

Camberley Care Limited

# Camberley Manor

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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

The inspection took place on 14 June 2018 and was unannounced.

Camberley Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Camberley Manor provides facilities and services for up to 60 older people who require personal or nursing care. The service is purpose built and provides accommodation and facilities over three floors. The second floor provides care and support to people who are living with dementia, this area is called Clover. On the day of the inspection there were 40 people living at Camberley Manor.

At our inspection on 1 and 14 June 2017 we identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following concerns relating to the care people were receiving we completed a further inspection of Camberley Manor on 5 and 10 November 2017 where seven breaches of legal requirements were identified. These related to a lack of consistent leadership, risks to people's safety not always being identified and acted upon, inconsistent staff training and support, accidents and incidents not being adequately monitored, people's dignity not always being upheld and safeguarding concerns not always being reported to the local authority or to CQC. Following this inspection we issued warning notices in relation to safe care and treatment and good governance. As a result of our concerns Camberley Manor was placed into special measures. We asked the provider to complete an action plan to show what they would do and by when to improve the key questions of Safe, Effective, Caring, Responsive and Well-led to at least good.

At this inspection we found significant improvements had been made in all areas of the service and no breaches of legal requirements were identified. A full staff team had been recruited shortly following our last inspection which included the recruitment to key management roles. This had enabled the registered manager to have support while making and embedding the improvements. New staff had undertaken a new induction period where the ethos of the provider had been made clear and their understanding of all procedures and practices had been checked. Staff had embraced the aims and values of the service and were now providing highly personalised care. Training had been completed by all staff and checked through continuous observation and competency assessments to ensure this had been embedded into staff practice. Staff now understood their responsibilities in providing people with safe and effective care. Robust systems had been implemented to monitor risks to people's safety. Key risk indicators were monitored and discussed by both the management team and care staff on a daily basis, an action taken in a timely way when needed. This new system had helped staff understand their role and ensured that processes to monitor people's well-being were embedded into practice and sustainable. People and their relatives commented on the extent to which the service had improved since our last inspection and we observed the positive impact this had made to people's lives. The management team were highly visible throughout the service. Staff people and relatives felt listened to and their ideas and suggestions had been implemented to

improve the service. The manager and provider had worked collaboratively to ensure that systems implemented were sustainable and that the positive culture which had developed was reflected within the care people received.

There was a registered manager in post who supported us during our inspection. 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 registered manager had started their employment at Camberley Manor during our last inspection in November 2017.

There was a positive culture embedded into practice and staff were clear about the person-centred ethos of the service. Quality assurance processes were in place and regular audits of the quality of service people received were completed. The registered manager ensured that prompt action was taken to rectify any shortfalls identified. Staff told us they felt supported by the management team and were able to discuss any concerns openly. Staff worked as a team and communicated well.

Risks to people's safety and well-being were assessed and control measures were in place to help minimise risks. Staff were aware of the risks to people's safety and how to support people to manage risks effectively. Systems were in place to ensure that accidents and incidents were recorded and monitored. This enabled staff to identify any trends in order to minimise the risk of them happening again. Staff were aware of their responsibilities in safeguarding people from potential abuse. Positive relationships had been developed with the local authority safeguarding team and concerns were appropriately reported. The provider had a contingency plan in place to ensure that people's needs would continue to be met in the event of an emergency or if the building could not be used.

There were sufficient staff deployed to meet people's needs safely. The service was no longer using a high number agency staff which meant that people were cared for by a consistent staff team who knew them well. People's needs were responded to in a timely manner and staff had time to spend with people. Staff received regular training and supervision to ensure they had the skills required to meet people's needs. On-going training and development was now a focus within the service and progression training was offered to staff. Safe recruitment processes were in place to ensure people received support from suitable staff.

Safe medicines practices were followed and people received their medicines in accordance with their prescriptions. Staff competency in managing medicines was assessed and medicines audits were reviewed daily to ensure any concerns were identified and acted upon promptly. People's healthcare needs were known to staff and appropriate referrals were made to healthcare professionals where required.

People's legal rights were protected as staff acted in accordance with the Mental Capacity Act 2005. Staff gained people's consent prior to delivering care and understood the need to offer choice and respect people's decisions. People were involved in decisions regarding their day to day care.

People were supported by staff who knew their needs well and provided highly personalised care. People and their relatives told us that staff were caring and treated them with kindness. Detailed assessments were completed prior to people moving into the service to ensure that their needs could be met. Care plans were person centred and contained details of people likes, dislikes and life histories. Staff supported people to maintain their independence and respected people's privacy and dignity. Care plans contained details of the care people wanted when nearing the end of their life.

People told us they enjoyed the food provided and choices were available. People's nutritional needs were met and the catering staff were informed of people's needs and preferences. People's weight was monitored and appropriate action taken where significant changes were identified. The service followed a food first policy and as a result no one living at Camberley Manor required prescribed food supplements.

There was a range of activities available for people to take part in and people received the support they required to be involved. In addition to planned activities, staff spent time with people individually and ensured that people were able to maintain past hobbies and interests. Resident meetings were held quarterly and people and their relatives were able to make suggestions regarding the running of the service and the food and activities provided. People knew the registered manager who spent time in all areas of the service getting to know people and their relatives.

