



Enter and View – Camelot Care Homes Limited – Comilla and Countess Wings, Amesbury

Name and address of unit visited

Camelot Care Homes Limited
1 Countess Road
Amesbury
Wiltshire
SP4 7DW

Day, Date and time of visit

Monday 4 March 2013
10.00 to 12.00

People undertaking visit

Phil Matthews – WIN Chair
Jill Tompkins – WIN Vice Chair
Mary Rennie – WIN Support Officer – Older People

Contact details

Lucie Woodruff – WIN Officer
Independent Living Centre
St Georges Road
Semington
Wiltshire BA14 6JQ

luciewoodruff.wsun@btconnect.com

01380 871800

Purpose of the service/unit

To familiarise the authorised representatives of the Wiltshire Involvement Network (“WIN”) with the day to day running of the care home.

Reason for / purpose of visit

Business Plan

Return visit

Responding to Concern

other

Visit plan

What do you intend to do? Note specific things you might want to see or get information about and why?

On arrival, the WIN authorised representatives will make themselves known to the care home manager and identify themselves. They will then ask the care home manager a series of questions, followed by making an unaccompanied tour of the home. During this, the WIN team will make notes on what they observe, talk to a few residents and ask standard questions, making notes at the same time.

Expectations and preconceptions

The aim of the visit is to familiarise the WIN team with the day to day operation of the care home, which had recently been subject to criticism both from the CQC and at a local public meetings.

About Camelot Care Home

Camelot is a residential care home for 57 older people (over 65), some with dementia. It is situated near the centre of Amesbury, and consists of two wings, Comilla (a Grade II listed building), and Countess, which is purpose built. Between the two wings are attractive, well maintained gardens with even, paved access, attractive established flower beds and seating areas. There is on-site parking at the rear of the home. The home is registered with Wiltshire Council, and provides nursing, residential, intermediate and palliative care.

During the visit

First impressions

The first view of the home from the A345 to Salisbury does not give any impression of the size and character of the facilities to be found once the site is entered.

Reception

The WIN team entered the premises from the car park via the Countess wing, where they learned that Reception was in the Comilla wing. They were re-directed there, via the attractive gardens, and waited in the conservatory area, which was clean, bright and well maintained. The daily menu was displayed, along with activities for the month, a tree on which to hang comment “leaves”, and a notice about the home’s whistle blowing procedures. Cards made by residents were available for sale.

After a short wait, the team was greeted by the manager, Violet Gwaze, who confirmed that she had received the letter notifying her that WIN would visit in early March. Introductions were made, and the team was invited to a quiet room for their meeting.

Written information

What is publicly available? What was available prior to the visit? What was available during the visit?

Prior to the visit, information was accessed from the internet, as were copies of the Care Quality Commission’s reports from 2012 and 2013. The home had been found non-compliant in two respects, and WIN had therefore decided to make an unannounced visit to view the facilities, in line with its statutory rights.

Premises

Both wings of the home were clean, bright and appeared to be well maintained. The purpose built wing, Countess, was the more spacious in layout, whereas the Comilla wing was housed in a more restricted Grade II listed building. There are three large lounges for the use of residents. Accommodation comprises 53 single rooms (45 with en suite facilities) and two double rooms. There are lifts to all floors. All rooms have call bells and televisions.

On the day of the WIN visit, most residents had their bedroom doors open onto the hall ways, and the impression given was of quite spacious, tidy rooms with pleasant views onto the gardens.

Summary of visit and findings

What did you do? Who did you see and speak to - e.g. staff, patients other visitors. Include what you would have liked to have done but were not able to and why e.g. lack of time, things not occurring on that particular day.

Can you supply a blank care plan?

A blank care plan was provided.

Can you supply a sample menu?

All the food is cooked in house, and the team noted a Food Hygiene certificate with a 5* rating. Residents are given the choice of eating in the dining room, or in their bed, or sitting beside their bed. A sample menu is attached.

