

Camilla House Care Home Service

19 Grange Terrace
Edinburgh
EH9 2LF

Telephone: 0131 662 1114

Type of inspection: Unannounced
Inspection completed on: 10 May 2017

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 39 older people. There were 37 older people living in 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 five completed residents' care standards questions and two 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. Comments given included:

"I have observed first hand the transition and transformation of this home, from a barely adequate, old fashioned nursing home to a highly organised and professionally managed care home that continually provides a high standard of personalised client care".

"It's a lovely clean building".

"I am very happy here".

During the inspection we met most of the residents and spoke individually with 13 of them. We also spoke with six relatives/carers. We received positive comments about the kindness of the staff and how they were satisfied with the service being provided. Comments given included:

"No complaints, I like the food".

"They can't do enough for you".

"Staff are very good".

"I like the food most of the time".

Some of the residents told us about the variety of activities they had enjoyed in the home and the trips they had been on.

Some residents were less able to tell us what they thought about the service or the care they received. We spent time observing how these residents interacted with staff and how they spent their time. We saw that residents responded positively to support from staff and enjoyed chatting with them.

We used the Short Observational Framework for Inspection (SOFI2) to directly observe the experience and outcomes for people who were unable to tell us their views. On this inspection we used SOFI2 to observe the lunch time experience of two residents.

Although we saw many positive interactions between the staff and these residents, we identified that some staff would benefit from further training and support to make everyday interactions more meaningful.

Self assessment

All services, with the exception of childminders, have not been asked to provide a self assessment for the year 2017-18.

The service had produced a development plan which identified the areas it wanted to improve and how it planned to achieve this.

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

The service has continued to perform to a good level in the areas covered by this quality theme. There were good standards of healthcare being provided for the 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 has developed through the use of the service's own Facebook page. There was evidence that the service responded to the feedback it received.

Both residents and relatives/carers told us that they were satisfied with the standard of care and support the service provided.

Through discussion and observation of practice we found that staff knew the residents well. Since the previous inspection the amount of agency staff being used has reduced. This has resulted in better continuity of care.

Care and support was provided in an organised way. Staff were aware of their responsibilities and there was a good team approach to meeting the support needs of the residents and their relatives/carers.

Staff were respectful, patient and considerate in their approach to residents, with requests for assistance promptly responded to. Staff regularly checked on those less able to call for assistance and/or who preferred to spend their time in their bedroom.

There was good provision of meaningful activities, which included both group and one to one activities. This helped to support residents to maximise their mental and physical wellbeing. Contingency arrangements were in place whilst a second activities coordinator was being recruited.

The recording in care records and in medication administration records had improved since the previous inspection. There were further areas for improvement needed in the completion of topical medication records. (See recommendation 1).

There were regular checks by senior staff to ensure that the provider's expected practices were complied with and that residents, relatives and carers remained satisfied with the service being provided. This included areas we identified when checking care records and medication records. Ongoing checks should continue to ensure that recent improvements are sustained and any inconsistencies addressed.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. It is recommended that the service regularly reviews how, when residents are prescribed topical creams/ ointments, accurate records for the application of topicals are maintained.

This takes account of National Care Standards, Care homes for older people, Standard 15 Keeping well - medication.

Grade: 4 - good

Quality of environment

Findings from the inspection

The service has continued to perform to a good level in the areas covered by this quality theme.

First impressions of the home were good as there was a well presented entrance area and tidy garden areas. The home was clean and any unpleasant odours promptly attended to. Bedrooms were personalised. Directional signage helped people to find their way around the building.

Feedback from residents and relatives/carers indicated that they were pleased with the accommodation provided and thought the home was kept clean.

Staff were supported to maintain safe working practices and helped to maintain the safety of residents through training and monitoring of practice.

The provider's comprehensive maintenance checklists supported staff to carry out appropriate checks on the environment and on equipment used in the home. We saw that these were completed and any actions taken recorded. These records were regularly checked by the management team.

Service records confirmed that moving and handling equipment had been appropriately maintained, in keeping with Lifting Operations and Lifting Equipment Regulations (LOLER).

Improvements had been made to the provision of equipment in the sluice rooms.

Refurbishment of the home has continued, with a number of new bedroom carpets having recently been fitted. Further refurbishment and redecorating of the ground floor corridor was planned.

We recommended that the service reviews the provision of toilet facilities for kitchen staff and also for visitors to maximise infection control. (See recommendation 1).

We asked the service to review the current arrangements for storing dry products in the dining area to ensure that items are correctly stored. (See recommendation 2).

There was clear recording by staff when dealing with residents' finances.

The service should continue to use their effective environmental audits and checks to ensure that high standards of tidiness and cleanliness are maintained.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. 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.

2. It is recommended that the service reviews its procedures for the storage of dried food products, such as cereals, in the dining area to ensure that they are correctly stored.

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 has continued to perform to a good level in the areas covered by this quality theme.

New staff had been recruited and inducted in a safe and robust manner to protect residents and staff. Where decisions about staff suitability have been made during the recruitment process this information should be clearly documented. (See recommendation 1).

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 needs.

Staff were kept up to date with current best practice, with training planned and recorded in an organised way. This helped to identify and prioritise future training requirements.

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

Staff were seen to receive formal supervision. This is important in supporting staff with development, training and opportunities to discuss work practice. The service recognised that the frequency that all staff were receiving formal supervision was an area that they needed to improve on. We will review progress of this at future inspections.

The service had employed a number of new and motivated staff. Being new they will need further time and support to consolidate their skills.

