

# Camilla House. Care Home Service

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Auchtertool  
Kirkcaldy  
KY2 5XW

Telephone: 01592 780590

**Type of inspection:**

Unannounced

**Completed on:**

11 December 2019

**Service provided by:**

Kingdom Homes Ltd

**Service provider number:**

SP2003001615

**Service no:**

CS2005112020

## About the service

Camilla House is a privately run nursing home and the provider is Kingdom Homes Ltd. The property is of two storey construction and is registered to accommodate a maximum of 42 older people with physical and/or mental frailty, 35 of whom may be living with dementia. The home is situated in the village of Auchtertool which is near Kirkcaldy in Fife.

All bedrooms have en-suite bathing facilities. Two bedrooms are of sufficient size to be offered to couples or people who may choose to share. There are a variety of sitting and dining rooms on the first floor. The upstairs bedrooms can be accessed by two internal passenger lifts.

The home benefits from a well kept, landscaped and enclosed garden area to the rear of the property, with garden seating available for residents' use. There are car parking facilities to the side of the home.

The manager was responsible for the day-to-day running of the service and the supervision of staff. During the two days of inspection 38 people were residing in the home.

## What people told us

We distributed 20 questionnaires prior to the inspection and received 15 completed questionnaires from residents and relatives. All respondents strongly agreed with the statement that overall they were happy with the quality of care and support provided to them. However we also received many comments about the poor aesthetics in the home regarding decor and furnishings and the apparent lack of staff. We spoke informally with a number of residents and relatives to gain their views on the service.

Comments received from residents and relatives during the inspection included:

"The staff are excellent. Any issues are dealt with without even having to go the manager. They go above and beyond; they even bought equipment for massaging. We go to relatives' meetings and we are invited to care reviews".

"She came in for respite and we decided to make the placement here permanent. It's fine; we have no complaints. She has a lovely room and she is very happy with Camilla. The care seems to be good".

"We have no complaints. The staff are good to us and we have cooked meals and everything; the food is lovely. There's things we could do during the day. We know the manager; she's very nice".

"It's great. The staff are fab and we have a laugh. Tea was lovely tonight; it's always good. They're very kind; they look after us very well and we have no complaints".

**From this inspection we evaluated this service as:**

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	not assessed
How good is our staffing?	not assessed
How good is our setting?	3 - Adequate
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

**How well do we support people's wellbeing?**

**3 - Adequate**

We evaluated the service as performing at an adequate level. This means there are some strengths but these just outweigh the weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly, because key areas of performance need to improve.

People living in the home benefitted from a staff team who were warm, caring and showed genuine affection. Staff spoke to us of how it was important to ensure that people were treated with dignity and respect and we evidenced this throughout the inspection.

Relatives spoke of being kept up-to-date on their relatives' health needs and felt confident that they would be informed of any changes in their relatives' care. They said they were confident staff would seek medical attention as soon as their loved one needed it and gave us examples. The management of medication was very good and followed best practice and this protected the health and wellbeing of the needs of people.

People we spoke with told us any issues or concerns were always dealt with timeously and suggestions for improvement were always considered. This was with the exception of the environment which is addressed in more detail in the 'how good is our setting?' section of this report.

It is important for residents to enjoy a healthy and balanced diet and have access to plenty of drinks throughout the day. We found that dining rooms were presented very nicely and that residents could choose whether to have meals there, in the lounge or in their own bedroom. Residents told us that the food was very good and if they didn't fancy what was on the menu they could have an alternative. Visitors told us they could have their meals with their relatives if they wanted to.

It is important that people experience compassion, dignity and respect during their care and we were reassured to see a number of warm interactions between staff and those living in the home. People felt supported by those caring for them and were able to give specific examples of the benefits that these relationships had brought to their lives. However, staffing levels and deployment impacted on the level of care and support which could be offered. People's wishes and preferences could not always shape care and their independence could not always be promoted. We received feedback which reported that people's basic needs of access to toilet facilities and when to rise and go to bed could not always be met in a timely manner. We looked at verified copies of staff rotas and found numerous occasions when there had been insufficient staff members on duty to meet residents' health and social care needs at all times. The numbers of staff required had been dictated by the dependency tool completed by the manager.

Also, people should get the most out of life and be able to participate in a range of activities both indoors and outdoors. The service had an activities coordinator who offered a wide range of activities Monday-Friday during the day.

Staff told us that despite their best efforts there was not enough staff to commit to offering social care outwith these hours. They had insufficient time to offer residents anything other than basic care. A requirement has been made. (See requirement 1).

## Requirements

1. The provider must ensure that there are sufficient staff to meet the physical and social support needs of people using the service.

The provider must ensure that the plan is developed by -

- ensuring a dependency rating tool is devised and implemented to inform on-going staffing levels within the unit to ensure that they respond to the changing care and support needs of the service.
- ensuring that there are sufficient staff in place to support the safe care and support requirements of residents, and also that there are sufficient staff to support people to access outside space, activities and interests when they want to.

A copy of this plan should be sent to the Care Inspectorate no later than 1 March 2020. A verified copy of the staff rota should be submitted each month for six months thereafter. Each copy should be of the immediately preceding month with the affiliated dependency tool attached..

