Oregon Care Limited

Callum House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Our inspection took place on 14 April 2016 and was unannounced.

Callum House is a residential care service that offers housing and personal support for up to eight people who have a range of needs including learning disabilities. At the time of our inspection six people were using the service. At our last inspection in October 2014 the service was meeting the regulations inspected.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff knew how to recognise signs of potential abuse and followed the right reporting procedures. Staff positively supported people when they became upset or anxious and clear guidance was written for staff in people's care records. Staff helped make sure people were safe at Callum House and in the community by looking at the risks they may face and by taking steps to reduce those risks. However, we found some risks to people had not been adequately assessed or addressed. Several first floor radiators and one towel rail were excessively hot and we were concerned that a person may suffer burns if they fell against the surface. In addition two hot water outlets did not have thermostatic controls in place and temperatures were excessively high which may have put people may have been at risk from scalds.

People were cared for by staff who received appropriate training and support to do their job well. Staff felt supported by managers. There were enough staff to support people to live a full, active and independent life as possible at Callum House and in the community.

People were offered choices, supported to feel involved and staff knew how to communicate effectively with each individual according to their needs. People were relaxed and comfortable in the company of staff. Staff supported people in a way which was kind, caring, and respectful.

Staff helped people to keep healthy and well, they supported people to attend appointments with GP's and other healthcare professionals when they needed to. Medicines were stored safely, and people received their medicines as prescribed. People were involved in their food and drink choices and meals were prepared taking account of people's health, cultural and religious needs.

Care records focused on people as individuals and gave clear information to staff. People were appropriately supported by staff to make decisions about their care and support needs. Staff encouraged people to follow their own activities and interests. Relatives told us they felt comfortable raising any concerns they had with staff and knew how to make a complaint if needed.

The provider regularly sought people's and staff's views about how the care and support they received could

be improved. There were systems in place to monitor the safety and quality of the service that people experienced.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

We have recommended that the provider consults the guidance around managing the risks from hot water and surfaces in health and social care published by the Health and Safety Executive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was safe in most areas. Staff knew people's needs and were aware of any risks and what they needed to do to make sure people were safe. However, some radiators, towel rails and water was excessively hot presenting a risk of burns and scalds to people.

There were arrangements in place to protect people from the risk of abuse and harm and staff knew about their responsibility to protect people. Medicines were managed and administered safely.

The provider had an effective staff recruitment and selection process in place and there were enough staff on duty to meet people's needs.

Is the service effective?

Good

The service was effective. People received care from staff who were trained to meet their individual needs. Staff felt supported and received ongoing training and regular management supervision.

People received the support they needed to maintain good health and wellbeing. Staff worked well with health and social care professionals to identify and meet people's needs.

People were protected from the risks of poor nutrition and dehydration. People had a balanced diet and the service supported people to eat healthily. Where nutritional risks were identified, people received the necessary support.

The provider acted in accordance with the Mental Capacity Act (2005) Code of Practice to help protect people's rights.

Is the service caring?

Good

The service was caring. People were involved in making decisions about their care, treatment and support. The care records we viewed contained information about what was important to people and how they wanted to be supported.

Staff had a good knowledge of the people they were supporting and they respected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive. People had person centred care records, which were current and outlined their agreed care and support arrangements.

People could choose to participate in a wide range of social activities, both inside and outside the service. People were encouraged and supported by staff to be as independent as they wanted to be.

Relatives told us they were confident in expressing their views, discussing their relatives' care and raising any concerns. The service actively encouraged people to express their views and had various arrangements in place to deal with comments and complaints.

Is the service well-led?

Good

The service was well-led. Relatives spoke positively about the care and attitude of staff and the registered manager. Staff told us that the registered manager was approachable, supportive and listened to them.

Regular staff meetings helped share learning and best practice so staff understood what was expected of them at all levels. The service encouraged feedback about the service through regular house meetings and stakeholder surveys.

Systems were in place to regularly monitor the safety and quality of the service people received and results were used to improve the service.

Callum House

Detailed findings

Background to this inspection

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Prior to our inspection we reviewed the information we held about the service. This included any safeguarding alerts and outcomes, complaints, previous inspection reports and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law. The registered manager had also completed a Provider Information Return (PIR).The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

This inspection took place on 14 April 2016 and was unannounced.

The inspection was carried out by one inspector. We spoke with five people who used the service, three members of staff, the registered manager and the provider. We conducted observations throughout the inspection. We looked at four people's care records, three staff records and other documents which related to the management of the service, such as training records and policies and procedures.

After the inspection we spoke with two relatives of people who used the service to obtain their views about the care provided.

Requires Improvement

Is the service safe?

