

Somerset Care Limited

Calway House

Inspection report

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Date of inspection visit: 24 and 28 July 2014

Date of publication: 02/12/2014

Ratings

Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Calway House is registered to provide care for up to 83 people. The home is organised into five units enabling people to receive different levels of care and support.

Laurel and Cedar have 37 places for people who require nursing care. Maple and Spruce offer residential care. Sycamore has places for 15 people who are living with dementia.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law with the provider; as does the provider.

Throughout our inspection we observed how staff provided a safe and secure environment. One person

Summary of findings

told us “I trust the staff” and another person said “the staff know what they are doing”. A relative told us “We are very satisfied with the care and feel confident (relative) is being looked after well. We do not have any worries about how she is being treated and cared for.”

People told us staff were “caring and kind”. One person told us “staff are so kind and friendly”. Another person said “It is lovely here, staff are very good, and girls are kind and care for me.” A relative told us “The care is first rate, I am happy my relatives are here.” Another relative told us “Just the most wonderful place, we are touched by the fun, love and care.”

There was availability of staff and people’s needs were generally being met in a timely manner. Interactions were respectful and enabled people to lead an independent and dignified life. There were meaningful activities suited to people’s interests and abilities.

People told us they felt safe in the home and had confidence in the skills of care staff to meet their needs. Relatives were very positive about the care provided and felt involved in how care was delivered. People’s welfare and best interests were protected.

People had access to other healthcare professional to ensure their health needs were being met. The service involved other professionals such as dieticians and tissue viability nurse so they were able to provide appropriate and effective care.

We saw how staff had a good understanding of people’s needs and how these could be met. Care was provided in a way which had respect for people’s choices. Where people had complex needs either of a physical or mental health nature the service liaised and sought the advice and guidance of other professionals.

The service provided a variety of ways for people to express their views and make suggestions about the quality of care and facilities. This included formal questionnaires, themed conversations and You Say We Do scheme. People told us they felt able to express their views and raise any concerns with the manager of the service. One person told us “I can always go and see the manager if I have any worries.”

There were a range of methods used to look at the quality of the service. Included were internal and external audits and action had been taken to address any shortfalls or need for improvement in the quality of care. The service also used observational tools to monitor the practice and competency of staff.

The service is a member of the Gold Standards Framework. This aims to provide a gold standard of care and best quality of life for all people particularly near the end of their lives.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff we spoke with had a good understanding of abuse and were very aware of their responsibilities in reporting any concerns about possible abuse. Staff had received training and demonstrated knowledge and understanding in recognising the nature of abuse as well as how they could report concerns to outside organisations as part of the service's whistle blowing policy. This gave staff the confidence to respond professionally to any concerns they may have about possible abuse in the home.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards. Staff had received appropriate training, and had a good understanding of, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This meant people's rights and welfare in relation to their civil liberty were protected.

Good



Is the service effective?

People received an effective service. People were supported to have sufficient food and drink and to meet their nutritional needs effectively.

Staff were supportive, well trained and people had access to a range of healthcare professionals. People told us they were confident about the skills of staff. Staff received the necessary training providing them with the skills and knowledge to meet care needs effectively.

Staff received the support they needed to undertake their role and responsibilities in a professional way.

Where the home had concerns about a person's nutrition they involved appropriate professionals to make sure people received the correct diet.

The service liaised and worked well with other professionals to ensure people's needs were met effectively.

Good



Is the service caring?

The service was caring and people were supported by caring staff who respected their privacy and dignity.

Staff had a good understanding and knowledge of people as individuals with their own beliefs, likes and dislikes and preferences.

There was respect for people's rights to choose and make their own decisions.

Staff interacted with people in a calming, reassuring and supportive way.

Good



Is the service responsive?

The service was responsive and people received personalised care responsive to their needs and wishes.

Good



Summary of findings

People were enabled to have a say and express their views about the care and quality of the care and support they received.

People felt listened to and able to voice any dissatisfaction or complaint about the service they received.

Is the service well-led?

