HC-One Limited

Callands Care Home

Inspection Report

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Overall summary

Callands Care Home is owned by HC-One Ltd (the provider) and provides personal and nursing care for a maximum of 120 people. It is a two storey building which has five units – Coniston (which accommodates 30 older people with nursing care needs), Windermere (for 10 people living with dementia), Grasmere (for 30 people living with dementia who also have nursing needs), Ullswater (for 20 people with nursing care needs) and Lakeside (for 10 older people and 20 younger adults).

At the time of our inspection there was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

We found that most people who lived in the home and all the relatives we spoke with thought the care at Callands Care Home was good. We saw that on the units providing care for people living with dementia that staff interacted well with the people who used the service. We found the home was well-managed and the new registered manager was implementing a number of programmes for improvement including staff supervision and developing the environment for people living with dementia.

We found that whilst opportunities existed for people to influence their care, they were not always aware of the means of doing this through key worker systems or influencing care plans. We found that record-keeping was inconsistent particularly around assessment of mental capacity. Although the home had followed the correct procedures for people who required Deprivation of Liberty Safeguards with respect to the authorising authority, they had not made the relevant notification to CQC.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that the service at Callands Care Home was safe. People told us that they felt safe living at Callands Care Home and enjoyed the freedom to move around the building and receive visitors when they wanted.

We checked that staff knew about safeguarding vulnerable adults although we had some difficulty locating the appropriate procedures for this. One person told us that they had had a complaint investigated to their satisfaction. We checked with the local authority which had placed this person that they were aware of this complaint. They confirmed that they were and were satisfied with its resolution.

The home managed risk by undertaking risk assessments where required and keeping these up to date. Arrangements for administering medicines made sure this was done safely and that people received the medicines prescribed for them. We suggested that the provider might wish to make sure that information about people's allergies was made available for staff in a more prominent place.

We found that the service was not meeting the requirements of the Deprivation of Liberty Safeguards because it had not reported the use of these arrangements to the Care Quality Commission (CQC). The regulations require that the home notifies the CQC when it applies for these safeguards.

Are services effective?

We found that the home needed improvement because there were inconsistencies relating to effectiveness. The provider used person-centred plans to record people's individual life histories and their likes and dislikes. These were used to develop care plans which could be tailored to each individual and so made the service effective for people. However we found that in some instances people and their relatives did not know about these care plans or felt they had an input to them and that there were inconsistencies across the home in the level of their completion.

People at Callands Care Home received health and care services from a number of professionals and agencies in the community and key aspects of their health were monitored by the staff. Staff had the training and qualifications needed to care for the people who lived in the home. However we found that policies related to helping people to manage their weights were not flexible enough.

Summary of findings

Recruitment practices were designed to make sure that people were suitable and had the right qualifications to work in the home. The manager made sure that people completed training so that they would be up to date in their knowledge and able to respond effectively to people's care requirements.

Are services caring?

People told us they felt well-cared for at Callands Care Home though they thought the staff were often very busy. Call alarms were usually attended to promptly though people might have to wait for attention at certain times and if they needed two people to help them.

We felt improvement was needed because although the home had a key worker system in place so that each person who lived there had an allocated member of staff, some people who lived in the home and their relatives were not aware of this and so could not take advantage of it.

We saw that care records were stored in offices. We felt that in some instances care staff might need more ready access to these so that they could find out about recent events in the care of people who lived in the home.

Are services responsive to people's needs?

We felt that the home required improvement in responding to people's needs. There was provision for activities to take place both within the home and through visits for shopping or to local attractions. We were provided with a programme of activities for the home but this did not confirm that it was meeting its own commitment to using information about a person's life to inform the programme of activities.

The home had protected mealtimes to ensure that these were uninterrupted and that staff could focus on assisting people at these times although we were concerned that these might mean that people had to wait for longer before being helped with other personal care needs.

We saw a number of examples of the way that the home was responding to other individual needs. Staff were sensitive to the needs of people living with dementia and some of the caring practices had been adjusted to take account of this.

