

# Camberwell Green

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54 Camberwell Green, Camberwell, London, SE5 7AS

**CQC inspection status : Requires improvement**

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## **Inspection carried out on 26 February and 12 March 2015**

During a routine inspection

Camberwell Green provides nursing care for up to 55 older people, some of whom have dementia. When we visited the home there were 35 people living there.

This inspection took place on 26 February and 12 March 2015 and was unannounced. The service was last inspected on 7 August 2014 when we found the service was not meeting the regulations in relation to handling people's medicines, supporting workers, and they did not have care plans to describe the support needs of people who had unintentional weight loss. We found at this inspection that improvements had been made.

The service had a manager who was appointed in December 2014. Her assessment to be registered with the Care Quality Commission was underway at the time of our visits and she was registered on 2 April 2015. 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.

At this inspection we found two areas where improvements were required. A person was occupying a bedroom in which the fire door was damaged and it had taken too long for it to be repaired, leaving the person at risk in the event of a fire. The arrangements for dealing with emergencies did not ensure that people were safe as the staff did not have easy access to a master key to enter people's bedrooms when necessary. Although there were management systems to identify, manage and assess risks, they had not operated effectively to recognise the issues of concern which we found. You can see what action we told the provider to take at the back of the full version of the report.

Since our previous inspection improvements had been made to the management of medicines. We found some areas of concern on one unit in the auditing systems used. We brought this to the attention of the provider and they dealt with it quickly. At this inspection we found there were enough staff to provide care for people who required it.

The provider made suitable arrangements to protect people from the risk of abuse and staff were knowledgeable about the action to take in response to concerns of this kind.

People were protected by safe processes to recruit qualified and experienced staff whose suitability had been properly checked before they began work in the home. Staff received support and training in relevant topics which assisted them to provide good care for people.

The manager and staff were knowledgeable about the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and people were not deprived of their liberty unless it had been authorised.

People were supported to eat and drink enough and to have meals appropriate to their needs. The GP visited weekly and there was access to a range of health care professionals for advice.

People's privacy and dignity were respected. Most interactions we observed between staff and people were kindly and warm. One person was supported to have her pet dog living in the home with her.

People had access to the medical assistance they needed. Health care professionals gave advice to nursing staff to inform their care.

#### **Inspection report published 1 June 2015 and included**

### **Inspection carried out on 7 August 2014**

During an inspection in response to concerns

One inspector, an inspection manager, pharmacist inspector, an expert by experience and a specialist advisor carried out this inspection. During our visit we gathered evidence to answer our five questions; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Is the service caring?

We found that people did not always receive appropriate care following advice and input from a health professional. For example we found that people did not always receive regular repositioning, as recommended in the repositioning charts. This put people at greater risk of developing pressure ulcers.

Care and treatment was not planned and delivered in a way that was intended to ensure people's safety and welfare. For example, people with specific health needs such as diabetes or people with unintentional weight loss, did not have care plans which described the support they required.

People and their relatives told us that staff were busy and there was a quick turnover of staff. The manager had told us that there had been a number of changes in the staff team, and some new staff had been recruited.

Is the service responsive?

We saw that referrals had been made to a social worker for people, meeting their changing care needs. People told us they were sometimes involved in reviewing their plans of care when their needs changed and we saw that following the review appropriate support recommended was implemented. For example a change in the management of their medicines.

Is the service safe?

There were systems in place so staff were able to learn from events such as quality audits. This helped to reduce the risk to people and improved the quality of the care they received.

Procedures for dealing with emergencies were in place and staff were able to describe these to us.

Is the service effective?

People had an assessment of their needs before receiving care and support; from this information individual care plans were developed. Assessments considered people's needs for any equipment, mobility aids and their specialist dietary requirements. Risks associated with people's health and medical needs were assessed and a management plan developed and implemented to minimise them. We found examples where these were not always implemented or reviewed regularly by staff caring for people.

Is the service well led?

People told us that they did not know who to raise or discuss concerns with. One person said, "There are so many managers here, I don't know who to talk to. I just talk to the staff around, if I need to."

There were quality assurance systems in place to improve the lives of people. There were regular team meetings to discuss improvements to the service. The home manager regularly met with residents and relatives and changes were made in response to their views, for example, a change in the menu.

