

HC-One Limited

Callands Care Home

Inspection report

Callands Road
Callands
Warrington
Cheshire
WA5 9TS

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Callands is a 'care home' providing accommodation, nursing and / or personal care for up to 120 younger and older adults; some of whom lived with dementia and physical disabilities. At the time of the inspection 104 people were living at the home across five separate units.

People's experience of using this service and what we found

The provider did not always have effective governance and quality assurance measures in place; systems and processes were not effectively monitoring, reviewing or helping to improve the quality and safety of care being delivered. Inconsistent leadership and oversight have meant that there has been repeated breaches of regulation and mitigation of risk has not always been effectively managed.

The provider did not always ensure that quality performance and risk management procedures were effectively providing high-quality, safe care. Audit tools and home improvement plans were not sufficiently supporting areas of improvement, and in some cases had not identified the areas and concerns we identified during the inspection.

People's areas of risk were appropriately identified and recorded within their care records however, we found that not all risks were safely managed. Clinical risk management tools were not regularly completed or being checked, and monthly risk reviews did not always contain the appropriate information in relation to risks that had been identified.

Not all care records contained the relevant guidance and information in relation to specific support needs people required. Risk management plans did not contain the relevant information staff needed to ensure people received safe care and treatment.

Medication systems and procedures were reviewed. People received their medicines as prescribed, by trained and competent members of staff and regular audits and checks were regularly taking place. However, some areas of medicine management need to be further reviewed and strengthened. We have made a recommendation regarding this.

Staff told us they felt valued, involved in the care being provided and believed the new interim manager was making a positive difference. Feedback from relatives suggested that they were happy with the provision of care their loved ones received but communication and visiting arrangements during the pandemic could have been better.

We were assured that infection prevention and control (IPC) measures were appropriately followed. The home itself was clean, hygienic and well-maintained, although some areas such as clinic rooms and medication dispensing trolleys required attention. Regulatory health and safety compliance checks and certificates were in place.

We observed safe staffing levels during the inspection and people told us they received prompt care when it was required. However, we did receive some mixed feedback from relatives who expressed that the home appeared under-staffed especially during the pandemic. Recruitment processes were safely in place and people received safe care and support by staff who had been appropriately recruited.

Rating at last inspection and update

The last rating for this service was 'requires improvement' (published 08 July 2019). We found breaches of regulation in relation to staffing and good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made. We found the provider was still in breach of regulation.

Why we inspected

We carried out an announced inspection to follow up on concerns we had received following a safeguarding referral to the Local Authority. The information The Care Quality Commission (CQC) received indicated that there were concerns around safe care and treatment and governance procedures. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Our report is only based on the findings in those areas at this inspection. The ratings from the previous comprehensive inspection for the effective, caring and responsive key questions were not looked at during this visit. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used to calculate the overall rating at this inspection.

We looked at infection prevention and control measures under the 'safe' key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively

The overall rating for the service has remained 'requires improvement'. This is based on the findings at this inspection. We found evidence that the provider still needs to make improvements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Callands Care Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We identified breaches in relation to safe care and treatment and good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Callands Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection prevention and control measures in place. This was conducted so we could understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors, an Expert by Experience and a specialist nurse advisor. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Callands is a 'care home'. People in care homes receive accommodation, nursing and / or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with CQC at the time of the inspection. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection, an interim manager had been recruited and the appropriate registration paperwork was in the process of being completed.

Notice of inspection

We gave notice of the inspection because infection prevention and control arrangements had to be agreed with the provider and put in place prior to our visit; this helped to mitigate the risk of any cross contamination or transmission of Covid-19.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We also sought feedback from the local authority who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of the information we received to plan our inspection and formulate a 'planning tool'.

During the inspection

We spoke with five people who lived at the home, eight relatives about their experiences of care provided, 10 members of staff as well as the interim manager, deputy manager and area quality manager.

We reviewed a range of records. Records included eight people's care records, multiple medication administration records from across the different units, and five staff personnel files in relation to recruitment. We also reviewed a variety of records relating to the management and governance of the service, including policies and procedures.

After the inspection

We continued to review evidence that was sent remotely as well as seeking clarification from the provider to validate evidence found. We looked at audit and governance data, as well as infection prevention and control policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated 'requires improvement'. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Safety monitoring, assessment and management of risk was not effectively established, and people were exposed to risk.
- People's support needs and areas of risk were assessed. However, we found that not all care records contained the relevant information. For instance, diabetic support / risk management guidance was not available for staff to follow and another care record failed to provide adequate transmissible infection information.
- Assessment of risk and safety monitoring measures were in place. However, these were not always effectively completed. For instance, one person required weekly weight monitoring, but this was not always completed, and assessment of vulnerable skin was not effectively managed.
- A variety of health and safety and risk management aids were in place for people throughout the home. However, not all pressure relieving equipment was providing the required level of support for people with vulnerable skin. For instance, air flow mattress settings were not correctly adjusted, meaning people were not receiving the correct level of safe care.

We found no evidence that people had been harmed however, the assessment of risk, safety monitoring and management processes were not effectively established. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Environmental risk management and health and safety procedures were in place; regulatory compliance certificates and checks were all in place.

Using medicines safely

- Safe medication management procedures were generally in place, although some areas need to be strengthened.
- Medication treatment room temperature checks were not routinely completed. We found multiple missing temperature checks for the month of January on one of the units we visited.
- Medication treatment rooms and medication trolleys were unclean and not well-maintained.