We saw that where necessary requirements in relation to authorisation were met relating to the safeguarding of people

Summary of findings

whose liberty was deprived although in one instance this had not been reported to the Care Quality Commission. We were otherwise concerned that the provisions of the Mental Capacity Act were not in place for all those people who required them.

Are services well-led?

The home had a registered manager and a recent statement of purpose. The current manager was relatively new in post and there was a vacancy for a deputy manager. We found that the manager was accessible to people who lived in the home as well as to their relatives, visitors and staff. Staff confirmed this and we saw that the manager had introduced systems to improve communication throughout the home. A member of staff had been nominated by relatives of people living in the home for an award relating to the quality of care provided.

The home used a number of corporate quality assurance systems provided by HC-One the company which owned it. We found that this together with other reporting systems meant that the manager was monitoring the standard of care in the home and that their performance was in turn being monitored by the company which owned the home.

We saw that the manager had already introduced a number of innovations. These included a tool for helping to make sure that at any one time the levels of staffing were related to the needs of the people who lived in the home. The manager had also introduced analysis of incidents such as falls activity and as a result changed staffing patterns to respond to this. Staff training was closely monitored.

Summary of findings

What people who use the service and those that matter to them say

People who lived in Callands Care Homes told us ""Without exception the staff give the best of care", "The food is the best of food" and "I feel in safe hands. "One person said "It's quite fair here – you can't grumble" and another person said "I would like to get out more". Other comments included "The food is the best of food", and "I feel in safe hands".

One relative told us ""Everybody is treated and an individual" and "I have no concerns. There were little niggley things when (my relative) first came here but they were sorted out straight away" and "My relative has choice and flexibility in how he is cared for, when and where he wants to eat and what he wants to do throughout the day."

Another relative told us "I can't give the staff enough praise. They are all very patient" and "I think they know (my relative)" and "I am here most days and the staff always keep informed of how (my relative) has been." Other relatives said "I am very happy with the care. They have looked after Mum's needs very well" and "Dad joins in some activities. He went out for a meal last night".

Other comments from relatives included "Everybody is treated as an individual" and "I can't give the staff enough praise. They are all very patient", "I think they know (my relative)", "I am here most days and the staff always keep me informed about how (my relative) has been.

Not everyone who lived at the home was able to communicate with us verbally due to their complex health needs. We used the Short Observational Framework for Inspection (SOFI) to help us to understand the experience of people who could not talk with us. We undertook three of these SOFIs on the units which provided care for people living with dementia.

Callands Care Home

Detailed findings

Background to this inspection

We visited the home on 25th and 28th of April 2014. On the first day the inspection team consisted of a lead inspector, a second inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service. On the second day the lead inspector and the Expert by Experience were joined by an alternative second inspector and a Specialist Adviser who was asked to advise us on specific aspects of the home related to the care of people living with dementia.

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 of the Health and Social Care Act 2008. It was also part of the first testing phase of the new inspection process CQC is introducing for adult social care services.

Callands Care Home was last inspected in March 2014 when it was found to be meeting the national standards covered during that inspection. Before this visit the provider had prepared a Provider Information Return (PIR) which we reviewed. We looked at information already held by the Commission such as any notifications which the provider was required to make to us. We contacted the local authority in whose area the home is located and spoke with their quality monitoring staff. The local authority provided us with copies of their monitoring reports relating to the home.

During the inspection we spent time observing care in each of the five units which made up the home. We spoke with 19 of the people who lived in the home and 11 of their relatives. We looked at 15 care plans as well as other documents such as policies and procedures. We spent time talking with the registered manager, the quality assurance manager, eight members of care staff as well as two of the catering staff. We looked around the building including in people's bedrooms (with their permission). We looked at the recruitment files for five staff who worked at Callands Care Home.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

Following our visit we spoke with two health professionals who were involved in the care of people living in the home. We also spoke with another local authority that had placed a person in the home as well as to a care manager who helped to plan that person's care. We asked the provider to supply information on their induction of new staff.

Are services safe?