The service used a dependency monitoring tool, along with observing practice and listening to feedback to assist with planning staffing. Due to increased occupancy and workload the number of staff on night duty had recently been increased to ensure that residents' needs continued to be promptly met. Our observations from our evening visit supported this decision.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. It is recommended that where decisions about staff suitability have been made during the recruitment process that this information is clearly documented to provide a clear audit trail.

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

See also: SSSC Codes of Practice for Social Service Workers and Employers 2016.

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

The service has continued to perform to a good level in the areas covered by this quality theme.

The residents and relatives/carers we spoke with told us that they felt that they could speak to one of the nurses or the management team, whom they named, if they had any concerns. They told us that they felt confident that any issues raised would be addressed.

The daily flash meetings demonstrated a team approach to providing support where suggestions were listened to and respected.

Accident and incident records were maintained in the home. These included any actions taken as a result of the accident or incident. We had received notification of events that required to be reported to us.

There were regular checks by senior staff to ensure that the provider's expected practices were complied with and that residents, relatives and carers remained satisfied with the quality of service they were receiving. Many of the areas for improvement that we noted during our inspection visits had been identified in the service's checks and work had commenced on making the necessary improvements.

The service's development plan provided a clear plan as to how the service would maintain and improve standards.

There were plans for further leadership training and development of the skills and knowledge of the senior carers.

The management team demonstrated they were motivated to improve the quality of the service by promptly responding to identified areas of improvement, including feedback that we gave at the end of each of our visits.

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

There are no outstanding requirements.

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

Previous recommendations

Recommendation 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.

This recommendation was made on 26 October 2016.

Action taken on previous recommendation

There was sufficient improvement in the management of medications to indicate that the service was meeting this recommendation. Good practice was supported through staff training, supervised practice and regular auditing of medication administration records.

At our visits we looked at a sample of medication administration records and confirmed that these were generally well completed. Records indicated that regular audits were taking place.

Ongoing medication auditing and regular supervision of practice should ensure continued compliance.

Recommendation 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.

This recommendation was made on 26 October 2016.

Action taken on previous recommendation

There was sufficient improvement in the completion of residents' personal plans to evidence that this recommendation was met.

The new documentation now being used provided useful prompts to support staff to record key information including preferences and care and support needs. There were comprehensive reviews of care completed six monthly which involved residents and relatives/carers as appropriate.

Regular audits of personal plans identified any gaps in completion and were seen responded to, therefore ensuring further improvements in record keeping.

Care plans and risk assessments were generally regularly reviewed. They were seen to be updated following accidents, incidents or changes to care needs.

The management team recognised that ongoing training and auditing was needed in order to support staff to maintain improved standards of record keeping.

Recommendation 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.

This recommendation was made on 26 October 2016.

Action taken on previous recommendation

This recommendation was met.

The service advised us that this had been discussed with staff at handover meetings and flash meetings. They had introduced extra checks on these records.

At our visits we heard the use of monitoring charts communicated at staff handover so that staff were aware of which records needed to be completed. Staff were allocated a group of residents and were responsible for the completion of care records for their group. Senior staff carried out checks to ensure monitoring charts were being completed.

There was considerable improvement in the completion of position change charts with clear information about the care required.

Recommendation 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.

This recommendation was made on 26 October 2016.

Action taken on previous recommendation

This recommendation was met.

In sampling personal plans we saw that the comprehensive six monthly reviews detailed how the resident and/or their relative/representative had been involved in reviewing the resident's care plans. The reviews were signed by the people attending them. For new residents we saw that care plan agreement forms had been signed by the residents' relatives.

Recommendation 5

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".

This recommendation was made on 26 October 2016.

Action taken on previous recommendation

This recommendation is met.

We were informed that a full review of the home's sluice facilities had been carried out which identified that two automatic sluice machine were to be installed. These machines have now been installed and staff were to have training on their use.

Recommendation 6

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.

This recommendation was made on 26 October 2016.

Action taken on previous recommendation

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 7

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.

This recommendation was made on 26 October 2016.

Action taken on previous recommendation

This recommendation is met.

Room thermometers were available and seen regularly checked. Temperatures were seen controlled according to room temperatures using additional heating or cooling sources.

Recommendation 8

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.

This recommendation was made on 26 October 2016.

Action taken on previous recommendation

This recommendation was met.

We saw completed agency induction sheets for agency staff who had recently worked in the service that were new to the service.

The use of agency staff had reduced since the last inspection.

Recommendation 9

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.

This recommendation was made on 26 October 2016.

Action taken on previous recommendation

There was sufficient evidence that this recommendation was met.

Staff who took charge of the home had been reminded of the Care Inspectorate's document 'Guidance on notification reporting'. A copy of the guidance was available for reference in the Shift Coordinator's folder.

On checking accident and incident records we confirmed that events that needed to be reported to us had been reported. As there was occasionally a delay in us receiving a notification we asked that staff who take charge of the home are reminded of the timescales for reporting.

Recommendation 10

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.

This recommendation was made on 26 October 2016.

Action taken on previous recommendation

This recommendation was met.

Senior carers were either registered as a supervisor with the SSSC or where they had recently moved into this post were in the process of applying for this level of registration.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

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

Inspection and grading history

Date	Type	Gradings	
13 Sep 2016	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
11 Jan 2016	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
2 Sep 2015	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
25 Mar 2015	Re-grade	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed

Date	Type	Gradings	
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
14 Jan 2013	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 3 - Adequate 2 - Weak 2 - Weak
23 Oct 2012	Unannounced	Care and support Environment Staffing Management and leadership	1 - Unsatisfactory 3 - Adequate 2 - Weak 2 - Weak

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

Date	Type	Gradings	
4 Mar 2009	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	Not assessed
27 Jan 2009	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good

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