The provider had a complaints policy and people told us they felt any concerns would be addressed. The registered manager maintained a complaints log which showed that concerns had been responded to. Records were regularly updated to ensure that staff had the guidance they required to meet people's needs. Records were securely stored.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff understood their responsibilities in safeguarding people from abuse and concerns were appropriately reported.

There were sufficient skilled staff deployed to meet people's needs safely.

Risks to people's safety were identified and managed.

Accidents and incidents were reported and action taken to minimise the risk of them happening again.

People received their medicines in line with prescription guidelines.

People lived in a clean and well-maintained environment.

### Is the service effective?

Good ●

The service was effective.

Staff received an induction, on-going training and supervision to support them in their roles.

Systems were in place to ensure people received support in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's nutritional and hydration needs were met and they were provided with a choice of food.

People had access to healthcare professionals and appropriate referrals were made to support people in maintaining good health.

### Is the service caring?

Good ●

The service was caring.

People were treated with respect and their dignity was

maintained.

Staff knew people well and respond to their needs promptly.

Staff responded to people with kindness and compassion.

People were supported to maintain their independence.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Staff were aware of the needs of people living at the service and people were now placed at the centre of the service.

Care plans were person-centred and provided good guidance to staff.

A range of activities were provided and people received personalised support in line with their interests.

There was a complaints policy in place and displayed. Complaints were addressed and responded to in a timely manner.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Action had been taken to address and maintain improvement in relation to the previous identified breaches of regulations.

Audits were completed to monitor and assess the quality of the service and to address any shortfalls identified.

Records were up to date and stored securely.

People, relatives and staff had the opportunity to contribute to the running of the service.

Staff told us they felt supported by the manager.

# Camberley Manor

## 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.

The inspection took place on 14 June 2018 and was unannounced. The inspection was carried out by two inspectors, a nurse specialist and an expert by experience. The nurse advisor specialised in the care of older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed records held by the Care Quality Commission which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we spoke with 12 people who lived at Camberley Manor and observed the care and support provided to them. We spoke with five relatives, nine staff members and the registered manager. 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 reviewed a variety of documents which included the care records for eight people, three staff files, medicines records, complaints and compliments, quality audits and various other documentation relevant to the management of the service.

## Is the service safe?

### Our findings

At our inspection in June 2017 we found concerns regarding the safety of people's care. During our inspection in November 2017 we found that although some improvements had been made there were continued concerns regarding the management of risks to people's safety and safe medicines management. In addition, we identified concerns regarding the reporting and investigation of accidents, incidents and safeguarding concerns. At this inspection we found that significant improvements had been made in all areas and people were now receiving safe care. The registered manager had implemented a daily clinical handover meeting to monitor people's well-being and key risk indicators. This enabled prompt action to be taken to address any concerns. Accidents and incidents were reviewed and robustly monitored to ensure that appropriate action was taken to keep people safe. This had led to a reduction in the number of falls and other incidents within the service. Daily medicines checks had been implemented and built into to clinical handover meetings to ensure that any concerns were identified promptly and acted upon. Safeguarding concerns were reported promptly and good relationships had been developed with the local authority safeguarding team. The above systems were designed to ensure that staff were involved throughout the process. This had led to staff gaining an in-depth knowledge of risk management systems and the importance of continuous monitoring.

People and their relatives told us that they felt the service was safe. One person said, "There is always someone to call on and that is a godsend to me." Another person told us, "I have no worries living here and neither do my family. They know I'm being spoiled." One relative told us, "I think (family member) is safe due to the continuity of staff they now have."

People were protected from the risk of abuse as staff were aware of their responsibility to report any concerns. Staff had received safeguarding training since the last inspection and this was to be updated on an annual basis. Staff were able to describe the different types of abuse and signs that may alert them to concerns. All staff we spoke to were aware of reporting procedures and where to find guidance if needed. One staff member told us, "I would need to report it to the manager, and whistle blow if need be." Another staff member said, "I would report to the manager, I would not discuss it with anyone else. If it was the manager who was involved, I would report it to the local authority." The registered manager had developed a good working relationship with the local authority safeguarding team who confirmed to us that they were immediately informed of any concerns. Records showed that all potential safeguarding concerns had been appropriately reported and acted upon.

Risks to people's safety and well-being were identified and measures implemented to help keep them safe. Risk assessments were completed in areas including mobility, falls, skin integrity and nutrition and hydration. Where this identified a potential risk, management plans were implemented which guided staff on the action they should take. Where people were at risk of falls, sensors were used in their rooms to alert staff when they moved and may need support. People who were at risk of pressure sores had specialist equipment in place and were supported to reposition regularly if required. We observed staff supporting people to move using a hoist. Staff were confident in their approach and offered reassurance to the person throughout. Staff were able to describe to us the potential risks to people's safety and also the everyday



precautions they took to keep people safe. One staff member told us, "When I use the hoist to move people I make sure we always have two staff, that the hoist checks are up to date. I look out for hazards, like trips, and generally keep an eye out for things that could hurt people." One senior staff member told us, "I go around the rooms checking that call bells are in place, looking for any issues or concerns. The carers are also my eyes and ears and tell me if things are wrong somewhere."