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that "My needs are met by the right number of people" (HSCS 3.15).

and

"I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors" (HSCS 1.25)

It is also necessary to comply with Regulation 15(a) - Staffing, of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**How good is our leadership?**

This key question was not assessed.

**How good is our staff team?**

This key question was not assessed.

**How good is our setting?****3 - Adequate**

We evaluated the service as performing at an adequate level. This means there are some strengths but these just outweigh the weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly, because key areas of performance need to improve.

Everyone we spoke with during the inspection identified the need for the environment to improve. They all told us that the staff and management were excellent and very kind, and they too had requested improvements that hadn't been done. They also told us they had suggested the provider attends one of the relatives' meetings so they can voice their concerns but this hadn't happened.

We saw maintenance requests that hadn't been carried out despite having been made on more than one occasion. Areas for refurbishment were incorporated into the service development plan which had not progressed. The service should update their environmental improvement plan to reflect the details of the work to be carried out and timescales for completion. The plan must also outline how people using the service would be consulted and involved in the changes planned. (See requirement 1).

Examples of improvements required included:

- wobbly chairs in the front lounge
- deeply scratched walls
- broken rough concrete on the outside entrance of the home (this was also highlighted by a concerned relative)
- skirting boards and toilet/bathroom doors very scuffed
- one particular occupied bedroom flooring smelled strongly of urine; a request for improvement had been made months beforehand
- bed sheets and covers were plain and worn
- one of the internal staircases had no flooring at all, just bare concrete.

An internal environmental audit had been carried out in October 2019 and scored 2 in their rating scale which was 1 - 6; 6 being the highest.

These above concerns compromised the health and safety, dignity, respect and well being of people using the service. As a result of this concern we required the service to take immediate action. (See requirement 2).

## Requirements

1. In order to ensure that the premises are suitable for the purpose of achieving the aims and objectives of the care service, the provider must submit an environmental improvement plan by 1 March 2020. The plan must take account of the needs of the people living within the care home and identify how all stakeholders will be consulted and involved in the plan for improvement.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that "the premises have been adapted, equipped and furnished to meet my needs and wishes" (HSCS 5.16) and "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS 5.22) and in order to comply with Regulation 10 (2)(a)(b)(d) of the Social Work Improvement Scotland (Requirement for Care Services) Regulations 2011.

## Areas for improvement

1. In order to make proper provision for the health, welfare, and safety of service users, the provider must carry out an assessment of all areas of the home; internal and external to identify where upgrading work is necessary. From the assessment, the provider must make immediate arrangements for the identified areas to be upgraded to an acceptable standard. This should be completed by 1 June 2020.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment." (HSCS 5.22) and in order to comply with Regulation 10(2)(b) of the Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

## How well is our care and support planned?

**5 - Very Good**

We evaluated the service as performing at a very good level. This means that the service demonstrates major strengths in supporting positive outcomes for people. There were very few areas for improvement and those that do exist would have a minimal impact on people's experiences and outcomes. Opportunities to strive for excellence were being taken within a culture of continuous improvement.

People should be fully involved in their assessment and development of their personal plan. These should be available and set out in a way which is personalised and meaningful to each individual. We saw evidence of residents' and relatives' involvement in the development of residents' personal plans. Monthly evaluations were carried out on all individual care plans and updated to keep staff informed of residents' health and well being. Six monthly reviews took place for each resident to which residents and relatives (where appropriate) were invited to be included. Assessment tools were reviewed monthly to inform care delivery, however, in one instance we saw the MUST (Malnutrition Universal Screening Tool) score was incorrect. This could result in an inappropriate care plan being in place. We discussed the importance of this with the manager and staff who all agreed.

Personal plans included information of all visits and appointments with other healthcare professionals and the prescribed treatments and outcomes were well documented. However, in one instance a resident had been diagnosed with depression a number of years ago and was prescribed anti-depressant medication.

There was no care plan in place to inform staff of what to do if the resident's mood changed. The manager stated this would be rectified as a matter of urgency.

Monitoring charts such as food and fluid balance charts were fully completed and we saw action was being taken to improve people's health when necessary. Residents who showed signs of stress/distress had very detailed care plans in place which were evaluated regularly.

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

The manager should ensure that full evaluations are carried out and recorded following a resident's episode of stress/distress. These evaluations should be taken into consideration when reviewing the care plan.

**This area for improvement was made on 8 February 2019.**

#### Action taken since then

This area for improvement was made as a result of the previous inspection. It was made because residents who showed signs of stress/distress had care plans in place which were evaluated regularly. However, in some instances recording tools such as Antecedent Behaviour Consequence (ABC) charts were being used during such episodes and we found that the review section of the tool was not always being completed. This meant that although the de-escalation techniques used were recorded, they were not always being thoroughly evaluated to inform future practice.

During this inspection we saw that care plans relating to stress/distress were informative, up-to-date and evaluated to inform future practice. This area for improvement was met.

### Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	5 - Very Good
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	5 - Very Good
5.1 Assessment and care planning reflects people's planning needs and wishes	5 - Very Good

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