Our findings

When we spoke with people who lived at Callands Care Home they told us that they felt safe in the home. One person made the following comment "I can talk to the staff I trust and I know they will help me with anything that worries me". Another person said "I don't have any worries about how they look after me; if I did I can talk to the staff, who are very good". One relative told us that they felt there was staff commitment to maintain levels of care and told us "The staff here have not increased, but as my wife has got worse they have cared for her just the same".

We saw that where possible people were free to move around Callands Care Home and to go out including to the local shops. Access was managed by coded locks which ensured the security of the complex from unauthorised intruders so that people could be assured they were safe. People who lived in the home knew how to operate the coded locks appropriate to the unit in which they lived and showed us how to get to different parts of the building. During our inspection we saw that relatives were able to come and go and were free to visit at different times of the day.

We asked staff if they knew about safeguarding. They were able to correctly identify the kinds of abuse which might affect the people who lived in the home and the action they would take if they suspected this. The provider confirmed that 78% of staff had completed safeguarding training in the last two years.

We asked about any recent safeguarding or similar incidents which had taken place in the home and talked with one person who had made a complaint about their care. This person told us that they were satisfied that the matter had been investigated appropriately. We checked with the local authority which had placed this person and they confirmed that they were aware that this complaint had been investigated.

Each of the five units in Callands Care Home had a set of HC-One policies. HC-One is the company which owns and operates Callands Care Home. We were first shown two folders of written policies but only one of these contained a policy on whistleblowing and neither contained a written policy on safeguarding. We looked at other folders but could not identify copies of these procedures which had been recently reviewed. We saw the local authority safeguarding procedures prominently displayed in one unit but not in others and another unit had a notice displaying DoLS procedures.

The manager was able to provide us with up to date copies of both safeguarding and whistleblowing polices but we were concerned that these were not easily available on all of the units where staff could easily access them. The manager told us that achieving consistency around written procedures across the five units in the home was one of their immediate goals.

We looked at 15 care plans chosen from all the units at Callands Care Home. We saw that there were risk assessments and that these had been reviewed on a monthly basis and were clearly signed and dated by the person reviewing them.

We saw from the care files we looked at that where a particular care practice such as the use of bed rails carried risks, that discussion of this with the person and their family was documented and where possible the consent of the person was recorded. The home had a policy that stated that where people needed to be moved with the help of a hoist and could not directly consent to this, that their relatives would be consulted. During our inspection we saw a hoist being used and we saw that this was undertaken by two people in an appropriate manner which was safe and protected the dignity of the individual person.

We checked the arrangements for the administration of medicines on two of the five units at Callands Care Home. We saw that medicines were stored appropriately and safely and were administered only by staff who were either qualified or had been trained to do so. We checked the training records for the home. These allowed us to identify that there was a rolling programme of training in medicines management with most staff currently having completed this.

We checked that people's medicines were administered correctly and that records were completed and retained relating to this. We were told that the home had recently changed the system it used to help with monitoring the administration of medicines. We saw from records that controlled drugs were subject to frequent checks.

Both of the staff we spoke to said that if a medicines error occurred they would report this to the manager immediately although one nurse told us that this had never

Are services safe?

happened on their unit whilst they had been working at the home. The provider told us that there had been one medicines error in the whole home during the last year. We found that medicines administration practice on both units conformed to the procedure published by the home although this procedure was overdue for review.

Are services effective?

(for example, treatment is effective)

Our findings

We saw that care plans were designed to be person-centred which meant that they focussed on the individual as a person rather than the needs of the service. They included a profile of the person who used the service including their life history, likes and dislikes, and preferences in respect of care. In some instances we saw these had been signed by the person or if this was not possible by their relative. The care plans also covered key areas of care such as mobility, personal hygiene, eating and drinking, and likes, dislikes and allergies.

Across the five units in the home we found the standard of completion of this documentation was inconsistent. Although the majority of files that we looked at were comprehensive in some files we found that recording was incomplete and it was not always clear whether or not people had been given the opportunity to discuss matters such as end of life care. In one instance we found the file had a post-it note reminding staff to discuss this matter but it was undated so we were unable to identify how long it had been there. This meant that staff could not always rely on the files to give a complete picture of the person living in the home.