MONDAY 18 th	TUESDAY 19 th	WEDNESDAY 20 th	THURSDAY 21 st	FRIDAY 22 nd	SATURDAY 23 rd	SUNDAY 24 th
LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
HADDOCK IN PARSLEY SAUCE WITH VEGETABLES AND POTATOES OR CHEESE OMELETTE WITH VEGETABLES AND POTATOES	SAVOURY MINCE SERVED WITH VEGETABLES AND POTATOES OR JACKET POTATO WITH TNA MAYONAISE	PORK AND LEEK CASSEROLE WITH VEGETABLES AND POTATOES OR VEGETABLE KIEV WITH POTATOES VEGETABLES	CORNER BEEF HASH SERVED WITH VEGETABLES OR SAUSAGE ROLLS WITH VEGETABLES AND POTATOES	BREADED SCAMPI, CHIPS AND PEAS OR CAULIFLOUR CHEESE SERVED WITH VEGETABLES AND POTATOES	SAUSAGES AND ONIONS WITH VEGETABLES AND POTATOES OR EGG, BEANS AND CHIPS	ROAST BEEF OR ROAST CHICKEN BOTH WITH VEGETABLES AND POTATOES
SEMOLINA	SULTANA SPONGE PUDDING WITH CUSTARD	BANANAS AND CUSTARD	JAM AND COCONUT SPONGE WITH CUSTARD	PEAR AND GINGER CRUMBLE AND CUSTARD	RICE PUDDING	TRIFLE
FRUIT AND CREAM	ANGEL DELIGHT	JELLY AND CREAM	FRUIT AND CREAM	ARTIC ROLL	FRUIT AND CREAM	ICE CREAM
TEA	TEA	TEA	TEA	TEA	TEA	TEA
MUSHROOMS ON TOAST OR SOUP & S/W	PATE & CUCUMBER ON ROLLS OR SOUP & S/W	GYPSY TOAST OR SOUP & S/W	BACON AND HASH BROWNS OR SOUP & S/W	CHEESE AND CRACKERS OR SOUP & S/W	FRIED EGG SANDWICHES OR SOUP & S/W	BEEF BURGERS AND ONIONS OR SOUP & S/W
JAM DOUGHNUTS	CHERRY CAKES	HOT CROSS BUNS	CHOCOLATE CAKES	LEMON AND COCONUT CAKES	SULTANA SCONES AND JAM	ANGEL DELIGHT
FRUIT OR YOGHURT	FRUIT OR YOGHURT	FRUIT OR YOGHURT	FRUIT OR YOGHURT	FRUIT OR YOGHURT	FRUIT OR YOGHURT	FRUIT OR YOGHURT

How many residents are there?

There are currently 46 residents, aged 65 and over. Included in this number are 10 step up / step down beds.

How many are self-funders and how many are funded through Wiltshire Council?

There are 14 Wiltshire funded permanent residents and 10 occupying the STARR beds. The Manager commented that she found the payment process used by Wiltshire Council very confusing compared with her experience of that used by Hampshire Council, and she would welcome more clarity.

Do you have a Doctor or/and nurse allocated to the home?

A GP from Cross Plain Surgery visits three times a week (Monday, Wednesday and Friday) to assess the step up / step down patients. Outside surgery hours, the home relies on the Out Of Hours service. It has not experienced any problems with the service.

The remaining residents are seen by their GPs every fourteen days.

What are the residents differing needs?

Conditions range from dementia, Parkinson's disease, diabetes, heart problems and mobility. Some residents are highly dependent and confined to bed.

What percentage of residents are BME?

At the time of the visit, there were no BME residents.

What is the staff to resident ratio?

The team was told that the ratio of staff to residents is 1:4. Fifty staff are employed at the home, some on a part time basis.

What is staff turnover like?

When the Manager came into post eleven months ago, following an adverse report from the CQC, many staff left. Since then, staff turnover had been small, consistent with that for a home based in an army garrison area. Recruitment is an on-going process, as the Manager tries to ensure that the home is always fully staffed with appropriate workers, so the permanent staff do not become overburdened with working extra hours. She explained that she likes to conduct a short personal interview with all applicants before they fill in a formal application form – in this way she can “weed out” those people whom she feels will not fit the culture being fostered at the home.

Do you have to use agency and bank staff?

Agency staff are not used but there is a bank.

How many staff are on duty throughout the day?

During the morning, one nurse plus 9 carers is on duty in each wing. In the afternoon, there is one nurse plus 7 carers. (This is to cater for the 46 residents currently at the home.) Each wing has a Team Leader. At the moment, there is no Deputy Manager. The Manager said she had employed a deputy on a three month trial, but this had not worked out as he did not understand the leadership responsibilities the role entailed.

How many staff are on duty throughout the night?

At night there are 2 nurses plus 3 carers.

How many staff are on duty throughout the weekend?

Staffing levels remain the same at the weekend as during the week.

Residents' records – what is included, are they up-dated regularly, where are they kept and area residents able to access them if they wish?

Records are kept locked in the Nursing Station but are available to residents and their relatives on request.

How are adverse drug reactions monitored?

If an adverse drug reaction occurs, the medication is stopped and the reason

explained to the resident. The resident's GP and family are then informed. The Pharmacist is asked if there is a drug antagonist. The resident's vital signs are monitored until the GP can attend the resident. The reaction is noted on the patient's care notes and medication record chart so that the resident is not prescribed the drug again. An incident form is also completed.

What sort of training do staff receive?

The Manager emphasised that she saw appropriate, on-going staff training as an essential element in providing good care: in her opinion, all carers should be trained as nurses. All new staff go through an Induction process, and work with a nominated mentor. Moving and Handling training is updated annually by the two in-house trainers. Thirty members of staff have completed Dementia Awareness training, and ten are going on to complete NVQ Level 2. (One staff member we spoke to readily volunteered information about training: she said she was pleased with the training offered, and that staff could also keep up to date via computer based training and that the Manager was extremely supportive of this.)

How often do staff have appraisals or supervision?

