

Somerset Care Limited

Calway House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Calway House is a residential care home providing personal and nursing care to up to 92 people. The home provides care and accommodation to older adults including people living with dementia.

The building was divided into five suites. Maple and Spruce cared for people who required support with personal care, Laurel and Cedar provided nursing care to people and Sycamore supported people who were living with dementia. At the time of the inspection there were 50 people living at the home.

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

People lived in a home where improvements had been made to ensure their care and support was personalised to them.

Improvements had been made to the meal-time experience and people received the support they required to eat and drink.

People lived in a home which was well maintained and safe. Staff followed up to date guidance on infection prevention and control to minimise risks to people.

There were systems in place, and adequate numbers of well-trained staff, to maintain people's comfort and safety.

Staff felt well supported which led to a happy atmosphere for people to live in.

People could be confident that the management team monitored standards and took action where shortfalls were identified.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (report published 16 September 2019) and we identified two breaches in regulations.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 13-14 August 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve Person-centred care and Good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe, Effective and Well-led which contained those requirements.

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 COVID-19 and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Calway House

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.

This was a focussed inspection to check whether the provider had met the requirements of the last inspection in relation to Regulation 9 – Person-centred care and Regulation 17 – Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can 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.

Service and service type

Calway House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at the information we held about the service. This was information the provider had told us about and information which had been shared with us from other sources.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service, one visiting relative and eight members of staff. Where people were unable to fully express their views because they were living with dementia, we carried out observations in communal areas. We also observed the main meal of the day in three areas of the home and medication administration.

We reviewed a range of records. This included samples of nine people's care records, minutes of staff meetings, staff training records, various audits and the home's action plan

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 as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At the last inspection we found that although risks to people were assessed there was not always clear guidance to support staff in minimising risks. At this inspection we found improvements had been made. For example, care plans contained details of the support people required to reposition themselves and how often this support should be provided. There were charts in place to show staff were following people's care plans.
- Risks to people were minimised because the staff carried out assessments to make sure people could receive care safely but continue to have choices. For example, we saw one care plan which stated the person liked to sleep with their bedroom door open. Measures had been put in place to minimise risks whilst respecting the person's choice.
- Risks of people having falls was minimised because care plans gave guidance about the support people required. One person's care plan stated they needed a sensor mat in their room so staff could be alerted when they were moving around and could quickly attend to them. We saw the mat was in place in their room.

Systems and processes to safeguard people from the risk of abuse

- People were safe at the home because the provider had systems to make sure staff were able to recognise and report signs of abuse. Staff told us they would be comfortable to raise concerns and were confident action would be taken to keep people safe.
- Where concerns were identified, the registered manager worked in partnership with appropriate agencies to protect people.
- People looked relaxed and comfortable with staff who supported them. We observed staff and people chatted happily together. One person told us, "They are all very kind." We saw people had unrestricted movement around their part of the home and their personal rooms.

Staffing and recruitment

- People were supported by adequate numbers of staff to meet their needs and ensure their safety. We saw that staff were attentive to people and they received care and support in a timely way. Staff commented that since numbers of people at the home had reduced, they had lots of time to spend with people to provide social stimulation as well as support with physical tasks.
- There was a robust recruitment process which ensured people were cared for by staff who had their suitability to work with vulnerable people checked. Audits of staff recruitment files showed that staff did not commence work at the home until references and criminal records checks had been received.

Using medicines safely

- People received their medicines safely from senior staff and registered nurses who had received training to carry out the task. Staff said they received medication training and had their competency checked annually to make sure their practice remained safe.
- Some people were prescribed medicines, such as pain relief, on an 'as required' basis. We saw people were asked when they wanted these medicines and staff respected people's wishes. Where people were unable to say when they required these medicines there were protocols to guide staff. This helped to make sure people received medicines to alleviate pain or discomfort.
- Some people had creams and lotions prescribed which were administered by care staff as part of their personal care. There were pictorial instructions for where these creams should be applied but records relating to their application were not well completed. This meant that the effectiveness of these could not be monitored. We raised this with the registered manager who gave assurances that action would be taken to address this.

Learning lessons when things go wrong

- People could be confident that changes would be made when shortfalls in the service were identified. This had included putting in a new system to ensure that people's medicines were ordered in a timely manner to make sure no one went without prescribed medication.
- The service responded to incidents in a way that made sure lessons were learnt and improvements to people's care were implemented. For example, audits of falls had led to discussions with people about what may assist them. Things put in place had included supplying night lights so people could better see walking aids and call bells when getting up to use the bathroom at night.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

At the last inspection we found that people were not receiving person-centred care in relation to eating and drinking. This was a breach of Regulation 9. At this inspection we found improvements had been made and the provider was no longer in breach of the regulation.