The home was well led with an approachable management team.

The home had a culture where people and staff were encouraged to voice their views and feel part of how the service was run.

The quality of the service was effectively monitored to ensure continuous improvement.

The service learnt from accidents and incidents and made improvements to the quality of care where there was an identified need.

Good



Calway House

Detailed findings

Background to this inspection

We inspected the home on 24 and 28 July 2014 and spoke with 11 people living at the home, eight relatives, two nurses, eight care staff, the registered manager and deputy managers. We also contacted ten professionals to ask them about their experience of working with the service. We last inspected the service in September 2013 when we found the home fully met regulations and was compliant.

We looked at a range of records including 11 care plans, daily records of people's care and treatment and policies and procedures related to the running of the home. These included safeguarding adults, recruitment and staff supervision. We pathway tracked some people who had received care specifically those who required complex care in relation to pressure care and meeting nutritional needs. We also spent time observing and talking with people in communal areas and during lunchtime when we spoke to a number of people about the meals provided in the service.

We used the Short Observational Framework for Inspections (SOFI) when looking at the care and support provided in Sycamore. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR was collated from records held by CQC and information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern and those that had not been reviewed for a while. We also reviewed the information we held about the home and notifications we had received. A notification is information about important events which the service is required to send to us by law.

The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who used this type of care service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question "Is this service safe" to "Is the service effective?"

'The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.'

Is the service safe?

Our findings

People we spoke with told us they felt safe in the home. One person told us “I trust the staff” and another person said “the staff know what they are doing”. A relative told us “we are very satisfied with the care and feel confident (relative) is being looked after well. We do not have any worries about how she is being treated and cared for”.

On Sycamore there were two individuals who received their medicines covertly. This is where the medicines are given in food or mixed in drink without the individual’s knowledge. Two members of staff told us these medicines were given in water or crushed in yogurt. This was not written in the care plan. There were records setting out why these individuals needed this arrangement. As part of making the decision, known as best interest’s decision, the person’s representative and GP had been consulted. There was a record evidencing where the GP had agreed for these individuals to receive their medicines covertly. However there was no written statement as to how the medicines were to be given or the methods being used had been agreed. This meant the arrangements for the giving of medicines covertly were potentially not safe or effective and people’s health and welfare were possibly at risk. Following the first day of our inspection the provider contacted the pharmacist and the instructions as to how to administer the medicines were agreed and entered into the care plan.

We asked some staff about their understanding of safeguarding and what may be considered abuse to demonstrate their knowledge. They gave examples of what is considered abuse from physical abuse, rough handling to failing to provide the necessary care. This demonstrated staff we spoke with had the necessary knowledge about protecting people from abuse.

Staff were able to tell us about their responsibilities in reporting any concerns about possible abuse. The provider had a comprehensive Safeguarding Adults policy and procedure in place. Staff were aware of the provider’s whistleblowing policy and their right to report any concerns outside the organisation. All of those we spoke with told us they had completed safeguarding adults training which had included the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

The MCA is about how decisions should be taken where people may lack capacity to do so for themselves. It applies to major decisions such as medical treatment as well as day to day matters. The basic principle of the act is to make sure people whenever possible are enabled to make decisions and where this is not possible any decisions made on their behalf are made in their best interests. The DoLS provide a legal framework to prevent unlawful deprivation and restrictions of liberty. They protect vulnerable people in care homes and hospitals who lack capacity to consent to care or treatment and need such restrictions to protect them from harm.

We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards. The manager told us there were currently no individuals who were subject to DoLS. They were able to tell us about their arrangements for making an application and changes which had recently been put in place as to the criteria for applications. As a consequence of these changes the service was looking at making a number of applications. This meant staff we spoke with had the necessary knowledge and understanding about protecting people from harm and safeguarding people’s rights.

We looked at the environment in relation to safety particularly in Sycamore. There was an enclosed, level garden area which provided a walk for people with clear entrances to the home. This meant people could safely walk around and gain access to the home. Throughout the home we noted equipment was available to support people and was in good order.