In addition to the regular handover meetings, the registered manager had implemented a clinical handover in the middle of the day. Senior staff from each floor attended and gave detailed feedback on any areas of risk. Areas covered included any professional visits, accidents and incidents, fluid levels for those assessed as being at risk of dehydration, infections, medicines count audits and any prescriptions required. This meant that any concerns could be addressed during the day and the team were available to offer advice and support to each other. This system had also led to improvements in recording as any errors could be questioned in a timely manner and staff supported to ensure people received the care they required.

People received support to manage their anxiety and behaviours. Recording charts were completed by staff to monitor triggers to people's anxiety, any behaviours displayed and the consequences. This information was then used to develop a positive behaviour support plan which guided staff as to how to minimise the person's anxiety and the support they required to remain calm. In addition, a document titled "Understanding [person's name]" was completed which gave details of the person's character and personality, life story, life events, hobbies and interests, the impact of their dementia, their feelings and how this may be linked to their anxieties and behaviour. This gave staff an insight into what the person may be experiencing and why they may respond to certain situations in a particular way. We observed staff spending time with one person who was showing signs of anxiety. The staff member listened to the person and acknowledged their feelings before using information about the person to offer reassurance. The person calmed quickly and enjoyed an animated conversation with the staff member.

Accidents and incidents were monitored and action taken to minimise the risk of them happening again. Reports of accidents and incidents were recorded by staff and passed to the senior management team for action. All accidents and incidents were discussed during clinical handover meetings each day and were reviewed by the registered manager to ensure that relevant action had been taken to minimise risks. In addition, the clinical services manager maintained tracking records of all accidents, incidents, pressure areas, infections and safeguarding concerns. Each were now being reviewed on a monthly basis to ensure any emerging trends or high-risk areas were discussed within clinical governance meetings and addressed. The results were also shared in the governance report for the service which was analysed by the provider.

Safe management systems were in place to ensure people received their medicines in line with their prescriptions. Additional training and robust auditing systems had been implemented by the registered manager to ensure that people now received their medicines safely. Each person had a medicines administration record (MAR) in place which contained an up to date photograph along with the name of the person's GP and a list of any known allergies. Guidance was available to staff on how people preferred to take their medicines. We observed staff followed correct procedures when administering medicines and took time to ensure people knew what medicines they were taking. PRN (as and when required medicines) were correctly recorded and protocols were in place to guide staff in how and when these should be administered. We heard one person tell staff they were in pain. Staff responded quickly to this. They looked at the person's guidelines and ensured they checked with a second staff member before administering pain relief to the person.

Medicines were securely stored and monitored. Medicines were stored in lockable trolley's and cupboards inside a locked clinical room. Both medicines and records were organised and regularly audited to minimise

the risk of medicines errors occurring. The dispensing pharmacy signed all medicines into the building which had created a simpler process for staff to follow. Medicines which needed to be returned to the pharmacy were recorded and signed for. All staff responsible for the administration of medicines receive training and their competence is assessed annually or following any concerns.

Sufficient, skilled staff were deployed to keep people safe. At our inspections in June and November 2017 we found that a high number of agency staff were used which people and their relatives felt was affecting the standard of care they received. At this inspection we found that the use of agency staff had largely been eliminated and a full staff team had been recruited. People and their relatives told us that this had had a positive impact on the care they received. One person told us, "Things are much better now. There are more staff here and we know who they are." One relative told us, "Continuity of staff has really improved. This is critical for people who have dementia."

Staff did not appear rushed and had time to spend with people. We observed staff spend time chatting and engaging in individual activities with people. There was a calm atmosphere throughout the service and people did not have to wait for their care. Staff communicated well with each other, sharing what they were doing or who they were supporting. Staff always made another staff member aware when they were leaving communal areas to ensure that there was always someone there to provide support to people if required. Staff told us staffing levels and the way in which staff were deployed had improved. One staff member told us, "We are fully staffed now, and I think there are enough of us. Staff like working here now." Another staff member said, "Staff morale has gone up so much. We have permanent staff and the residents get good care."

Systems were in place to ensure staff were safely recruited. Staff files contained application forms, checks for gaps in employment history, interview records and proof of identity. Disclosure and Barring Service (DBS) checks were also completed. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. The provider checked nurse's personal identification numbers (PIN) as part of the recruitment process to ensure they were up to date. A PIN is given to nurses to demonstrate they are registered with the Nursing and Midwifery Council and are fit to practice.

Safe infection control processes were practised. The environment was cleaned to a high standard and there were no malodours present. Cleaning schedules were in place and tasks were signed by housekeeping staff when completed. One relative told us, "I think the cleanliness is exceptional here, it's always really clean." The laundry area was organised to ensure that clean items were not stored near to soiled items. Red soluble bags were used to ensure that soiled laundry did not need to be handled directly. Staff were knowledgeable regarding the temperature soiled items needed to be washed on. Staff had access to personal protective equipment such as gloves and aprons and we observed staff using these as required. Regular infection control audits were completed. The service had recently been nominated for an internal award from the provider in recognition of achieving consistent high scores in infection control audits.