Our findings

Most of the building and surrounding gardens were adequately maintained to keep people safe. However, when we looked around the building we noted most radiators in people's rooms and the heated towel rail in one bathroom was very hot. We were concerned because if a person should fall or come into prolonged contact with a hot surface then it may present a high risk of burns.

We noted that water temperatures were checked weekly and the water temperature in people's rooms were safe, however, the water temperature in one communal shower, the unoccupied self-contained flat and kitchen regularly reached 60 degrees. Warning signs were placed prominently in the kitchen to warn people of high temperatures but there were no thermostatic controls to ensure the temperature discharged from the outlets mentioned did not rise above 44 degrees centigrade.

We spoke to the registered manager and the provider about our concerns, during our inspection the towel rail was turned off until measures could be put in place to regulate the temperature. We were assured that no one used the shower in the self-contained flat and that the only person who used the communal shower would be supervised until control measures were put in place. Although temperatures were monitored we were concerned about the lack of effective controls in place to prevent people being at risk from burns and scalds. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's relatives told us they felt their family members were safe living at the service. They said, "There are no problems" and "[My relative] is in safe hands and well cared for." We observed people interacting with each other and staff in the communal areas. People were comfortable with staff and approached them without hesitation.

Staff told us they had received training in safeguarding adults from abuse, records confirmed staff and managers had received safeguarding training. It was clear from discussions we had with care staff that they understood what abuse was, and what they needed to do if they suspected abuse had taken place. This included reporting their concerns to managers, the local authority's safeguarding team and the Care Quality Commission. Contact details for the local authority's safeguarding adults' team were displayed where staff could easily access. Staff were confident managers would take appropriate action to keep the people at Callum House safe. One staff member said, "I would go straight to the manager or go directly to local authorities if I had concerns." People's finances were protected and there were procedures in place to reconcile and audit people's money.

There were systems to manage and report safeguarding, accidents and incidents. Staff told us they would report concerns if they needed to. Details of incidents were recorded together with action taken at the time, notes of who was notified, such as relatives or healthcare professionals and what action had been taken to avoid any future incidents.

Care records included assessments of risks associated with people's support such as eating and drinking,

mobility, sleeping and personal hygiene. Where some people's behaviour presented risks to themselves or others de-escalation techniques were documented and incidents were logged on behaviour recording charts. All Incidents and accidents were reported, we saw evidence that action was taken to make sure people were kept safe. For example, contacting relevant healthcare professionals to arrange meetings and discuss and review the changes in their behaviour. Risk assessments and support plans were reviewed following any changes in behaviour and also following incidents or accidents.

Staff described the different ways people expressed that they were unhappy or upset and how to support them. One staff member told us how they would support a person when they became upset and told us how they put this into practice. Care records supported what staff told us.

There were sufficient numbers of staff on duty to meet people's needs. On the day of our inspection there were three staff on duty in the morning and three in the afternoon this included the registered manager who was covering a shift for member of staff who was unwell. There was an additional staff member to provide one to one time for activities with one person and nights were covered by one waking member of staff with the registered manager and senior staff providing a 24 hour on call assistance if required. Staffing numbers were flexible and there were enough staff to support people when accessing the local community and to accompany people to and from activities throughout the day. Where people stayed at the service, we noted staff were always visible and on hand to meet their needs and requests. We looked at staff rotas which confirmed people received appropriate staff support.

The service followed appropriate recruitment practices to keep people safe. Staff files contained a checklist which clearly identified all the pre-employment checks the provider had conducted in respect of these individuals. This included an up to date criminal records check, at least two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form, interview questions and answers, and proof of their eligibility to work in the UK.

There were arrangements in place for the management of people's medicines. Policy and guidance about the safe handling of medicines was available for staff to refer to. Medicines were stored securely in a locked cabinet. People received their prescribed medicines as and when they should. We looked at a sample of the Medicine Administration Records (MARs) and noted these were completed accurately and there were no gaps in the signatures for administration. Where people needed medicines 'as required' or only at certain times there were individual guidelines about the circumstances and frequency they should be given. Only those staff who had received regular training in medicines management were able to administer people's medicines. In addition staff undertook yearly refresher training to ensure they handled people's medicine safely, records confirmed this.

We recommend that the service refers to current best practice guidance around managing the risks from hot water and surfaces in health and social care published by the health and safety executive to help them comply with their legal duties.

Good

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills they needed to carry out their role. Staff told us, "They train you from scratch…the training is really good" and "When I started I was on a six to eight week induction and then did all my mandatory training…we have enough yearly training."

