

Camilla House Care Home Service

19 Grange Terrace
Edinburgh
EH9 2LF

Telephone: 0131 662 1114

Type of inspection: Unannounced
Inspection completed on: 13 September 2016

Service provided by:
Embrace (Kler) Limited

Service provider number:
SP2007008796

Care service number:
CS2006135743

About the service

Camilla House is a care home service, registered to provide 24 hour care for up to 48 older people. There were 33 older people living at the service at the time of the inspection. The service is owned and managed by Embrace (Kler) Limited.

The service is situated on the south-east side of Edinburgh within the Grange area and is accessible by public transport. The service is provided in a large detached Victorian villa with an extension adjoining. Accommodation is provided over three floors, with stairs and passenger lifts giving access to the upper and lower floors.

There are 39 bedrooms. Six bedrooms have en-suite, with toilet and wash hand basin and six have en-suite with bathing facilities.

Two sitting rooms and a dining room are provided on the ground floor, with a smaller sitting room and dining area available on the first floor. Toilets and bathing facilities are available on each floor. There are kitchen and laundry facilities within the home.

There is a pleasant enclosed garden area for residents use. Car parking is available in the grounds.

The written aim of the service is: "to provide professionally competent, individualised care within a safe and comfortable homely environment".

What people told us

We received nine completed residents' care standards questions and five completed relatives/carers care standard questionnaires prior to the inspection visit. All indicated that overall they were satisfied with the quality of care that this service provided.

During the inspection we met most of the residents and spoke individually with 11 of them. We also spoke with four relatives/carers. They were generally very complimentary about the service including the quality of care provided. One relative thought that staff could have been more attentive when their relative had first arrived in the home, in order to gain their confidence.

Comments given included:

"The food is very good and you get choices".

"I like the activities, I love going out in the bus".

"I've not been here long but I was on a barge at the canal it was great".

"We're very happy with our relatives care, they have settled so quickly".

"I'm very happy with all aspects of my relative's care".

"I like my room and I have my own reclining chair in it".

"This is my chair I always like to sit in it. I'm not happy if someone else sits in it".

"My relative's room is fine and the whole place is clean and tidy".

"The staff are A1 top class".

"I am particularly happy about the activities service".

"The men socialise the most, you get a good blether with them".

"The staff are all good and very helpful".

"The manager keeps popping in".

Some of the residents were not able to tell us their views of the service due to memory problems and or frailty. We observed how these residents were cared for by staff. We saw lots of examples of positive interactions between residents and staff.

Self assessment

The service completed and returned their self assessment form within the required timeframe. This gave relevant information relating to each quality theme. The service identified what they thought they did well, gave some areas for future development and how they planned to implement changes.

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of environment	4 - Good
Quality of staffing	4 - Good
Quality of management and leadership	4 - Good

Quality of care and support

Findings from the inspection

We concluded from the examination of the evidence sampled at this inspection that the service performed to a good level in the areas covered by this quality theme. We saw good standards of healthcare for residents in this home.

The service routinely involves residents, relatives, carers and staff in developing the service using a variety of methods to facilitate their involvement. This is an area that the service is continuing to develop. There was evidence that the service responded to feedback it received.

Both residents and relatives/carers told us that they were generally satisfied with the standard of care and support the service provided. Residents looked well cared for.

The regular staff knew the residents, their families and friends well. Shift handovers ensured that staff were kept informed of any changes.

Staff were respectful, patient and considerate in their approach to residents, with requests for assistance promptly responded. Regular checks were made on those less able to call for assistance.

There was improved recording of residents participation in activities. In developing the provision of meaningful activities further we directed the service to the good practice resource pack "Care... about physical activity".

Each resident had a personal plan. This included the completion of a range of health assessment tools which identified key aspects of risk. A corresponding plan of care was written to reduce these risks, although this was an area the service needed to improve in order to evidence the actions that staff took.

Comments from the inspection volunteer included:

Residents and relatives were happy with their care.

I observed that the residents were all nicely dressed. Their clothes looked well laundered.

The assistant activities co-ordinator was going around reading the papers to residents showing magazines and chatting with them in a kind, gentle manner.