People lived in a safe and well maintained environment. Comprehensive health and safety records were kept which detailed that equipment was serviced as required and that relevant safety checks were completed. There was a fire risk assessment in place and procedures were clearly displayed. Regular fire drills took place and reports regarding how responses were completed to check if any improvements were required. Person emergency evacuation plans were in place for each person so staff and emergency services were aware of the level of support they would require to exit the building. The provider maintained a contingency plan which contained detailed guidance for staff to follow in the event of an emergency. This included how and where people would be supported should the building not be available for use.

## Is the service effective?

### Our findings

At our inspection in November 2017 we identified concerns regarding the training and supervision of staff. At this inspection we found that improvements had been made and staff were now receiving the training and support they required within their job roles. Staff now completed a comprehensive training programme which included training specific to people's needs such as dementia training. Staff competence was monitored by both the management and training teams to ensure staff were able to use their learning in practice.

Staff received a comprehensive induction when starting their employment and on-going training was provided. New staff received training in areas including safeguarding, dementia, equality and diversity, mental capacity act, dignity and privacy and moving and handling. New staff were also provided with the opportunity to work alongside more experienced staff members. This enabled new staff to get to know people's needs and the running of the service. One staff member told us, "Everyone was so supportive and helpful when I started and I shadowed until I felt okay. You're never on your own here though and you can ask as many questions as you want." Staff who were new to care were also required to complete the Care Certificate, a set of nationally recognised standards which staff should demonstrate in their everyday working lives.

Staff were required to keep their knowledge updated and complete refresher course at regular intervals. Records showed that staff were supported to do this. One staff member told us, "We have regular supervision and we get training. If we want any particular training we just have to let the manager know and she will arrange it." Staff also told us they were encouraged to keep learning and that progression within the organisation was encouraged. In addition to supporting staff to complete nationally recognised vocational qualifications, the provider had begun to offer nursing apprenticeships. One staff member who was due to start the training told us, "I'm really excited. I'm not worried because I know I'll get the support. They wouldn't see any of us struggle. They never make you feel stupid for asking questions." A second staff member gave the example of asking a question regarding pressure sores. They told us, "We only had to ask one question and we got all the information about pressure sores and how it links to nutrition. Nothing is too much for anyone here."

Staff received regular supervision to support them in their roles. Records showed that staff throughout the service received supervision in line with the providers policy. Staff told us they felt supported by the management team. One staff member said, "I can talk about anything in supervision. Everything is open here and they listen." Clinical staff received supervision to discuss clinical practice and skills development. One staff member told us, "We meet regularly, my boss is doing my (nurse) revalidation with me."

Assessments of people's needs were completed prior to them moving into Camberley Manor. This enabled the service to ensure they were able to provide the care and support each person required. Assessments were completed by senior staff members and provided a detailed description of people's care needs, their preferences and life history. People and their relatives told us they had been involved in the assessment process. One person told us, "They were so pleasant when they came to talk to us, I found it very reassuring."

One relative told us, "They came to see her when she was in the hospital. Originally, they wanted to put her in the dementia floor, but we insisted that the nursing floor would better suit her, and they agreed."

People's nutrition and hydration needs were met. The majority of the people we spoke with told us that the food at Camberley Manor had improved although some people said they still found it too rich for their pallet. The menu of options available was extensive and people told us they were able to request alternatives. One person told us, "The food wasn't to my taste. They have a head chef in now who's done a lot to turn this around. (Chef) is always helpful to me if there's nothing on the menu I like. I pop down to discuss alternatives. I like plain food." One relative told us, "It's really nice. Mum really likes the food and she is a good eater. The staff know what she likes and dislikes, and what she does when she doesn't like something."

People's weight was regularly monitored and action was taken where significant variance was identified. Records showed that people's weight was stable. The catering staff and care staff were aware of people who were at risk of malnutrition and high calorie foods and snacks were provided. Staff closely monitored people's nutritional intake throughout the day and offered additional support where required. For example, one person had not eaten very much lunch. Later in the afternoon we observed staff sitting chatting with the person whilst encouraging them to eat a sandwich. No-one living at Camberley Manor required prescribed food supplements. The registered manager told us, "We really believe in using food first. Supplements taste horrible, they're not very nice for people. If we can avoid it we will." The service was taking part in the 'Hydrate Project' and had hydration stations in each communal area to encourage people to drink. We observed people being offered frequent drinks throughout the day. Staff accurately monitored people's fluid intake and offered people additional support to drink when required.

People received the support they required when eating and mealtimes were organised. Where required, staff sat with people to support them with their meal. This was done at people's own pace and staff communicated with people throughout to ensure they were comfortable. People living with dementia were offered visual choices of the options available and were provided with alternatives if required. Staff were attentive to people's needs and responded promptly to any requests or difficulties people were experiencing. Staff sat and ate their meal with people which enabled them to engage with people and created a pleasant and relaxed environment. People were able to choose where they ate their meals. Some people chose to eat in the dining room and others in their room. We observed a small group of people had chosen to eat lunch in the garden and staff accompanied them.