Records were kept of the training undertaken by staff. We were shown how the registered manager monitored the system to ensure all staff had completed their mandatory training within the specified time-scales. This included subjects such as, emergency first aid, fire safety, food hygiene, infection control, and health and safety. Most staff had completed all of their mandatory training and we saw overdue training had been identified and was being addressed. Staff received additional specialist training to meet people's needs such as epilepsy and learning disability awareness. Staff confirmed they had received one to one supervision with their line manager and that training was a discussion point during these meetings. One staff member told us, "I have regular supervision with my manager it is definitely very useful." We saw records of regular staff supervision and appraisals.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We saw that people's consent was obtained in relation to care and support provided and it was evident people were involved in those decisions. Staff told us people's mental capacity was assessed by relevant healthcare professionals when required. The registered manager told us people currently using the service had capacity to make everyday decisions about their care and how they wanted to spend their day and no one was being deprived of their liberty.

The service had a policy in place for DoLS and the registered manager had received training in the MCA and DoLS and staff were due to attend training in May 2016. Although the service was practically adhering to the principles of the MCA there was little documentation in place regarding mental capacity assessments or best interest decisions. The registered manager discussed their ideas on how future decisions could be recorded including involvement from relatives or advocates when appropriate. We will look at this again during our next inspection.

People told us they liked the food at Callum House and could choose what they ate. One person told us, "I might have spaghetti bolognaise and garlic bread tonight…I love pizza, we make our own sometimes." We observed one person choosing their sandwich filling at lunchtime while another person was asked what salad they would like. One person told us about their favourite cheese, and there was a general discussion

with staff and people about world food day when the service cooked food from different parts of the world for people to try. Staff told us menu options were discussed at monthly meetings but there was choice for people every day.

People's preferences and special dietary needs were recorded in their care records and we saw staff put these into practice during our inspection. For example, one person needed careful supervision at mealtimes because they were at risk of choking and another person liked to eat with everyone but preferred their own table.

We saw from care records that there were good links with local health services and GP's. There was evidence of regular visits to GPs, consultants and other healthcare professionals such as the dentist and optician. Records contained hospital passports which included personal details about people and their healthcare needs. Information was regularly updated and the document could be used to take to hospital or healthcare appointments to show staff how they like to be looked after.

Good

Is the service caring?

Our findings

People indicated by their comments and gestures that they were happy living at Callum House. One person told us, "I'm OK." Relatives told us that from their experience staff were caring, they commented, "They are very good, [my relative] is always very happy" and "I really can't speak highly enough of them [staff]…it's great to know [my relative] is well looked after."

The atmosphere during our visit was relaxed and homely, we observed interactions between staff and people and noted they were warm and friendly. Staff treated people with respect and kindness. People were relaxed and comfortable and staff used enabling and positive language when talking with or supporting them. We observed general conversations over the day such as one person talking to staff about things that had happened in the past and the things they were looking forward to. Another person talked enthusiastically about their room decoration and the colours and fittings they had chosen and staff spoke about going shopping to look for matching accessories.

Many people had lived at the service for a number of years and staffing levels had remained consistent, this resulted in staff knowing people very well and all the staff members we spoke with told us about people's likes and dislikes and daily routines with ease. One staff member told us, "I know people's routines, one client doesn't like to go to bed until 11 or 12pm and another likes to watch films on Friday night while others like to go to bed after their hot chocolate." Staff knew what made people happy or what could upset them and the signs they would look for to indicate if someone was feeling unwell.

Staff spoke positively about working at the service and talked about people in a caring way, they told us, "I like working with the clients…it's the little things they achieve each day that make the difference" , I really enjoy working with autism and learning disability, I enjoy being hands on and working with different people. It's a nice environment …a great experience…you soon embrace it" and "This is one of the best places I have ever worked…all the service users have different personalities and characteristics…I love how clever they all are…I call this a happy house."

We observed that people's privacy and dignity were respected; for example, staff always knocked on people's doors before entering and called people by their preferred name. Staff told us how they gave people privacy while still being there to give support if required.

Care records were centred on people as individuals and contained detailed information about people's diverse needs, life histories, strengths, interests, preferences and aspirations. For example, there was information about how people liked to spend their time, their food preferences and dislikes, what activities they enjoyed and their daily routines.

People were involved in making their own decisions and planning their care. Regular service user meetings were held where people discussed issues such as menu choices, activities, news and events and what they should do if they felt unhappy. People's individual views and responses had been recorded in the minutes and we saw examples where the service acted on people's comments and the choices they made.

We saw people making choices about their day to day life. For example, one person talked about plans for their holiday with staff who knew where they wanted to go and why. Another person asked where their money was as they needed some to go to local club. We noted photographs of events, previous holidays and activities were displayed around the service and one person showed us their bedroom which was comfortable, decorated with family photographs and their own possessions which reflected their likes and interests.

Relatives told us they were made to feel welcome and could visit at any time.

Good

Is the service responsive?