I observed lunch, the food looked and smelt really good and was nicely served by the chef. A choice of meals was given, and there were plenty of staff to help residents who needed assistance.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 4

1. The provider should ensure that staff manage medication in a safe way including keeping accurate up to date records of all medicines that have been ordered, taken or not taken and disposed of. Audit stock control and review the suitability of medicines and recording methods.

This takes account of National Care Standards, Care homes for older people, Standard 5 Management and staffing arrangements and Standard 15 Keeping well - medication.

2. The service should continue to develop personal plans in line with the National Care Standards to ensure these fully reflect the preferences of individuals regarding their care and support needs. Care plans and risk assessments should be reviewed and updated following accidents, incidents or changes to care needs.

This takes account of National Care Standards, Care homes for older people, Standard 6 Support arrangements, Standard 12 Lifestyle - social, cultural and religious belief or faith and Standard 17 Daily life.

3. It is recommended that the service reviews its systems for ensuring monitoring charts are accurately completed when identified as needed.

This takes account of National Care Standards, Care homes for older people, Standard 5 Management and staffing.

4. The provider should ensure that service user records clearly show where a relative or representative has been involved in developing the service user's care plans.

This takes account of National Care Standards, Care homes for older people, Standard 6 Support arrangements.

Grade: 4 - good

Quality of environment

Findings from the inspection

The service performed to a good level in the areas covered by this quality theme.

There was a well presented entrance area. The garden areas were well maintained and seen enjoyed by residents. The home was clean and any unpleasant odours promptly attended to. All the bedrooms we looked at were personalised.

Refurbishment of the home has continued ensuring this older home maintained a good appearance and was a pleasant and safe place to be. Feedback from residents and relatives/carers indicated that they were pleased with the accommodation provided and thought the home was kept clean.

The management team took into consideration good practice guidance on creating a dementia friendly environment. This included directional signage.

Staff were supported to maintain safe working practices and helped to maintain the safety of residents through training, monitoring of practice, as well as health and safety policies and procedures.

The provider's expected environmental checks were regularly carried out thereby ensuring that the environment was safe and residents and staff were protected.

A "Pass" food hygiene certificate confirmed that the kitchen had been inspected in January 2016 and met the required legal standards for food hygiene.

There was clear recording by staff when dealing with residents' finances. A conscientious attitude was demonstrated to ensuring that residents' funds were correctly managed to benefit the residents.

Staff were to be reminded to check if clothing labelling needed to be replaced to help with identification.

Comments from the inspection volunteer included:

Camilla House is in a nice residential area of Edinburgh. It has a small area to the front and a well kept safely secured garden at the rear.

The home is very clean and tidy, bright and fresh, it is very well sign posted and easy to find your way around. The residents' room doors all have personalised name plates made at activities. There is a lot of resident's artwork on the walls.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 3

1. It is recommended that the service carries out a review of the sluice facilities within the home and takes any action necessary to meet with current infection control best practice guidance.

This also takes account of National Care Standards, Care homes for older people, Standard 4 Your environment.

See also: Care Inspectorate "Building better care homes for adults - Design, planning and construction considerations for new or converted care homes for adults".

2. It is recommended that the service reviews the provision of toilet facilities for kitchen staff and also for visitors to maximise infection control.

This takes account of National Care Standards, Care homes for older people, Standard 4 Your environment.

3. It is recommended that the service monitors the room temperatures to ensure that they are maintained at a comfortable temperature.

This takes account of National Care Standards, Care homes for older people, Standard 4 Your environment.

Grade: 4 - good

Quality of staffing

Findings from the inspection

The service was performing to a good level in the areas covered by this statement.

New staff had been recruited and inducted in a safe and robust manner to protect residents and staff. Staff conducting the interviews should ensure that the interview sheets are signed and dated. Agency staff induction records should be retained.

Staff were knowledgeable about residents' needs and spoke with, and about residents, in a respectful manner. A good team approach was used to organise the care and support residents received. We concluded that residents were receiving care and support from staff who knew their care and support needs.

