Oregon Care Limited

Callum 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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Callum House is a residential care service that offers housing and personal support for up to eight people with learning disabilities . Callum House is a detached house on two floors, with bedrooms on the ground, first and second floors. The two ground floor bedrooms have en-suites and the remaining six bedrooms have access to two communal bathrooms and a shower room. At the time of our inspection the shower was not in use. The service has a large lounge and a kitchen / diner that allowed for everyone to sit and eat meals comfortably. At the time of our inspection six people were using the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Systems were in place to safeguard people from abuse and staff knew the procedure and guidance to follow if something went wrong.

Risks relating to people's care were identified and staff knew how to manage these risks to help keep people safe but still encourage people's independence. Staff spoke to people about the risks they faced to help people understand how to keep safe.

Not all maintenance issues identified by staff had been addressed in a timely way by the provider. However, important safety issues were addressed during our inspection so we were assured people were safe. We will continue to monitor the maintenance of the service to make sure the regulations are being met.

People's medicines were managed safely by staff. The storage of people's medicine was improved during our inspection so it was easier for staff to see which medicine belonged to which person. The service had started to undertake regular temperature checks to make sure people's medicine was stored correctly.

We have made a recommendation about the management of medicine storage.

There was enough staff to make sure people were safe. More staff were being recruited at the time of our inspection to allow for more flexibility of the duty rota. Staff received adequate training, induction and supervision to support them to do their jobs. The recruitment process ensured staff were suitable to work with people.

People's needs and preferences were assessed by the service before they began receiving care and reviewed regularly.

People were involved in their food and drink choices and meals were prepared taking account of people's health, cultural and religious needs. 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. Specialist dietary needs such as those associated with the risk of choking were provided for.

People were offered choices, supported to feel involved and staff knew how to communicate effectively with everyone 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.

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

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 service had a range of audits in place to assess, monitor and drive improvement.

Further information is in the detailed findings below.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

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.

This comprehensive inspection took place on 31 October and 1 November 2018. The inspection was unannounced and carried out by one inspector.

Before our inspection we reviewed information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service. The registered manager had not sent us a recent Provider Information Return (PIR) because of technical difficulties but had notified the CQC of the delay. Soon after the inspection the PIR was sent to us. The PIR is information we require providers to send us at least once annually 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 also received feedback about the service from a healthcare professional.

We spoke with four people using the service, two members of staff and the registered manager. We observed the interactions between staff and people. We reviewed care records for five people who used the service. We looked around the premises and checked records for the management of the service including staffing rotas, quality assurance arrangements, meeting minutes and health and safety records. We checked recruitment records for three members of staff. We also reviewed how medicines were managed and the records relating to this.

After the inspection the registered manager sent up some additional information regarding staff, training, medicines and service user meetings. We also spoke to three family members of people using the service to help understand people's experience.

Good

Is the service safe?

Our findings

Not everyone at the service was able to verbally communicate with us so we observed people interacting with each other and with staff in the communal areas. People were comfortable with staff and approached them without hesitation. One person told us, "I'm always happy" and another person smiled and nodded when we asked how they were. Relatives told us their family members were happy and felt comfortable and at home at the service, comments included, "I feel like I could knock on the door any time, I don't feel like anything is hidden" and "[Name of person] is very happy there."

Staff we spoke with knew what to do if safeguarding concerns were raised and had received safeguarding training. There were procedures for ensuring allegations of abuse or concerns about people's safety were properly reported.

Risk management plans were in place to help keep people safe but also to promote their independence both at the service and in the community. These included guidance to staff on how people could take positive risks to be able to live as normal life as possible. Hazards were identified together with management plans for staff. For example, one person's records gave staff guidance on the structure and routine one person needed to reduce their anxiety before going out for the day. Staff knew people well and the risks people faced. They gave us examples of the way they kept people safe such as reducing the risk of choking or falls.

Behaviour management guidelines were in place to help staff when people's behaviour challenged the service. These provided staff with guidance on how to recognise signs in people's behaviour or situations that may trigger an event. Together with the actions staff could take to help de-escalate a potential incident and strategies to use to help distract the person when they became upset or anxious.

The provider had systems in place to promote a safe environment. People had their own personal emergency evacuation plan (PEEP) and copies were available for easy access by the emergency services should the need arise. An emergency on call system was in place so staff were able to access advice and assistance if the registered manager was not available. Health and safety and fire checks were routinely carried out at the premises. Although the home was well presented and monthly health and safety checks were completed by staff, we observed identified problems were not always addressed in a timely way by the provider that could put people at risk. We noticed issues regarding a broken window and cracked glass had been reported to the provider but when we looked, these issues were still outstanding. The broken window did not close properly and did not have a window restrictor in place. This meant there was a risk of a person falling from height. We informed the staff member in charge, of our concerns, on the first day of our inspection. On the second day of our inspection the window had been repaired and a restrictor had been fitted. The registered manager confirmed they would contact the provider to confirm the date the cracked glass would be replaced. We will look at the timeliness of maintenance issues again when we next inspect.