People told us; “Everything is done for you and any help you need with anything is there for you”, “I ask for help when I need it. If I got into any difficulty I can always ask a member of staff, I know them well and they always come if I ring my bell” and “staff are there when I need them”. Staff were positive about the staffing of the home and commented on the support of shift leaders. Rotas showed there were regular staffing numbers throughout the home.

There was a system for the assessment of risk and how to manage and support people in undertaking activities which could pose a risk to people’s health and welfare. We saw risk assessments had been completed for the use of equipment such as hoists and pressure mats. Where consent was required this had been obtained. One person told us they appreciated having a pressure mat because they had had falls in the past and this alerted staff if they

Is the service safe?

were up and about and had forgotten to call staff for assistance. There were risk assessments where people were at risk of falls so measures could be taken to alleviate this risk.

We asked staff about checks which had taken place as part of their recruitment. They told us references had been

taken up which had included one from their previous employer and criminal record checks had been undertaken. This showed the service followed legal requirements when employing people to work with vulnerable adults.

Is the service effective?

Our findings

People living at Calway House received effective care because staff had received the necessary training and support to meet people's needs. People told us they were confident about the ability of staff to meet their needs. One person told us "the girls are very good and know what they are doing". One person told us "the care staff were very good when I was unwell".

We observed people being supported to have their meal. They did so in a sensitive, encouraging way engaging with the person. People received nutritious and well-presented food. We observed the main meal of the day. People received ample portions and appeared to enjoy the food. People were shown the meals available so they could make an informed choice. There was a relaxed and unhurried atmosphere. The home accommodated people's specific dietary needs and wishes such as vegetarian meals and meals suitable for people with diabetes.

We noted how the environment of Sycamore had been adapted to support people living with dementia effectively. Specific areas such as toilets were highlighted in differing paint colour; toilet seats were painted red to give them greater definition. There was signage, pictorial as well as worded, directing people to parts of the home such as the dining room and lounge. Each person's room had objects associated with them fixed to the wall next to their room door in an effort to assist people identify their personal accommodation. The garden provided a walkway which was circular and gave a number of access points to the home. However improvements were needed in relation to highlighting fittings and providing facilities in parts of the environment.

All of the eight care staff told us they received the training they needed. One told us "the training is very good if I need anything I just need to ask". Another staff member told us "I have asked to do more dementia training and this has been arranged".

All of the staff we spoke with told us they received regular individual supervision. This was every six weeks. They also had yearly appraisals. We were given records of supervision (April 2013 to March 2014) which confirmed staff had

received regular individual supervision and appraisals. This meant staff received support and monitoring of their performance in order to fulfil the duties and responsibilities of their role.

Records showed where people had been seen by professionals such as chiropodists, dietician and tissue viability nurse. One person told us "I can see the doctor when I want and I regularly have my feet done by the chiropodist." In one instance an individual in the residential wing had been visited by a district nurse to dress a pressure wound and this had now healed. We read how care staff had recorded concerns about one person possibly having a urine infection. A specimen had been taken shortly after and later confirmed by the GP this person had a urinary tract infection and was prescribed anti-biotic. This demonstrated the service involved other professionals in ensuring people received effective care and treatment.

A GP told us "They are very quick to feed to me any concerns they have and liaise with other members of the community health team. The nursing staff are of a uniformly high calibre and their management of very challenging ulcers has been very impressive. The team as a whole show great sensitivity in dealing with the relatives of their residents."

People were involved in reviewing their health needs as part of the care plan review held with individuals yearly. Some people had had contact with a community psychiatric nurse to provide advice and support to staff with regard to their mental health needs. In one instance this had been to review the person's medicines to help in supporting the individual with their behaviour and distress. A health care professional told us "In a difficult situation it was felt the home did act on advice, worked well with the team and managed the situation well."