Staff were kept up to date with current best practice. Training was planned and recorded in an organised way. This helped to identify and prioritise future training requirements. Staff were also supported through staff supervision.

The management team provided good day to day observation of staff practice and support to staff.

The service effectively used a dependency monitoring tool, along with observing practice and listening to feedback to assist with planning staffing. The service has submitted a variation to us to review their skill mix of nursing and senior care staff. As previous shared rooms are now used as single rooms the home's occupancy when full has reduced significantly since the previous skill mix was agreed.

Regular checks were made with the Scottish Social Services Council and Nursing Midwifery Council to ensure that staff were appropriately registered.

Named staff photographs were displayed in the entrance area. As this area is not frequently used by many of the residents we suggested that it would be helpful for the service to improve how residents could identify staff, as few staff wore name badges.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 3

1. It is recommended that the service keeps a copy of the induction sheets completed by agency staff to evidence that an appropriate induction has been completed.

This takes account of National Care Standards, Care homes for older people, Standard 5 Management and staffing arrangements.

2. It is recommended that staff who take charge of the home are reminded of the Care Inspectorate's document 'Guidance on notification reporting' in order that the service's management team are promptly informed of all events and/or incidents that need to be reported to us.

This takes account of National Care Standards, Care homes for older people, Standard 5 Management and staffing arrangements.

3. It is recommended that the provider considers the level that senior carers should register with the Scottish Social Services Council (SSSC), or another recognised regulatory. This is to ensure that the staff structure and deployment within the service will ensure that there is sufficient supervision of care staff.

This takes account of National Care Standards, Care homes for older people, Standard 5 Management and staffing arrangements.

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

The service performs to a good level in the areas covered by this quality theme.

Residents and relatives/carers told us that the management team, who they named, were approachable.

The service's complaints procedure was displayed in the entrance area. The complaints log indicated that concerns raised were thoroughly investigated and responded to. This was also monitored by the provider.

The management team carried out regular checks to make sure that things ran well in the home. This included:

- Observation of staff practice.
- Carefully monitoring of residents' nutritional wellbeing.
- Monitoring of environmental and equipment checks.
- Following up accidents and incidents to ensure appropriate action had been taken.
- Gathering the views of people who use the service.

These indicated that the management team were aware of where it needed to improve and identified actions demonstrated that the service was taking steps to address these areas.

The management team demonstrated they were motivated to improve the quality of the service by promptly responding to identified areas of improvement, this included feedback given at the end of each of our visits.

The service had continued to work on providing a team approach to meeting residents' and relatives' /carers' support needs.

New care planning documentation was to be introduced which would help support staff to ensure relevant information was recorded, this included a more detailed six monthly review form.

From our inspection findings and discussion with the staff and the management team we concluded that the management team had a realistic view of how the service was performing and where it needed to improve.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

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

Previous requirements

Requirement 1

The provider must ensure that residents are treated with dignity and respect at all time. In order to do so the provider must:

a) Evidence that staff receive appropriate training in how to communicate with people with communication problems and/or dementia and have access to appropriate communication aids.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI 2011/210) regulation 4(1)(b) - Welfare of service users and takes account of the Standards of Care for Dementia in Scotland .

Timescale for completion by the 30 December 2015.

This requirement was made on 2 September 2015.

Action taken on previous requirement

Staff had received training on communication and on caring for a person living with dementia.

Details of residents' communication needs and any equipment required were detailed in their care records.

We saw residents respectfully spoken with and did not see residents talked over as we had observed at our previous inspection visit at mealtimes. The management team carried out regularly auditing of the mealtime experience to ensure that the provider's expected practice was consistently followed.

Met - outwith timescales

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

Previous recommendations

Recommendation 1

It is recommended that the provider reviews how residents' meals are served and residents assisted. This should include planning ahead so meals are not disrupted, staff approach including not leaving residents' while assisting them and chatting to colleagues, offering hand washing facilities, appropriate use of equipment such as clothes protectors and napkins.

This is in accordance with the National Care Standards, Care homes for older people, Standard 13 Eating well.

This recommendation was made on 2 September 2015.