People were supported with their healthcare needs and had access to healthcare professionals. The GP visited the service on a regular basis and people and relatives told us they were able to make appointments to see them when required. Records showed that referrals had been made to healthcare professionals where required and that people were supported to attend specialist appointments. Regular health appointments such as opticians, chiropody, physiotherapy and dental care took place and any issues identified were acted upon. One person told us the service had arranged for them to attend an audiology appointment where they received new hearing aids. They told us, "The staff are helping me with them." Each person had a care passport in place which contained information about the person and their needs which could be shared with health staff should the person be admitted to hospital.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When people 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 so that they can receive care and treatment when

this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards.

Systems were in place to ensure the principles of the MCA were followed and that people's legal rights were protected. Where appropriate, capacity assessments had been completed in areas including consent to placement at Camberley Manor, support with daily care needs, use of keypads to restrict movement in certain areas of the building and not being able to leave the home unescorted. Where assessments showed people lacked capacity to consent, best interest decisions were recorded. These showed that relatives and healthcare professionals had been involved as required. DoLS applications had been submitted to the local authority and contained details of any restrictions in place. The registered manager maintained a DoLS tracker which showed that regular updates on the progress of DoLS applications were requested.

Staff were knowledgeable about the MCA and were able to describe how this impacted on their roles. One staff member told us, "The MCA means we should always assume people have capacity, always use the least restrictive option and everything we do should be in their best interests. We should always offer as much choice as possible. It's so important, when choice is taken away people's health and well-being deteriorate." We observed that staff continually sought people's consent prior to supporting them with their care. Staff took time to explain fully what was about to happen and provide people with reassurance.

People lived in a comfortable environment which was suited to their needs. Camberley Manor was purpose built and all areas of the service were accessible to people. There was smooth flooring throughout the building to reduce the risk of slips and trips. A communal meeting area with tea, coffee and snacks was available in the foyer area and we observed people using this area to greet their visitors throughout the inspection. Each of the three floors had a lounge and dining area which were spacious and welcoming. Clover, the area supporting people living with dementia had been decorated with bright pictures and ornaments and there were areas of interest such as hats, scarves and handbags for people who spent their time walking. We observed one person using these and wearing a scarf through the day. There were also smaller, private rooms throughout the building where people were able to meet with their visitors. There was a homely feel throughout the service and people had decorated their rooms with their own pictures, ornaments and belongings. The garden area was designed to be accessible to people with mobility issues and wheelchair users.

## Is the service caring?

### Our findings

At our inspections in June and November 2017 we found that people were not always treated with dignity and respect. At this inspection we found that significant improvements had been made and people were now receiving care from kind and attentive staff. Additional training had been provided to support staff in providing personal care, such as how to care for people's oral health needs. The presence of a strong management team throughout the service meant that staff were receiving constant feedback and support on the care they provided to people. Staff were now consistently deployed in the same areas of the home and were able to spend time getting to know people's needs. This had led to people receiving consistent, highly personalised care from staff who knew them well.

People and their relatives told us that staff were caring and took time to get to know them. One person told us, "We (people) have a good relationship with the staff on this floor. We have a huge rapport with them and they know us, and we know them. I particularly like the unit manager." Another person told us, "Staff are very good. They're always very helpful." A third person said, "They're very good here. They always sit down and respond and excuse themselves if they're busy. They do knock on the door." One relative told us, "I'd give them a glowing report because the care staff, cleaners, cooks are absolutely wonderful. We've seen good change. My dad adores the man in charge on the floor. They keep the staff the same now, so he knows everybody." Another relative said, "It's a home from home now. The staff are very welcoming and look after my mum exceptionally well. They really know her, her likes and dislikes." A third relative told us, "The carers took some toffee yogurts to her when she was in hospital and this is the overriding feeling we had about this home, they would go beyond for our family."

Staff had established good relationships with people and knew them well. Throughout the inspection we observed staff sitting talking with people. There was a relaxed atmosphere throughout the service and lots of laughter was heard through the day. Due to the location of the service there were a number of people from a military background. Staff demonstrated an understanding of this when speaking to people. We observed one person laughing when a staff member saluted them. They told us about their military past and the staff member joined in, reminding them of details and different stories. Staff were in the process of sourcing the right uniform from a local historian for the person to enable them to attend a military tattoo. A number of people with similar military backgrounds had been introduced to each other by staff who felt they may enjoy each other's company. They regularly met for lunch to discuss their memories. We observed one staff member in Clover, the area of the service supporting people living with dementia, spent time with a person providing a hand massage. They chatted throughout about the person's family and pets. The person was living with dementia and the conversation moved quickly between different topics. However, the staff member listened intently and due to their knowledge of the person they were able to respond appropriately and fully engage with them.

In addition to information within care plans, keyworkers in Clover delivered short presentations to other staff about people's life histories and how they liked their support to be provided. Staff attending the presentations included other staff members from Clover and heads of department including hospitality and housekeeping. One staff member told us, "Every Tuesday someone gives a short presentation about a

resident. Heads of departments come along to get and insight into people and see who they are and what their life has been about."