- Observations carried out at lunchtime showed people were receiving support in a personalised way. Care plans we read showed people were receiving support in accordance with their assessed needs and wishes. For example, one care plan stated that the person could be reluctant to eat a meal and the actions staff should take to help them. At lunchtime we saw the person received help in accordance with their care plan.
- Lunch time was a pleasant experience. There was a nice atmosphere with staff chatting as they helped people. People were offered choices of food and drink. The meal was not rushed. One person was offered a gin and tonic before lunch and one person said they often had a glass of wine. A number of people enjoyed a leisurely hot drink and chat after their meal
- Staff told us that as a number of people had been unwell, they had lost their appetites and their weight had reduced. However, records showed people's weights were gradually increasing. This demonstrated people were being supported with meals which was leading to increased well-being.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- At our last inspection we found that people's individual care plans did not contain sufficient detail to assist staff to support people in a consistent and personalised way. We also found people were at risk of not receiving consistent care because there was poor communication between staff. At this inspection we found improvements had been made.
- People were being cared for by small staff teams who had got to know them well. We heard conversations between people and staff which were pertinent to them, such as places they had lived before moving to Calway House.
- Care plans and pre-admission assessments gave personal information to assist staff in providing person centred care. One person had a care plan which set out how staff should support the person if they became anxious. The consistent approach had meant that the person no longer required the support of an outside professional to maintain their well-being.
- Staff knew people well. One member of staff told us about a person's needs and things that staff needed

to do to ensure the person was comfortable. These things were recorded in the person's care plan. This showed care plans were personalised to people's particular needs and preferences which enabled staff to provide individualised care.

- People told us staff were happy to help them in their preferred way. One person said, "The girls [staff] know how I like things done." Another person told us, "They will do whatever you want."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's day to day healthcare was monitored by senior staff and registered nurses. During the pandemic registered nurses had taken on district nursing tasks while district nurses were unable to visit. As restrictions have been lifted people were able to access more professionals from outside the home.

- People had access to healthcare professionals according to their individual needs. Care records showed people were being referred to specialist services such as speech and language therapists, doctors and community mental health nurses.

- Registered nurses, care staff and activity staff worked together to make sure people had social stimulation. Throughout the day of the inspection various activities took place across the home and people appeared content and animated.

Staff support: induction, training, skills and experience

- People were assisted by staff who felt well supported. Staff told us that they had good training. They said there were opportunities at individual supervisions and team meetings to share suggestions and opinions. One member of staff said, "Things have been really hard and sad, but we have been well supported through it all and we are on the up."

- People were supported by staff who had received training to make sure they were able to carry out their role safely. Staff completed mandatory training in subjects such as fire safety, health and safety and infection prevention and control.

- Staff received training to give them the skills to meet people's specific needs. This training included supporting people with swallowing difficulties, working with people living with dementia, supporting people with epilepsy and oral healthcare.

- People had confidence in the staff who worked in the home. One person told us, "Staff know what they are doing."

Adapting service, design, decoration to meet people's needs

- People lived in a home which had been purpose built to meet the needs of older people. Accommodation was set over three floors and there was a passenger lift to enable people with all levels of mobility to access all areas.

- People had their own bedrooms with en-suite showers and toilets. People had been able to personalise their rooms to their own tastes and needs. There were a number of rooms which were large enough to accommodate couples if people chose to share a room.

- There were communal bathrooms with adapted bathing facilities which could be used by people who preferred a bath to a shower.

- The home was surrounded by pleasant gardens which were safe for people to access. Some people's bedrooms had doors out to the garden and people had been able to place furniture and plants outside.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were asked for their consent before being assisted with their care. We saw staff asking people if they were happy to be helped and respecting people's choices.
- Staff had received training in the Mental Capacity Act and the registered manager had made applications for people to be deprived of their liberty where they required that level of care to keep them safe.
- People received care and support in their best interests where they lacked the mental capacity to make a specific decision. Records relating to best interests decisions showed that relevant people and the person were involved in making the decision.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection we found that although quality monitoring systems were in place, they had not been effective in identifying and addressing shortfalls in the service. This was a breach of regulation 17. At this inspection we found that improvements had been made and the service was no longer in breach of this regulation.

- Following the last inspection action plans were put in place to make sure improvements were implemented. The action plan showed that further observations were carried out and support was given to staff to ensure they were following best practice. This included observations and audits of mealtimes which resulted in a better experience for people.
- People could now be confident that shortfalls in the service would be identified and improvements put in place. For example, regular care plan audits had led to more person-centred care plans. This meant staff had better information to enable them to provide more individualised care and support.
- The registered manager was clear about their role and regulatory requirements. The registered manager communicated with the Care Quality Commission and other appropriate agencies when necessary. They also notified relevant bodies of significant incidents in a timely manner.
- There was a staffing structure in the home which made sure staff were clear about their roles and responsibilities. It also meant people could be assured that there were always experienced senior staff to monitor their well-being and respond to concerns.

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

- People lived in a home where the management team were committed to providing care which was person-centred and inclusive. Since the last inspection a new registered manager had been appointed. They led by example to ensure people were treated as individuals and their specific needs and preferences were met.
- The registered manager had been open about shortfalls in the service and had worked hard with the staff team to make the improvements seen at this inspection.

- The provider had good reporting systems to identify errors and mistakes and took action to make improvements. The provider's quality team had worked with the Calway House staff team to raise the standards of care people received. People appeared content at the home and one person said, "It's a very nice place to live." A visiting relative told us, "They have been wonderful."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Although there had been a reduced number of visitors due to the COVID-19 pandemic and outbreak at the home, the registered manager had kept professionals and relatives informed about occurrences in the home. The registered manager and staff team had good relationships with other professionals and praised the support they had received during the pandemic.
- The provider had worked with other professionals to make sure care provided was in accordance with up to date best practice guidelines. They had followed government guidelines to make sure people stayed in touch with friends and family in a safe way.
- The registered manager held staff meetings to make sure staff felt supported and involved in changes happening at the home.
- In accordance with government guidelines, the staff team had welcomed visitors back to the home. Where people had particular needs, the registered manager had ensured they saw their essential carer on a regular basis.