We recommend the provider reviews the medication arrangements and ensure policies and procedures are being followed.

- Medication was routinely ordered, and administered by trained staff who regularly had their competency levels checked.
- Trained staff administered people's medication in line with medication administration procedures; medication records clearly outlined the procedures that needed to be followed.
- Regular medication audits were being completed; however, these did not always identify the areas of development that were identified during the inspection.

Staffing and recruitment

- Staffing levels were regularly reviewed, and recruitment procedures were effectively in place.
- During the inspection, we observed safe staffing levels however we received mixed feedback from the relatives we spoke with during the inspection. The interim manager was responsive to the feedback we provided.
- Staff were safely recruited into their positions. Suitable references were obtained, employment histories were provided and Disclosure and Barring Service (DBS) checks were completed.

Preventing and controlling infection

- Personal and communal spaces were clean, hygienic and well maintained. We were assured that the prevention and control of infections were in place.
- We were assured that the provider was promoting safety through hygiene practices of the premises; although IPC procedures need reviewing in relation to medication storage.
- We were assured that staff were provided with the appropriate PPE and essential Covid-19 guidance and information was being circulated.
- Regular IPC cleaning schedules and audits were carried out and there was dedicated IPC leads at the home.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong.

- Systems and processes to protect people from the risk of abuse were in place and lessons were learnt when significant incidents had occurred.
- Staff were familiar with safeguarding and whistleblowing procedures. Staff told us how they would report their concerns and who they would report their concerns to.
- Staff and relatives told us that they believed safe care was provided. Relatives said, "I feel that my (relative) is very happy and safe there" and "My (relative) is safe there because (they) are well looked after and (their) needs are met." People told us, "Not worried about anything at all" and "(I) feel safe."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality and person-centred care; supporting learning and innovation and promoting an open, fair culture.

At the last inspection this key question was rated 'requires improvement'. At this inspection this key question has deteriorated to 'inadequate'. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

At our last inspection, we identified that quality assurance measures were not effectively in place. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider continued to be in breach of Regulation 17. This was the third consecutive inspection that the provider had been in breach of Regulation 17.

- The provider had not ensured that quality performance, management of risk and regulatory requirements were understood and effectively managed.
- There has been a lack of leadership and an inconsistent approach to the quality and safety of care over a five-year period. The home has had multiple registered managers and found to be in breach of regulation since 2016. One member of staff told us, "(Registered) Managers come and go, not sure how long (manager) is here, it does unsettle me."
- Continued poor governance and ineffective quality assurance measures meant that the provision of care was not sufficiently monitored, reviewed or assessed. Exposing people to risk and unsafe care.
- An interim 'relief' manager had been recruited and was in the process of registering with CQC. However, the provider along with a registered manager, is legally responsible for the quality and safety of care people receive. Legal and regulatory responsibilities had not been met.
- The current systems in place for overseeing the quality and safety of the service were ineffective. Internal home improvement audits failed to identify or effectively follow up on actions identified. For instance, medication storage temperature checks were not being completed, mattress settings were not being routinely checked and care records did not always contain the required information.

Continuous learning and improving care

- Although audit systems and quality assurance checks were in place, they were not always effectively identifying areas of improvement or ensuring improvements were maintained.
- A continued breach of regulation 17 meant that the provider did not mitigate risks following the last inspection; measures that had been implemented did not assure us that the provision of care had improved.

- Callands Home Improvement Plan (HIP) identified actions, some dating back to October 2019 had been 'met' and 'closed'. We found that actions had not been maintained and areas of improvements had re-emerged.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- We were not always assured that a person-centred approach to care was provided and good outcomes were always being achieved.
- We identified that people were exposed to risk; staff were not always supporting people with the level of support they required or managing risks as they should have been.
- We received positive feedback about the new processes and systems the interim manager was embedding. All staff we spoke with expressed that the new interim manager was making a positive difference at the home. One staff member said, "Things are finally starting to look up (at Callands)."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- The home endeavoured to include people, staff and the public in the provision of care being provided. However, we received mixed feedback from relatives about the level of communication and visiting arrangements during the pandemic.
- We received feedback to suggest that the five units across the home were operating in very different ways. One relative told us, "There seems to have been no flexibility, or even interest in visiting arrangements by the management," and another relative told us "There's a reasonably effective communication system with the unit staff. They keep me informed on a daily basis which is good."
- A range of different staff meetings were taking place. Staff told us they felt included and involved in the care being provided. Staff said, "There's more meetings, more one to one's, it's running smooth" and "(Manager) is always advising and guiding us."
- Satisfaction surveys were circulated as a measure of capturing thoughts, views and suggestions relating to the provision of care. Results were analysed and relatives received a response letter complete with actions and developments.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The provider understood duty of candour responsibilities and ensured legal and regulatory duties were complied with. Relatives told us that staff kept them informed of any significant incidents involving their loved ones.
- Accidents, incidents and safeguarding's were recorded, investigated and analysed. We noted that extra training had been arranged for all staff following a recent safeguarding incident.

Working in partnership with others

- The home worked in partnership with other external agencies.
- Care records confirmed that the home liaised with external professionals such as district nurses, enhanced care home support (ECHS) team and tissue viability nurses. One healthcare professional told us, "Communication has definitely got better. The staff are very helpful."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	We were not always assured that people were receiving safe care and treatment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Good governance measures and processes were not effectively embedded to enable the provider to monitor, review and improve the quality and safety of care being delivered.