Staff treated people with dignity and respect. We observed staff knocked on people's doors and introduced themselves before entering. Staff supported people with their personal care needs in private. One person told us that staff had provided reassurance regarding this element of their support. They told us, "I was worried in the beginning about personal care, but staff put you at ease." Staff told us they understood the importance of maintaining people's privacy and dignity. They told us, "We make sure we cover someone with a towel if they're undressed and that curtains and windows are closed." Detailed records of people's personal care needs were held within care plans and staff were able to describe these. This included care plans regarding oral health care and staff had received training on how to support people in this area.

Staff took time to support people with their personal appearance. Where people liked to wear make-up this was nicely applied, people's hair was styled and men had been supported to shave. Staff were heard to frequently compliment people on their appearance. One relative told us their family member always looked nice when they visited and staff ensured they were wearing their party dresses for any functions.

People's cultural and religious needs were respected. One person told us that staff supported them to prepare to attend their daily religious meetings. They told us, "I go to religious meetings and they help so I can get there. They would take me if my friends couldn't. It's important to me as I have been with them since I was a little girl." Visits from a local Chaplin took place regularly and the registered manager told us that anyone wishing to attend church was supported to do so. One person spoke English as their second language although at times would revert to their first language. Staff who spoke the persons first language were always available to support them when required.

People were supported to develop and maintain their independence. We observed people were able to move freely around the service and grounds without restriction. One person told us that they continued to complete some of their own domestic tasks such as making their bed and keeping their room clean and tidy. People were supported with their mobility needs. One person had been cared for in bed for a lengthy period of time whilst in hospital. Since living at the service, the person had begun to mobilise again with staff support. The person and their family were very pleased with this outcome.

People were supported to maintain links with those important to them. Visitors told us they were made to feel welcome and we observed this to be the case. One person told us, "Visitors can come and go as they want. I love seeing the children and babies." Another relative told us, "We are always welcome here. The staff chat with us now and we know what is happening. I don't worry anymore about what I might be faced with when I visit." Another relative told us that staff had supported their family member to make a Skype call that morning to wish them happy birthday. There were a number of apartments which relatives who wished to stay overnight could rent. The registered manager told us these were generally used by families who had travelled a long way to see their loved ones or when people were unwell and families wanted to be close at hand.

## Is the service responsive?

### Our findings

At our inspections in June and November 2017 we found that complaints made to the provider were not always recorded and acted upon which meant that the care people received did not always improve as a result of complaints being made. At this inspection we found that improvements had been made and that complaints were now responded to in line with the providers policy. Robust monitoring systems had been implemented which ensured that all concerns, however minor, were responded to in line with the complaints policy. The registered manager and clinical services manager had developed positive relationships with people by ensuring they were visible throughout the service. In addition, they held monthly coffee mornings where people were able to discuss any issues. This had led to the development of trusting relationships and people felt any concerns would be listened to and acted upon. Complaints were reported and reviewed by the provider to ensure that all appropriate action had been taken.

There was a complaints policy in place and people were aware of how they could raise concerns. One person told us, "I don't feel worried or concerned. I would talk to the senior people and feel I could do it and it would be investigated." Another person said, "I can turn to the unit manager, then the deputy, then the manager. I can turn to them and feel they would listen. I've had a few issues, but they are getting improved." One relative told us, "Yes I have made complaints and they have been resolved. The need to complain has dropped with the new manager." The registered manager maintained a complaints log which showed that all concerns raised were recorded and acted upon. Complaints were tracked to identify any themes and to ensure action had been taken to minimise the risk of the concerns being repeated.

People were supported by staff who knew their needs and provided person centred care. One person told us, "I know I am being well looked after here. I never feel lonely here." People and their relatives told us they had been involved in the development and review of their care plans. One person told us, "Yes, we have been involved in the care planning. It's a discussion for all the family. We look at the care plan when it is reviewed, but haven't needed to make any changes." One relative told us, "I have seen the care plan and I am involved in the reviews. My family member will participate on an ad hoc basis (due to capacity fluctuating), but they do try to involve her." Care plans were comprehensively written and covered areas including daily living, personal care, health conditions, mobility, night care and emotional support. Each person had a three page summary care plan in place which gave staff the key points they needed to know in order to provide responsive and effective care to individuals. We observed staff followed this guidance when supporting people. One person's care plan stated that although they were able to mobilise independently, staff should walk alongside them to offer reassurance and guidance. We observed that when the person was walking staff were with them at all times.

Staff were able to demonstrate an in-depth knowledge of people's needs. Due to a particular health issue it was very important to one person that they received their care in a consistent manner. Detailed, step by step guidance was available for staff to follow. Staff members we spoke with were able to describe the persons care and the reasons why it was important to the person to provide their care in this way. During our last inspection we observed one person received one to one support due to their anxiety and behaviours. The person had spent their time moving around the service, appearing to be very anxious regarding what was



happening. At this inspection we found the person no longer required this level of support. The registered manager told us, "Staff know what they're doing and how to support (person). One to one just makes them more anxious so we stopped it." We observed the person appeared relaxed and spent their time sat in the lounge, interacting with staff. From the conversation between the person and staff members it was clear that staff knew the person well and were aware of how to respond to their needs. There had been no recorded incidents since this change in the persons support.