The manager had sent notifications to the Care Quality Commission (CQC).

## **Inspection carried out on 12 March 2014**

During an inspection in response to concerns

We spoke with five relatives during our inspection. They spoke positively about the care and support people received in the home and told us they felt confident their relatives were safe despite the number of changes. A person visiting a relative told us, "the recent changes have introduced a more caring and approachable management and staff team". We saw several instances of kind interactions between staff and people who lived at the service.

We found that people did not always experience care, treatment and support that met their individual needs or protected their welfare and safety. Although people's needs were assessed, care and treatment was not always delivered in line with their individual care plan. There were enough

staff available, but some were insufficiently knowledgeable about people's individual needs to ensure that they were met.

People could not be confident that important events that affect their welfare, health and safety had been reported to the Care Quality Commission (CQC) so that where needed action could be taken. People could not be confident that the provider makes notifications about management changes to the CQC as they are required to do by regulation.

In this report the name of a registered manager appears who was not in post and not managing the regulatory activities at this location at the time of the inspection. Their name appears because they were still a Registered Manager on our register at the time.

*Inspection Report published 30 April 2014*

### **Inspection carried out on 26 November 2013**

During an inspection in response to concerns

We observed practice and spoke with people using the service on all floors. We talked with the manager, deputy manager and care staff on duty. We found there was enough equipment to promote the safety and comfort of people who used the service. There were sufficient hoists available for the people who needed to use them to move safely. Staff confirmed that the equipment available assisted them to move people safely and in comfort. They said that in addition to hoists other equipment was available such as 'sliding sheets' and these were kept in people's rooms for convenience.

Staff were trained in safer handling techniques and the use of equipment. A training session was underway during our visit.

The home used an electronic medicines management system. Nursing staff told us that they had received training in the system, and they were able to demonstrate how to use it correctly. Systems helped ensure people received their prescribed medicines on time. The electronic system prompted staff when to give medicines, so that no doses were missed, medicines were scanned to ensure that the correct medicines were given.

Staffing levels were appropriate and these were tailored to respond to the needs and number of people using the service. Recently hours were increased and provision was made to extend the activity programme. The home had two activity co-ordinators employed at the service, this ensured that suitable stimulation was provided over seven days at the home.

*Inspection Report published 21 December 2013*

## **Inspection carried out on 23 July 2013**

During a routine inspection

During the inspection we spoke with people who lived on all of the units at the service and with visitors. We spoke with nursing and care staff who worked at the service and with managers. We contacted professionals involved with the service.

The majority of comments we received about the service were positive. People told us that staff were "wonderful", that the care was "good" and "they look after us well". Relatives told us that they are informed if there are any problems and they feel confident discussing their concerns with the manager and staff.

On the day we visited recruitment interviews were underway and we were told of plans to create a "bank" of staff who would be prepared to work at short notice. It was anticipated these actions would assist in ensuring a full staff team was available

*Inspection Report published 06 September 2013*

## **Inspection carried out on 18 February 2013**

During a routine inspection

During the inspection we spoke with ten people who lived at the service and five visitors. We spoke with nursing and care staff who worked at the service and with managers. We had contact with seven professionals involved with the service by telephone and e-mail.

People who lived at the service told us that they liked the staff who provided care: one person described staff as "so kind". However we also heard that the quality of care was sometimes adversely affected by low staffing levels. One relative said "they are sometimes a bit short of staff". Our observations and findings confirmed this view. We found that people had to wait longer than they would like for assistance with care tasks.

Appropriate arrangements were in place to manage medicines.

We heard that professionals had found errors in care records and this reflected our findings. We found some errors in record keeping including in an assessment of a person's nutritional needs.

We found that people who lived at the service were asked their views but we found that changes were not always made to reflect their wishes.

*Inspection Report published 10 April 2013*

## **Inspection carried out on 11 January 2012**

During an inspection to make sure that the improvements required had been made

People who live at Camberwell Green told us that they are happy with the care they receive. They praised staff for their kindness and caring nature. One person said 'I can't fault them'.

There have been significant improvements to the service since our last visit to Camberwell Green.

*Inspection Report published 8 February 2012*