Some of the residents and relatives we spoke with did not understand that they had a care plan and therefore it was difficult to see how they could contribute towards it. Some relatives said they visited daily and undertook some caring tasks for their family member but they told us that staff did not talk to them about how what they did fitted into an overall plan of care for their relative. On other units we saw instances of where relatives had endorsed care plans with comments such as “The care plan is written to reflect my Mum’s care as she would wish” and “Care given is excellent. She (the person) is happy and content and always looks immaculate. I am very pleased with the staff and the unit”.

We saw evidence that people’s health was monitored regularly. We saw from records that there was monthly weighing of residents. We followed this up for three of the people living in the home and saw that they had all put on weight and appeared well. We saw evidence from these files that other professionals were involved in the care of the three people and that relatives or an advocate had been involved in care planning.

In another instance we were concerned to see from records that a person had been placed on a fortified diet because of weight loss. This person had subsequently been identified as obese. When we asked why this was the case we were told that by the staff on the unit that it was the home’s policy to do this for anyone who had lost more than 2 kilograms in a month. This person was subsequently diagnosed with diabetes. We raised this with the manager who told us that it was either an error in weighing or that the records were incorrect. We were concerned that the home did not have sufficiently flexible policies to distinguish between people for whom intervention was required in order to maintain an appropriate weight and people for whom weight loss might be beneficial.

Staff told us that people were able to retain the services of their own general practitioner (GP) if they wished to do so but that the home also had the services of a local GP who would act on behalf of local practices. This meant that there could be continuity of care between the home and the setting they had lived in before moving there.

We were told a specialist liaison nurse could advise on skin integrity and we saw that people in the home currently received services from local continence management, occupational therapy, optical and pharmacy services. The local drug and alcohol team had also provided some support. When we looked at care files we saw that advice had been provided from the local speech and language service and from the local NHS hospital and community services. Local infection control and end of life care services from the NHS told us that they had had involvement with Callands Care Home providing support such as with training or infection audits but they did not currently have any active involvement.

We looked at five staff files and saw that the provider had undertaken appropriate checks to make sure staff were suitable to work in a care service. This included an application form to establish a continuous work record or to explain any gaps, appropriate references including from former employers, proof of identity and where appropriate permission to work in the United Kingdom. We saw evidence that checks had been made on criminal records with the Disclosure and Barring Service. The provider showed us how they checked and kept a record of the professional registration of nursing staff so that they could be sure they had the necessary qualifications required to care for the people who lived at Callands Care Home.

Are services effective?

(for example, treatment is effective)

The staff files contained details of monthly supervision. However in some months of the previous year this took the form a standardised sheet with the same issue recorded for each person each month – on one month we saw that this related to safeguarding and another to record-keeping. Although the forms were signed there was no evidence of discussion with the member of staff or a record of any concerns that they might have expressed. The manager told us this style of supervision had now been phased out at the home and had reflected this as an improvement on the Provider Information Return. When we talked with staff they told us they currently received supervision and they were appraised once a year. Some staff were being trained in supervision skills so that this approach could be rolled out across the home.

We saw from the files that e-learning was used as part of training provision within the home and that the manager closely monitored the completion of this. We saw that reminders were issued to staff about the need to complete individual training programmes and that they could be paid for the time spent doing this when they did so on the premises.

There were 62 full time and 41 part time staff working at the home. Because of the size of this staff group most training is offered on a rolling basis with staff accessing training at different times. We saw from training records that this was carefully monitored and that in most areas of relevant training such as in food safety or health and safety more than 85% of staff were up to date. The system made it easy to monitor the progress of those who had not yet completed this training and to identify those who would soon require further training to refresh their knowledge and skills.

Staff told us that following appointment they were not allowed to start working until mandatory training had been completed and that this training was made up of both face to face training and e-learning. This would be followed by a period of shadowing a more experienced member of staff until the new employee felt confident to work alone. We asked the home to provide us with information showing how many staff had completed induction in the last year but they were unable to provide us with this.

Are services caring?