People were protected by the prevention and control of infection. The service was clean and hygienic, cleaning schedules were in place and policies and procedures available for staff.

We saw personal protective equipment such as aprons and gloves were readily available when needed and staff had received training in infection control and food handling.

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.

Staffing levels were sufficient to meet people's individual needs. Staffing levels were flexible dependant on the activities that people were involved in. Records indicated there were two staff members on duty during the day and one staff member on waking night. An additional staff member was on duty to support one person with their activities three times a week. However, there were periods where only one staff member was at the service. We spoke with the registered manager about the staffing levels and the impact this could have on people or staff should there be an incident. The registered manager explained the service was in the process of recruiting to existing vacancies and once this was complete they would be able to cover a mid-shift during the day that would provide additional staff support and give additional flexibility for outings and activities, in the meantime they were covering additional shifts when needed.

People received their prescribed medicines as and when they should. We found no recording errors on any of the medicine administration record sheets we looked at. We looked at the storage of medicines and found it was not always clear which medicine belonged to which person as the medicine cabinet was overcrowded and cluttered. This meant staff would have to look in several places in the cabinet for people's medicine and there could be a risk people may not receive the medicine they should. We spoke to the registered manager who explained the pharmacy had recently sent them additional medicine for people because they were changing the way they were working and the service was now having difficulty storing people's medicine. Shortly after out inspection we received evidence of a more structured storage system, that was easy for staff to follow to ensure people received their medicine safely. We also had concerns that the temperatures people's medicine was stored at was not always recorded. The registered manager put system in place to do this the same day. Although our concerns were addressed on the same day or soon after our inspection we recommend the provider consider the current guidance on 'Managing medicines in care homes'.

Good

Is the service effective?

Our findings

The service assessed people's needs and choices when they first started to use the service and reviewed these at regular intervals. These considered people's health, emotional and social needs and included people's individual interests, cultural and spiritual needs.

The service ensured staff had the knowledge and skills to deliver effective care and support. New staff completed a training induction before working on their own. This involved shadowing more experienced staff to find out about the people that they cared for and safe working practices. New staff that had not already achieved a recognised qualification in care were trained in the Care Certificate Standards. These are a nationally recognised set of standards that give staff, who have no care experience, an introduction to their roles and responsibilities within a care setting. Regular refresher courses were provided on a yearly or three yearly basis and the registered manager monitored the system to ensure all staff had completed their mandatory training within the specified timescales. Most staff had completed all of their mandatory training and any outstanding training had been identified and was being addressed by the registered manager. Staff confirmed they had received one to one supervision with their line manager and that training was a discussion point during these meetings. The registered manager explained recorded supervision had not been as regular as she would like but was looking to increase the number of staff supervisions once a full complement of staff was in place.

People told us they liked the food at Callum House and could choose what they ate. One person told us they liked Cornish pasties and pizza and we saw these options on the menu. Staff told us menu options were discussed at monthly meetings but there was choice for people every day. On the first day of our inspection it was Halloween and people were looking forward to trying pumpkin soup at lunchtime. 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. Throughout both days of our inspection people were encouraged to have a choice of drinks and food. People had a choice of herbal teas and hot chocolate, that were on display, when they did not want a tea or coffee and staff encouraged people to make their own drinks where they were able.

We saw from care records 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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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. Staff gave people choice throughout our inspection, they spoke to people about outings, food choices and healthcare appointments 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 and best interest meetings took place when they were needed. 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.

Good

Is the service caring?

Our findings

We observed staff were kind and caring towards people who used the service. People appeared happy and relaxed. One person told about the activities they had been on with staff and named the staff member's that were important to them. They told us "Staff are nice to me." One relative told us, "The staff are fantastic, we couldn't wish for a better place for [family members name]." Another relative told us, "The staff are brilliant, they put the clients first."

Staff had a good knowledge of the people they were caring for and supporting. They were able to tell us about people's likes, dislikes and history. They spoke about people with kindness and compassion and explained how they supported people while promoting their independence. We observed one example where a staff member was supporting a person to mobilise. They used supportive and encouraging language and gave the person enough time to complete their task.

Interactions between staff and people using the service were familiar and friendly and staff clearly knew how to work positively with people to help ensure their wellbeing. One staff member told us, "They all have little signs we can pick up on to show their moods" and went on to describe some examples to us. Staff were aware when people were becoming upset or anxious and how to best communicate with them. Some people using the service were non-verbal so a mixture of pictures, sign language and using objects for reference were used to help communication. Care records listed in detail the verbal and physical signs peoples gave to show their feelings, for example, one person used certain hand movements when they were anxious and guidance was available for staff to help them distract the person to help prevent any escalation of behaviour.

Care records were centred on people as individuals and contained detailed information about people's history, interests and preferences and how staff could support them. There was detailed guidance about people's daily routines, when they liked to wake up or go to bed, their favourite foods and their hobbies and interests.

People were supported to make decisions about their care. When they were able the service worked closely with people's families and encouraged family involvement wherever possible. The registered manager told us one person did not have any family support so they were looking at advocacy as a way of ensuring the person had an independent voice to represent them during reviews of care. When another person's family member was unwell the registered manager and staff worked with the person using various types of communication to help them understand their family member's illness before they visited them.

