure full compliance with medicines management.
- Where people were prescribed topical creams, the Medication Administration Records (MAR) were not routinely completed when these were applied. Therefore, we could not be assured people had received this medication.
- The MAR form for one person showed one of their medicines was not being administered in line with the prescriber's instructions. No information was recorded to show staff's interventions to provide psychological support prior to the medicine being given in the morning.



- Medicines were stored securely to prevent others not authorised from accessing them. The medication rounds were evenly spaced out throughout the day to ensure people did not receive their medication too close together or too late.

We recommend the provider seek independent advice and guidance to continue to improve the service's medication arrangements.

#### Learning lessons when things go wrong

- The provider's representative was open about the shortfalls found during the inspection and acknowledged there was still work to do to improve the shortfalls identified.
- Accident and incidents were logged and monitored to identify potential trends and themes.
- Where significant incidents had taken place, the provider's representative confirmed an investigation was in progress to ensure lessons were learned and improvements made when things go wrong.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- People's capacity to make decisions had been assessed and these were individual to the person. However, a best interest decision was not always recorded where people had a sensor alarm mat in place.
- Staff asked for people's consent before providing care and support.

At our last inspection in June 2022, robust arrangements were not in place to safeguard people from abuse. This was a breach of Regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider no longer remained in breach of Regulation 13 (Safeguarding service users from abuse and improper treatment).

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "Yes, I think I am safe" and, "Oh, I would say so, yes safe." Relatives' comments included, "[Relative] seems very happy and I feel they are safe", "[Relative] is safe, it's like Fort Knox" and, "I feel [relative] is safe, the building is secure, and the staff are good."
- Staff were able to tell us about the different types of abuse and describe the actions they would take to protect people from harm. Staff stated they would escalate concerns about a person's safety to the management team and external agencies, such as the Local Authority and Care Quality Commission.

#### Preventing and controlling infection

- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. The service was clean and odour free. There were robust cleaning schedules in place, and this included frequent touched areas in the home.

- We were assured the provider was using PPE effectively and safely.
- Staff received infection control training to ensure they understood their associated roles and responsibilities. No concerns were highlighted during the inspection in relation to staff practices and procedures.

#### Visiting in care homes

- Relatives were able to visit their family member without any restrictions imposed and in line with government guidance. No concerns were raised by people's relatives about the service's visiting arrangements.

# 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 inspection we rated this key question Requires Improvement. The rating for this key question has remained Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection in June 2022, effective arrangements were not in place to assess and monitor the quality of care provided, to ensure compliance with regulations. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Although improvements were noted to the service's safeguarding arrangements, not enough improvement had been made at this inspection and the provider remained in breach of Regulation 17 (Good governance).

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

- Quality assurance arrangements were in place to assess and monitor the quality of the service provided. Whilst there was evidence available to demonstrate some improvements had been made since our last inspection to the service in June 2022, improvements were still required to ensure risks and regulatory requirements were understood, managed, and actioned. This related to the ongoing improvements required relating to risk and medicines management and staffing levels.
- Audits were completed to inform the service's quality monitoring and assurance processes. Audits had not picked up the shortfalls identified as part of this inspection. There was a lack of understanding of the risks and issues and the potential impact this had on people using the service and those acting on their behalf.
- The provider had a duty of candour policy and procedure and understood their responsibility to be open and honest if something went wrong. The registered manager was fully aware of their legal responsibilities to be open and transparent. They submitted statutory notifications to us for significant events that had occurred at the service.

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

- Effective role models were not available to provide support and guidance to staff to enable them to effectively carry out their roles and responsibilities. Not all senior staff were observed to lead by example and monitor what was happening in the service.
- Although staff were clear about their roles and responsibilities, not all staff felt supported and valued. Not all staff had received formal supervision.
- Staff were not able to demonstrate an understanding of the providers vision and values for the service.

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

- Relative's comments relating to communication were variable, with both positive and negative comments. These included, "They [staff] call the doctor if needed and are always on top of things and keep us in the loop", "Communication is sometimes good but recently they haven't kept me informed of things happening. I recently visited and healthcare professionals were there, and I didn't know anything about it" and, "Communication can be a bit hit and miss and I always feel that I am asking the questions, information is not always volunteered about [family member]."
- Arrangements were in place for gathering people's and relatives' views about the quality of service provided. The last survey was completed in May 2022 and will be undertaken in May 2023.
- Staff meetings at all levels and roles were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service.

Effective arrangements were not in place to assess and monitor the quality of care provided, to ensure compliance with regulations. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others

- Information demonstrated the service worked closely with others, for example, the Local Authority, healthcare professionals and services to support care provision.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Effective systems were not in place to identify, monitor and mitigate risks to people's safety.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Effective arrangements were not in place to assess and monitor the quality of care provided, to ensure compliance with regulations.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Effective arrangements were not in place to ensure the deployment of staff was suitable to meet people's needs.