Action taken on previous recommendation

We observed food being served at breakfast, lunch and tea times.

There was a flexible approach to the serving of breakfast which allowed residents to follow their preferred waking time and morning routine.

Lunch and tea times appeared well organised, with the dining areas attractively set out. Residents were offered the opportunity to wash their hands before the meal and visual choices of drink and food were offered. Extra portions and food alternatives were seen made available.

Residents were seen promptly served. Where a resident needed assistance to eat and drink a member of staff was allocated to that resident to ensure that they received the assistance they required without interruption. Staff were seen assisting residents at a pace that suited the individual.

Regular dining experience audits by the management team ensured that expected practice was consistently followed. There was sufficient evidence that the service was now meeting this recommendation.

Recommendation 2

The provider should ensure that staff manage medication in a safe way including keeping accurate up to date records of all medicines that have been ordered, taken or not taken and disposed of. Audit stock control and review the suitability of medicines and recording methods.

This is in accordance with the National Care Standards, Care homes for older people, Standard 5 Management and staffing arrangements, Standard 15 Keeping well – medication.

This recommendation was made on 2 September 2015.

Action taken on previous recommendation

We saw that the service had made some progress on this recommendation. Generally staff were recording stock received or carried forward from previous cycles on the medication administration records. Staff must ensure that this is consistently completed for "as required medications" to ensure this stock is readily available.

There were fewer gaps in the signing of the administration of medication than at the previous inspection. However where there were gaps, despite regular checks carried out by staff, we did not see records that action had been taken to see if this was a missed dose or whether the person had forgotten to sign the chart.

Topical medication administration charts did not fully match with the current topical medications detailed on the medication administration charts. Care records did not detail whether the current frequency of application "as required creams" was effective or not.

Our findings indicated that this recommendation was not fully met and therefore it remains so that we can follow up on full compliance at our next inspection.

Recommendation 3

The service should continue to develop personal plans in line with the National Care Standards to ensure these fully reflect the preferences of individuals regarding their care and support needs. Care plans and risk assessment should be reviewed and updated following accidents, incidents or changes to care needs.

This is in accordance with the National Care Standards, Care homes for older people, Standard 6 Support arrangements, Standard 12 Lifestyle – social, cultural and religious belief or faith and Standard 17 Daily life.

This recommendation was made on 2 September 2015.

Action taken on previous recommendation

The service had made some progress with the completion of care records. Individual activities summaries were now completed by the activities staff. These gave a good overview of how the service was supporting residents to take part in activities meaningful to them.

When we looked at a sample of personal plans, we found the care plans did not consistently detail the information we would expect to see about the specific care and support residents needed from staff in relation to skin and wound care. As found at the previous inspection they did not consistently detail the use of other care records that were or should be completed, for example, position change charts and fluid charts.

Risk assessments were not always promptly updated following accidents. We suggested to the management team that in reviewing accidents forms that they also check that the resident's personal plan, including risk assessments, have been updated.

Our findings indicated that this recommendation was not fully met and therefore it remains so that we can follow up on full compliance at our next inspection.

Recommendation 4

It is recommended that the deployment of all staff in the care home is monitored and evaluated over an agreed period of time. The outcomes for service users and if their assessed needs are being met should also be considered as part of the evaluation. Outcomes from these evaluations should be used to influence staff deployment in the care home.

This is in accordance with the National Care Standards, Care Homes for Older People, Standard 5 Management and staffing arrangements.

This recommendation was made on 2 September 2015.

Action taken on previous recommendation

A staff allocation sheet was used to ensure staff were aware of their areas of responsibility for that shift. Staff spoken with were aware of allocated duties and care records indicated that the daily information and relevant checks were generally well completed.

The communal areas were monitored and staff regularly checked on those residents who preferred to spend their time in their bedrooms.

The management team monitored accidents and incidents reports to assess the effectiveness of staff deployment and to identify if any other action needed to be taken to prevent a similar event from happening. A resident's dependency tool was also used.

There was sufficient evidence that the service was now meeting this recommendation.