Staff responded promptly to people's individual requests for support. One person who had recently moved into the service told us they had not been outside since moving to Camberley Manor as they had not felt well enough. However, during the afternoon they told us, "I'm going to sit outside with my two favourite staff and have an ice-cream." Staff had recognised the importance of responding to the persons request promptly and were seen sat in the garden within 30 minutes of the person asking. The person was smiling and laughing with the staff and later told us they had thoroughly enjoyed their afternoon. Staff told us of another person who had been unable to leave their room for a long time. The person had told staff they would like to sit by the lake in the garden with a gin and tonic. Staff had discussed this with the registered manager to ensure that any risks had been considered. Staff reported that the person had really enjoyed this experience. The manner in which staff relayed this story showed how important it had been to them to ensure the persons request had been met.

Staff used a variety of ways to engage with people living with dementia. Staff supporting people on Clover all wore elaborate head bands decorated with silk flowers or sparkling tiaras. The senior staff member from Clover told us this was to support people living with dementia to easily identify staff. Another staff member confirmed this and added, "They help to create engagement. They attract people's attention and it's easier to make eye contact with them. People living with dementia remember feelings. Seeing staff wear something nice in their hair often makes people smile and they remember this feeling and associate it with staff." Staff offered people hand massages as a way of encouraging interaction. One staff member told us they used hand massage as a comfort to people in addition to using it as an opportunity to gain eye contact and prompt discussion. There were a number of large photo books around communal areas of Clover including pictures of film stars and animals. Staff used these resources to create opportunities for discussion with people.

Staff supported people in decisions regarding the care they would prefer when reaching the end of their life. Care plans contained details of people wishes which had been discussed the person and their family members where appropriate. This included where they would like to be cared for, who they would like to be contacted and any individual requests such as music or poetry. We spoke with one relative whose family member had recently passed away at the service following a stay in hospital. They told us, said "These guys have built a bond with the people who live here and (family member) was so fond of them. They would chat away together. She went to sleep where she loved, was warm and was cared for. All the staff came in to see her after she had passed away." The registered manager told us they had recently contacted a bereavement councillor to come and conduct sessions with both staff and residents. They told us, "We have to recognise we all grieve. It's so important to give the residents and their families lots of care and attention. We will do everything we can to make sure they have what they need, that their family and pets are with them, they have the music they want or that we have their favourite poem to read to them. We've had some very moving moments with people."

People had access to a wide range of activities which were personalised to their individual needs. People told us they enjoyed the activities provided. One person told us, "If there's something going on, I'm usually there, to be with people and for the entertainment." Another person said, "We go out to town and other places, have entertainers and do exercises. It's good to keep moving." There was a dedicated activity team in

place who supported people with both group and individual activities. The activity co-ordinator was passionate about their role in providing person centred care. They told us, "I don't want our activities to be good. I want them to be brilliant."

A 'Wellbeing Schedule' was distributed to everyone living at Camberley Manor and was displayed in communal areas. This included core activities such as quizzes, board games, discussion groups and exercise sessions. In addition, entertainers regularly visited the service including a pianist, musicians, singers, Bollywood dancing, art groups and a magician. We spoke to people who had listened to the musical entertainment during the inspection. Everyone we spoke to said they had enjoyed the afternoon and thought in general the entertainers visiting the service were of a high standard. The activity co-ordinator was keen to integrate all floors in the activity schedule and to involve staff in the delivery of activities. They had recently instigated a competition for each floor to host an event where people living across the service could attend. The activities co-ordinator told us, "We have had such good ideas and it is so good to see everyone mixing together."

The activity team ensured that people had the opportunity to continue their hobbies and interests. One person enjoyed poetry and had been encouraged to set up a poetry club with others living at Camberley Manor. They facilitated a monthly discussion group looking at the stories and history behind poems. Another person was a keen knitter and was involved in teaching staff members to knit. A gentleman's club had been started and a group met in the 'Camberley Arms', the in-house pub, on a regular basis. Another person who had recently moved into the service was being cared for in bed. The person had previously worked in catering and staff had taken cake decorating equipment to their room. The person had helped to decorate cupcakes for a charity cupcake sale later in the day.

## Is the service well-led?

### Our findings

At our inspections in June and November 2017 we found that there was a lack of effective oversight and management systems within the service. At this inspection we found that significant improvements had been made and a positive culture was evident throughout the service. All the people and staff we spoke with commented on the improvements within the service since our last inspection. The commitment to providing person centred care was evident in all areas which demonstrated that the values and ethos of the service were embedded into practice. The management team and provider had implemented robust monitoring systems which were effective in ensuring the quality of the service was monitored and constantly improved.