Our findings

People's relatives told us they felt involved in the care their family member received. They told us they were invited to care reviews and notified of any accidents or incidents that happened. One relative explained, "If there is a problem they always let me know." Another relative told us, "We have always had a good relationship with the staff and the manager. They fill me in on any issues that arise and ask for my opinion."

Care records gave staff important information about people's care needs. All the staff we spoke with told us they looked at people's care records to find out important information and this helped them support people as individuals. Care records were person centred and showed that the individual was central to the care and support they received. The plans included personalised and accurate details about people's needs and preferences and considered all aspects of a person's life, including their likes, dislikes, strengths, hobbies, social needs, dietary preferences, health and personal care needs. One example gave guidance to staff about how to support one person when they became anxious or upset with potential triggers or signs in their body language that may signal a mood change.

Staff spoke about daily handover meetings and how important these were to share and record any immediate changes to people's needs. Staff said this helped to ensure people received continuity of care, share information at each shift change and to keep up to date with any changes concerning people's care and support.

People were involved in planning their care and were able to make choices about how they lived their lives. People told us they could decide what they ate and drank and how and where they spent their time. People were supported to follow their interests and take part in social activities. One person told us about their love for music, they told us, "I like to listen to music, I've got a CD player. I'm going out tonight. . .I will try to do a bit of dancing." We saw people had personal planning books that contained information about what was important to them, their personal goals and how these could be reached. People had listed their hopes and dreams and given examples of what their best weekend or weekday would look like. One person had listed their best weekday spent gardening followed by a curry and beer. The registered manager explained that some of these documents needed to be updated and planned they could do this in the coming months.

People were coming and going from activities during our inspection and people told us about the things they liked to do. Staff explained they tried to come up with different ideas for activities and trips and we saw these were discussed during service user meetings. Each person had their own plan of activities and these included various clubs, discos, shopping, walks and visiting coffee shops. People were also supported to get involved in household chores such as laundry, cleaning and baking to help encourage their independence.

People's relatives told us they knew who they would speak with if they were unhappy and wanted to complain. One relative told us, "I have never had to complain but I would speak to the manager I have her number." The service took concerns and complaints seriously with any issues recorded and acted upon. Information on how to make a complaint was available for in an easy read and pictorial format. People were also asked if they were unhappy during the regular house meetings and records confirmed this. The service

had a complaints procedure which clearly outlined the process and timescales for dealing with complaints. At the time of our inspection no complaints had been received by the service in the previous 12 months.

Good

Is the service well-led?

Our findings

Relatives we spoke with knew who the registered manager was and spoke positively about how the service was run. One relative told us "They [the staff] all work together well and very hard, they have the clients best interests at heart …[the manager] is very, very good and supports me all the way."

The atmosphere in the home was open and welcoming. The registered manager had a detailed knowledge of the people using the service and knew them well. The registered manager explained she was hands on and would work shifts at the service. On the day of our inspection the registered manager was covering one member of staff who was on sick leave. During our inspection, the provider also visited, people and staff appeared comfortable and relaxed in their presence and we observed friendly conversations occurring throughout the day. Staff said they felt supported by their manager and were comfortable discussing any issues with them. Staff told us, "I have no doubt, if I was struggling the manager would help", " The good thing is [the manager] is hands on we work together, she tells me different ways to do things" and "I have excellent support [the manager] is always there when I need her."

People were involved in developing the service. Yearly surveys were sent to people who used the service and other stakeholders such as staff and healthcare professionals. We looked at the results from the most recent survey and noted people's comments were mainly positive. Results of the survey had been analysed and used to highlight areas of weakness and to make improvements. People's views were also gathered during regular house meetings, minutes from these meetings covered issues such as menus, future and past events, activities and any other issues people wanted to discuss.

Staff meetings were held regularly and helped to share learning and best practice so staff understood what was expected of them at all levels. Minutes included actions from previous meetings, people's general well-being, guidance to staff for the day to day running of the service and training. Staff told us about suggestions they put forward to improve people's quality of life and what changes had taken place as a result. Staff told us they felt they worked well as a team they told us, "The staff team are very good…we all pitch in so we are not on our own and help each other" and "It's a lovely team, it feels like a family, it's really good."

There were arrangements in place for checking the quality of the care people received. These included weekly and monthly health and safety checks, reviews of fire drills and daily inspections such as fridge and freezer temperature checks and audits on people's medicine. The provider carried out a yearly overview of the quality monitoring within the service and this together with the results from the surveys fed into an annual development plan. This highlighted areas for action and improvement if needed and helped to ensure that people were safe and appropriate care was being provided.

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 did not take formal enforcement action at this stage. 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 Control measures had not been adopted by the provider to mitigate the risk of burns and scalds from excessively hot surfaces and hot water. Regulation 12(2)(b)