Some people particularly on the Laurels and Cedar had been seen by a dietician where there had been concerns about weight loss or their nutrition. Some people had food and fluids charts in place so that there was monitoring of their food and fluid intake. For one person this had been reviewed by their GP and because their health had improved in relation to their nutritional needs the charts had been stopped following the advice of the GP.

Is the service effective?

We observed staff regularly offering drinks to people because of the heat. Staff told us this was part of their daily routine especially during periods of hot weather. We observed staff supported people to have drinks and we noted how people were also offered ice lollies.

Where people had identified risks to their health such as nutrition or skin integrity assessments had been

completed. Some people were monitored closely and checked two or four hourly. On these occasions people were repositioned or encouraged to have fluids. Records we looked at showed this was being undertaken for a number of people particularly those living in the nursing part of the home.

Is the service caring?

Our findings

The service provided to people living in Calway House was caring and compassionate. People told us staff were “caring and kind”. One person told us “staff are so kind and friendly”. Another person said “It is lovely here, staff are very good, and girls are kind and care for me”. A relative told us “The care is first rate, I am happy my relatives are here.” Another relative told us “Just the most wonderful place, we are touched by the fun, love and care.”

We observed throughout the home staff interacted with people in a positive and enabling way. On Sycamore staff supported people who were agitated or disorientated in a patient and sensitive way. They responded to repeated questioning in a calm and respectful way. They spoke affectionately and with warmth to people with a cheerful and pleasant professional manner. We saw an incident where an individual had fallen. Staff responded promptly, reassuring and calming the person. They acted to ensure the person was unharmed.

People told us they were able to make choices about their daily lives. One person told us “my life is my own I can choose what I want to do”. Staff demonstrated an awareness of people’s life history and what their likes and preferences were. They told us about one person who liked to walk around and was always busy and how this related to their previous occupation. For another individual they told us about specific topics which were of interest to the person and how these could be used to distract and interact with them.

People told us they had spoken with staff about their care needs and some knew about their care plans. One person told us “I told them what help I needed and they wrote it in my plan. We have had a chat since then about it so they know what I need very well”. Records showed where people had been involved in their care planning and gave consent where this was required. A relative told us “They have been extremely careful about involving us. We have been involved in the care plan. We have had conversations about her care needs, they have been very supportive indeed”.

People told us their dignity and privacy was respected. One person told us “staff are respectful of me”. A relative told us “staff always treat people with respect”. A professional told us “They treat patients with respect and care when for example taking them out of the common room and moving them to their own room for assessment.” Another told us “we have seen staff acting in a respectful and polite way towards service users”.

We observed throughout the home staff interacted with people in a respectful way. On one occasion a care worker asked an individual if they needed personal care and did so quietly and sensitively respecting the person dignity. We saw care staff knocking on people’s doors and waiting before entering. One person told us “they (staff) always knock on my door and wait for me to say come in”. One person liked to spend their day in nightclothes and we observed their choice had been respected by staff.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. The service promoted people's right to make complaints and voice their views and had responded professionally and learnt from complaints.

There were comprehensive assessments of people's care needs. A needs assessment was completed before the person came in to the service. Information included people's preferences, likes and dislikes, mobility, personal hygiene and nutritional needs. Care plans had been completed in specific areas such as moving and assisting with mobility, treatment of wounds and medicines. There was evidence of involvement by individuals in the completion of their care plans and in the reviewing of care needs.

We read 11 care plans across the home. As part of the pre-admission assessment people were asked about their routines, likes, dislikes and preferences. There were records of where relatives or people's representatives had been involved in these assessments.

People told us they were able to see their friends and relatives "whenever we like". One person told us "My daughter regularly comes to see me and the staff are always lovely and friendly." A relative told us they were not able to visit regularly but always felt informed about how their relative was and any concerns. They told us "it is like a family here everyone is so welcoming and friendly".

There was a range of activities available to people including music, quizzes and outside trips. People told us they enjoyed the activities and were able to do things they enjoyed. Staff told us they also were able to spend time with people and the keyworker system was a good opportunity to do this. We observed the activities worker talking with a person about a trip out and also reminiscing with them. We were told in the pre-inspection information how through feedback systems "what matters most to the majority of people is enabling them to go out and support their social needs." Through the use of the home's mini bus staff had supported people in going out to places of interest and local cafes.