People's privacy and dignity was respected, we observed staff knocking on people's doors before entering and closing doors if personal care was required. Most staff had been at the service for a number of years and had built trusting relationships with people. Staff informed people about any changes in their care needs such as dental or hospital appointments. One person told us about a trip to the dentists and staff told us about how they supported another person, to make them less anxious, when they went to the hospital.

Good

Is the service responsive?

Our findings

People's relatives told us they felt involved in the care their family member received. Relatives told us, "If there are any issues they contact me", "I am absolutely confident that if anything happens I would know" and "I always know what's going on." One relative told us staff would talk to them about their relatives needs and they would discuss options for support and treatment together.

Care records were reviewed regularly to meet people's changing needs and gave staff important information about people's care needs, this included their likes, dislikes, interests and hobbies. Staff helped to ensure people received continuity of care by attending daily handover meetings, and recording information in people's daily notes and in the communication book. This helped share and record any immediate changes to people's needs. People were asked about their religious and cultural needs when they first started to use the service and staff told us they would support people if they wished to access any religious or cultural events.

Where possible the service supported people to access local events and activities in the community according to their individual needs and interests. One person attended a farm three times a week and another person regularly attended a day centre. People told us about the activities they enjoyed. During our inspection one person was looking forward to going swimming that day and we saw how excited they were when the staff member arrived to support them. Another person told us about a recent Halloween trip to a local farm, who they went with and what they did. We were shown photos taken of the day and could see people had had a lovely time. Staff told us they would organise trips out for people when they were able and spoke about a recent day trip to the seaside and the summer holiday to Butlins. Other activities included shopping, trips to the pub or café. One person often went to visit their relative and some people enjoyed going to a Thursday evening club to dance and meet people. Staff encouraged people to get involved in household activities such as cleaning, cooking and helping set the tables or tidy up after meals. On the day of our inspection it was Halloween and staff had made pumpkin soup to try, followed by preparations for a Halloween party in the evening and we saw everyone had helped to carve their own pumpkins.

People were able to give feedback about their experiences through regular resident's meetings and yearly surveys. The service user guide gave people information on how to speak up if they were unhappy and we saw a complaints guide in easy read and pictorial format for those who needed it. Relatives told us they knew who to make a complaint to, if they were unhappy and they were confident their concerns would be addressed quickly.

The registered manager had started to work with the local hospice to help people and if appropriate, their relatives, discuss and record their wishes for end of life care. This was to ensure people had a choice about what happened to them in the event of their death and that staff had the information they needed to make sure people's final wishes would be respected. The registered manager told us about the information available from the hospice to help people communicate their wishes but also to help people understand what would happen and how they might feel if a friend or family member was ill or approaching death.

Good

Is the service well-led?

Our findings

There was a registered manager in post at the time of our inspection. 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.

Relatives we spoke with knew the registered manager and staff team well, they felt listened to and were confident the service was well managed.

The registered manager and her staff team made sure people using the service were at the centre of everything they did. The registered manager was actively involved in people's day to day care, she knew people well and was able to lead staff by example. Although the service had been short staffed we heard how team work was good, staff felt supported and told us they enjoyed working at the service. One staff member told us, "[The manager] is very good if you have any problems you can talk to her…I enjoy working here, it's a nice place to work." We spoke to the registered manager about staff shortages and the impact this had on the running of the home. The registered manager explained that although she had been covering more shifts than normal they had successfully recruited new staff and she would be able to return to her managerial duties soon.

People were asked about their views and experiences. Regular meetings with people allowed their views to be shared, recorded and acted upon, records confirmed various subjects were discussed that were important to people such as activities, the menu and other issues that may affect them. For example, one person was in hospital and staff had taken time to explain to people why they were in hospital and why they may not be able to return to the service.

Stakeholders including staff, people who use the service and their families were sent yearly surveys. Easy read and pictorial surveys were available to make information more accessible for people using the service. An analysis of feedback was used to highlight areas of weakness and to make improvements. We looked at the summary of results from the most recent surveys sent during the last 12 months noted that feedback was positive. Comments from relatives included, "A caring, supportive and respectful home", Callum house is run and managed very well in my opinion", "[my family member] is being well looked after" and "[My family members] hygiene and dress is excellent, always looks nice."

The service worked in partnership with other agency's including the local authority, safeguarding teams and multi-disciplinary teams. The registered manager explained how they were working with Healthcare professionals to improve the care outcomes for one person whose behaviour had recently been challenging the service.

There were governance arrangements in place to ensure people received good care. Staff undertook monthly health and safety checks, medicine audits and checks covering fire safety, fire tests and drills. People's care plans and risk assessments were reviewed monthly and updated with changes when required.

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.

The registered manager understood their responsibilities in line with the requirements of the provider's registration. They were aware of the need to notify CQC of certain changes, events or incidents that affect a person's care and welfare. We found the manager had notified us appropriately of any reportable events.