At the moment, the Manager does all supervision personally, monthly, as part of her desire to build a good team. She hoped that eventually she would be able to delegate this task by alternating with the Team Leaders.

Have you received complaints from residents in the last year? If so, how many?

The Manager showed no reluctance to talk about this aspect of her role. She said a Complaints Folder is maintained. One family complained that their mother, a diabetic who had regular dialysis, was not being served a hot meal when she returned from her treatment. The Manager discussed this with the resident concerned, and asked her what she would like to eat on these occasions, and appropriate action was agreed. Following on from this, the Manager hoped to set up a Food Committee comprising the chef, residents and their relatives.

The other most recent complaint concerned a very frail elderly patient from a step up / step down bed, whose husband had been diagnosed with a life limiting disease. He had asked that she be discharged home, late in the evening. The Manager had been reluctant to do this as the patient was ataxic, in severe pain, and had a UTI which was not responding to antibiotic

treatment. She was unable to use her mobility frame because of her pain. The family's wishes prevailed, but they subsequently made a complaint about why she had stayed so long in the home, and that she was dehydrated. The Manager said that the care of this patient had been a team effort, involving physiotherapists and OTs, and the MUST tool (Malnutrition Universal Screening Tool) was used to monitor residents' fluid intake and hydration.

What is the incidence of falls among residents?

When the Manager first joined the staff, the incidence was high. Now, there were one or two falls a month. Some were slips (e.g. Parkinson's patients). Some she felt were a result of step up beds not being used appropriately e.g. a confused patient with a UTI who needed 1 to 1 care and who was ultimately readmitted to hospital for future investigations.

Are residents offered a hearing test?

Residents exhibiting hearing loss problems are referred to their GP for referral to the Audiology Clinic. Eye tests are conducted annually.

Are residents able to go to bed at a time of their choosing?

Yes, this is discussed on admission and recorded on the care plan.

What arrangements are made for nail cutting?

On admission, each resident is given a personal nail kit and the carers attend to nail cutting. A nail bar for manicures is available each Monday. The chiropodist visits every 6 weeks.

What activities are offered?

There is an Activities Organiser based in each wing. The team met both of them. One was newly appointed, an enthusiastic young woman with many ideas for re-connecting residents with life in the local community, via community groups, choirs, schools, etc. The other organiser was a Hungarian lady who had been in post for some time, and showed the team art work produced by residents.

A recent visit from Wiltshire Wildlife Trust had proved extremely popular, the slides of Wiltshire flora and fauna generating many memories. The Community Police visited every Tuesday. Bingo sessions were popular. In good weather, the garden was used by residents. Minibus trips were organised. A trolley shop for toiletries was available every Tuesday morning.

There were plans for more activities for residents confined to their beds, such as music.

Bullet points of strengths and areas of improvement

Based upon what you found on the visit and with evidence e.g. examples of perceived good practice, good system, service, any key features that you would like to highlight. Try to ensure there is something in each area section.

Areas of Strengths

- The Manager was extremely professional in her reaction to the Team's unannounced visit, and readily responded to the questions asked. She volunteered additional information, giving context, and not disguising some of the problems she had encountered e.g. unfavourable CQC reports.
- She appeared extremely committed to nurturing a professional team and to leading by example, and setting clear expectations of her staff (e.g. all potential applicants pre interviewed for suitability; new recruits work with a mentor during their induction process; not afraid to let the Deputy Manager post lapse, pending appointment of the right person).
- The fact that two Activity Organisers were employed, both on 30 hours a week, showed commitment to ensuring that residents had a good quality of life.
- The members of staff spoken to were cheerful, and appeared motivated. No-one was reluctant to talk to the team.
- The residents spoken to appeared contented. One gentleman in the lounge was reading his daily paper, which he said was delivered. Another, sitting in his bedroom by the Manager's office, clearly kept up to date with comings and goings and enjoyed his view over the High Street. Whether in their room, in the communal rooms, all had drinks to hand.
- Unfortunately, there was no opportunity to talk to family members or other visitors.

Areas of improvement

- The CQC still has to satisfy itself that the recommendations made in its latest report have been addressed and that the home has now achieved compliant status in all areas.

Summary of findings

Bearing in mind that the WIN team's visit was not a formal inspection, the team agreed that the impression gained was overall favourable.

Action Points (What to address, by whom and by when)

Item	Action	By whom	By when
Further monitoring	WIN will recommend that Healthwatch continue to work closely with the CQC in monitoring services provided by local care homes.	Lucie Woodruff to include in Legacy Document	31 March 2013

Suggested issues for the next visiting group to address –

use SMART process (Specific / Measurable / Achievable / Realistic / Timely)

--

Comments from Local Group/ Governance Group

To include comment on visit, report actions and what will happen next e.g. modify work plan. How does this visit report stand against others? Are trends emerging? What are the main issues /concerns?

This report will be sent to Camelot Care Homes to approve for accuracy. It will then be shared with Wiltshire Council and the Care Quality Commission. A copy will also be made public on the WIN website.