Recommendation 5

The provider should ensure that service user records clearly show where a relative or representative has been involved in developing service user's care plans.

This takes account of National Care Standards, Care homes for older people, Standard 6 Support arrangements.

This recommendation was made on 1 August 2016.

Action taken on previous recommendation

This recommendation was made following the findings of a complaint investigation.

The service advised us in their action plan that residents and relatives/carers, as appropriate, would be involved in developing their or their relative's/friend's care plans and would sign these. At care reviews any changes would be discussed and again the relevant documents signed.

At our visit we did not see that this was consistently happening in all the personal plans. However we did see that the service was rightfully mindful in ensuring that when a resident did not have capacity to make decisions about their health and wellbeing that the service established who their legal representative was. They were in the process of completing this and updating records to reflect this.

As our findings indicated that this recommendation is not yet fully met it will remain so that we can follow up on full compliance at our next inspection.

Recommendation 6

The provider should ensure that there is sufficient guidance in place for staff in relation to continence care and practice. In addition the provider should arrange for staff to have updated training in this area of practice in order to increase their knowledge and understanding.

National Care Standards, Care Home for Older People, Standard 5, Management and Staffing.

This recommendation was made on 27 July 2016.

Action taken on previous recommendation

This recommendation was made following the findings of a complaint investigation.

Care staff had attended training on continence care and had been reminded of expected good practice guidance with regard to promoting continence.

There had been a review of each residents' continence needs. Where residents required continence products these were discreetly stored in their bedrooms along with a visual prompt for staff to know which product was to be used during the day and which was to be used at night.

There was sufficient evidence that the service had met this recommendation.

Complaints

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

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings
11 Jan 2016	Unannounced	Care and support Environment Staffing Management and leadership
		Not assessed Not assessed Not assessed Not assessed

Date	Type	Gradings	
2 Sep 2015	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good 3 - Adequate 3 - Adequate
25 Mar 2015	Re-grade	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed Not assessed Not assessed
12 Sep 2014	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 3 - Adequate 2 - Weak 3 - Adequate
26 Jun 2014	Unannounced	Care and support Environment Staffing Management and leadership	1 - Unsatisfactory 3 - Adequate 1 - Unsatisfactory 1 - Unsatisfactory
28 Apr 2014	Unannounced	Care and support Environment Staffing Management and leadership	1 - Unsatisfactory 3 - Adequate 1 - Unsatisfactory 1 - Unsatisfactory
21 Jan 2014	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 2 - Weak
20 Sep 2013	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
30 May 2013	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 3 - Adequate 2 - Weak 3 - Adequate

Date	Type	Gradings	
14 Jan 2013	Unannounced	Care and support	2 - Weak
		Environment	3 - Adequate
		Staffing	2 - Weak
		Management and leadership	2 - Weak
23 Oct 2012	Unannounced	Care and support	1 - Unsatisfactory
		Environment	3 - Adequate
		Staffing	2 - Weak
		Management and leadership	2 - Weak
12 Apr 2012	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
15 Feb 2012	Unannounced	Care and support	1 - Unsatisfactory
		Environment	1 - Unsatisfactory
		Staffing	1 - Unsatisfactory
		Management and leadership	1 - Unsatisfactory
29 Feb 2012	Announced (short notice)	Care and support	1 - Unsatisfactory
		Environment	1 - Unsatisfactory
		Staffing	1 - Unsatisfactory
		Management and leadership	1 - Unsatisfactory
30 Jun 2011	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	5 - Very good
31 Jan 2011	Unannounced	Care and support	4 - Good
		Environment	2 - Weak
		Staffing	4 - Good
		Management and leadership	Not assessed
5 Oct 2010	Announced	Care and support	3 - Adequate
		Environment	2 - Weak
		Staffing	4 - Good
		Management and leadership	Not assessed

Date	Type	Gradings	
15 Feb 2010	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good Not assessed
27 Oct 2009	Announced	Care and support Environment Staffing Management and leadership	5 - Very good 4 - Good 5 - Very good Not assessed
4 Mar 2009	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good Not assessed Not assessed
27 Jan 2009	Announced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good

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