People and their families told us they thought the service was managed well and that improvements had been seen since the new management team had been in post. One person told us, "I've seen a lot of changes. At the start of this year, we had interim management. The present manager was brought in and it made a lot of difference." Another person said, "I feel quite confident here and I'm very happy here. They make it happy. If they thought you weren't, they would want to know why." One relative told us, "She's (registered manager) a breath of fresh air. She's highly visible. Everyone waves to her as she visits them." Another relative said, "(Registered manager) has been wonderful. If we've needed to speak with anyone they've always been up for seeing us and speaking with us. It's a home that listens."

A positive culture was embedded throughout the service. All staff we spoke to demonstrated a commitment to ensuring people received person centred care and to creating a homely environment. This ethos was evident throughout our inspection in the way people were supported and cared for by staff. One staff member told us, "I love my job. I do research about different aspects of supporting people living with dementia all the time. We want to make this their home, not somewhere we work. We want it to feel like home. That's what we aim for." Another staff member told us, "(Registered manager) was the right person at the right time. Things are so different now. She's given us back control and staff morale has gone up. We have the staff now to provide good care and that's what the whole team wants to do." A third staff member told us, "The positivity here is so good and staff all work as a team. All the staff are so caring and go over and above for people. I love coming to work." We asked the registered manager how the culture within the service had been developed and maintained. They told us, "We started with the big things, pulling together a good core team together and ensuring we had the right staff. Everything was task orientated so we concentrated on the care. Once people have the passion for what they do and compassion in their work everything else follows. I was very visible and made sure everyone knew I was there for them. I constantly give praise. If you feel valued you give it back. I'm so proud of the team and how far we've come."

The management team was committed to continuous improvement throughout the service. Senior managers attended a range of different care home events and managers forums in order to learn about new initiatives which could be implemented. They had recently become involved with the hydrate project, an initiative aimed to improve hydration among older people living in care homes. The registered manager had initiated a competition between the three floors to create the most imaginative and effective hydration station in a communal area. Staff had used different resources to decorate the stations and had gained valuable knowledge in the importance of good hydration. People had been involved in the decisions about

how the hydration stations were decorated.

Quality audits were effective in ensuring improvement and development with the service. The management team completed a range of audits including medicines, care plans, accidents and incidents, infection control and health and safety. Audits completed showed a consistent improvement since our last inspection. Where shortfalls were identified the management team addressed concerns promptly and looked to adapt systems to minimise reoccurrence. Information gained from audits was shared with the provider and the compliance team in order for them to monitor any areas of concern where additional support may be required. Information from the audit trackers were reviewed by the provider prior to them conducting compliance visits. This informed them of areas they may need to concentrate on during the visits. Action plans were created following compliance visits. These evidenced that action was taken promptly and that the service was now assessed as being compliant in all areas.

Staff told us they felt supported in their roles and were able to contribute to the development of the service. One staff member said, "Management is good now. They are helpful and I feel very supported." Another staff member told us, "(Registered manager) is happy to hear any suggestions. More often than not any ideas we have are implemented. Even if it doesn't work we have tried." A third staff member said, "We have staff meetings where we can suggest things. We talked about the staff photo board and it was implemented. Staff suggested the memories wall for people and their families to see what has been happening. (Registered manager) doesn't mind anything if the residents will enjoy it." Regular staff meetings were held at the service and were well attended. Minutes reflected that staff were encouraged to contribute to discussions and received thanks and praise for their work.

The registered manager told us that they had access to support both from other registered managers within the organisation and from the provider. They told us, "The size of the organisation suits me. I know I can pick up the phone and talk to any one of the management team and they will be there for me. We have the freedom to work on our own though so it's the best of both worlds." The chief operating officer for the provider had a good understanding of the service through regular visits and demonstrated a commitment to developing a positive culture throughout the organisation. Each week they forwarded a weekly email entitled 'Reflections on a Friday' which highlighted areas of good practice and developments which they had noted during their week. One recent email reflected, 'Today I was able to recognise team excellence at Camberley Manor who are the winners of the Team of the Quarter Award (see attached). The team at Camberley, led by (registered manager), have achieved outstanding improvements in a short time and their determination, dedication and commitment is apparent in all that they do.'

People and their relatives were involved in the running of the service. Regular residents and relatives meeting were held and minutes distributed. Following meetings, a 'You said We did' list was produced to show what action had been taken following any comments or concerns. People and their relatives told us they found the meetings useful and informative. In addition, meetings were held on each floor to discuss any concerns, comment on hospitality, food, and activities. The registered manager and care services manager held monthly coffee mornings in the foyer of the service where they could respond to any concerns and listen to people's stories. The registered manager told us, "I love the coffee mornings, listening to people share stories from their youth and from their time in the forces. We have so many inspirational people here." The registered manager had also begun to invite people and relatives on training courses to give them more insight into specific conditions and the way the service was run. One relative provided feedback on the dementia training they had recently attended. They commented that the training had given them real insight into their family members life. In particular they had not previously considered the physical effects of dementia or the impact that it have on walking or how frightening noise levels might be for people.

People's confidential records were stored securely in locked cupboards. Records were regularly updated and completed in a person-centred manner. The CQC had been notified of all significant events that happened in the service in a timely way. This meant we were able to check that the provider took appropriate action when necessary.