A male person in the service said they would have liked more opportunity to spend time with other men in the service. We were told by the manager a men's group had been arranged but was temporarily stopped but would be started again. We observed how differing opportunities were available to people dependant on their abilities. Some people in the nursing parts of the home received individual time whilst others were able to participate in shared activities.

People told us they were aware of how to make a complaint and there was information available to help people if they wished to make a complaint. People told us they would talk to their keyworker if they had any worries. One person told us "I would complain and have done so and things were done and it got better." Another person told us "I would complain if something wrong."

The service had a You Say We Did scheme. This was where people made suggestions or comments on what they would like to see happen. We saw how this had resulted in more outings and changes in opportunities for activities. The provider told us in their pre-inspection information "We hold service user unit meetings within the different areas of the home. We plan to develop a resident steering group/forum. This will enable service users to share experiences and make recommendations on particular issues such as allocations of donations and issues around quality".

There were also themed conversations held with people. These were where there was a discussion around certain areas and we were shown records of these conversations where people had commented on how safe they felt in the home. There were also comments from people about what was working well. One person had said "I am pleased with the care I receive. I know I can always ask and have a chat with nurses and managers." Another had commented "If I need help staff are always ready." A third had said "Care staff respect my privacy and dignity." These formed part of the arrangements for the service to receive feedback about the quality of the service and take any actions to improve the service.

The service had received one complaint in the current year and this had been responded to and issues addressed professionally.

Is the service well-led?

Our findings

The service was well led by the registered manager with deputies for various areas of the home. There was a structured approach to the management of the service with clear lines of responsibility and accountability. This approach was implemented through a system of supervisors, deputies and nurses with care management responsibilities. We were told the service planned to develop an induction steering group where staff at all levels would lead on the induction process. This group will be able to share skills knowledge and make recommendations for improvement. This was being implemented in September. People told us they “could always speak to the manager if we want to”. They told us the managers were always available and visible.

Staff told us how the manager was approachable. One staff member told us “we are listened to and always able to say what we think”. Another told us the culture was about “putting residents first”. Staff told us they felt well supported on a day to day basis. Staff duty rotas confirmed the availability of managers and supervisors.

We attended a handover for seniors which identified and highlighted any concerns about people living in the home. There was discussion about specific people in terms of changing care needs. It was the role of seniors to inform other staff of any changes in people’s needs and provide a handover. Care staff told us they felt well informed about the care needs of people and there was good communication amongst all staff. One care staff member told us “You always feel informed about people and how they are. We have time to look at daily records and care plans if we need to update ourselves”.

People using the service and representatives received a questionnaire asking for feedback about the quality of care

provided by the service. There had been 90% satisfaction with the care being provided. There were a number of compliments and concerns made about the service. An action plan had not been completed. This meant we could not establish what actions had been taken to address the areas of concern or dissatisfaction. We were told it was planned to develop a resident steering group for people to share experiences and make recommendation. These would be in addition to residents meeting which had been held though people told us they were not very frequent.

The service had a comprehensive system for the monitoring and auditing aspects of the service such as care planning, management of medicines and infection control. An observational tool had been completed in relation to hand hygiene which had found 100% compliance with good practice. Where actions had been identified through these audits these had been completed and signed off. They had included discussion with staff about practice.

We were told the service planned to introduce external auditors to seek the views of people living at Calway House. This was hoped to provide “an objective, transparent and unbiased view”.

There was a system in place for recording of accidents and incidents specifically related to falls and injuries. Where necessary in response to this system referrals had been made to other professionals in order for the service to manage the identified risk and support the individual.

The service is a member of the Gold Standards Framework. This aims to provide a gold standard of care in relation to quality of life for all people particularly near the end of their lives. This showed, through their membership of this framework, the service had demonstrated good practice and care when providing end of life care.