Our findings

One person who lived at Callands Care Home told us "I couldn't be in a better place; they look after me and my wife very well". Another person told us "I'd rather not have to be here, but in the circumstances this is a very good place."

Three people expressed some concern about the approach and attitudes of some staff when they said "Some of the girls are very good and kind but one or two can be bossy with you", "I feel a bit intimidated when some staff come in twos to look after me" and, "It depends on which staff are on duty on whether they help me out of bed".

All the relatives we met were very complimentary about the care received by the people who lived in the home. One said "I cannot praise the staff enough for what they do." Another relative told us "The staff listen to what you say and act on what changes need to be made."

We saw that a number of visitors were in the home during our inspection. These included the families of people who used the service as well as their spouses. They all told us they felt they were made to feel welcome when they visited and that they were very satisfied with the care provided to their relatives. The relatives of people who were living with dementia expressed confidence that the staff could recognise their relative's non-verbal cues and act to meet the needs of the resident. We saw that some rooms were personalised according to preferences and that people were free to stay in their own room, visit the communal lounges, or participate in organised activities as they wished.

We saw that there were notices in each bedroom outlining the key worker system in the home and giving the name of a member of staff who would occupy this role which would allow them to better get to know the people they were caring for and supporting, including their preferences and personal histories. The notice said that a photograph of the worker was displayed but in the instances we saw these were absent. When we spoke with some residents and relatives we found they did not understand that they or their relative had a key worker. None of the relatives we spoke with could identify a particular member of staff who was responsible for their care or with whom they could discuss their care needs or who could be a contact for their relative.

People and their relatives spoke warmly of the care provided to them by the staff at Callands Care Home. We saw that when staff spoke to people they did so with respect. We saw that care was provided in privacy and that this respected the dignity of individuals.

We monitored the time taken to respond to personal alarm calls and found this was generally prompt and within a few minutes. However people and their relatives consistently described the care and nursing staff as very busy. We saw that in one instance an elderly visitor preferred to try and reposition their relative themselves rather than call the staff because "they're busy".

On one unit we saw that when the residents used the nurse call bell staff came within minutes and we saw that when they could not deal immediately with the needs of the person they reassured them about when they would return and came back when they said. On another unit we saw that where a person required the assistance of two members of staff they had to wait until both could make themselves available at the same time. Although we saw help being offered promptly in this unit two people told us that they felt that they had to wait too long when they needed help in this way.

We checked this information with the staff in this unit who told us that this was not generally the case although at mealtimes it was not always possible to release staff from meal duties as promptly to assist with toileting. They said that they felt that this was in keeping with the policy of "protected mealtimes" which seeks to minimise interruptions. Staff told us that they attempted to manage the situation by anticipating people's toileting needs prior to mealtimes.

We subsequently discussed this with the manager who told us that they were aware of this and had clarified that protected mealtimes must not have this consequence and that people must be helped as promptly as possible. They recognised that two members of staff might not be able to respond together immediately and were introducing a clear system to monitor the time taken to respond and to match this to the needs of each person. People would be reassured about any unavoidable delay.

We saw that care records were kept in each unit manager's office. Practice differed between units with respect to the security arrangements. On one unit the files were kept in a locked room within the unit manager's office which was

Are services caring?

locked whenever they were not present. On another unit the files were kept in a lockable cupboard which was unlocked during our visit. The manager on this unit left their office door open when they were not present which allowed staff to come and go as they needed to refer to documents. We were satisfied that in both cases the records were under supervision however we thought that care staff might sometimes find it difficult to access them if they were not readily available to them.

We looked at care planning documentation and saw that on some files there were written advanced directives made by people together with their families detailing how they wished to be cared for at the end of their life. During our inspection we were told that the home had recently followed a specialised pathway for end of life care but as this had now been discontinued they were in the process of developing replacement arrangements.

We saw that a number of care plan files included notices signed by a medical practitioner which would tell an emergency ambulance crew or other medical personnel not to attempt cardiopulmonary resuscitation. These are known as Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms and we were told that 33 people in the home had these in place. These might be completed for various reasons including relating to the poor quality of life a person might experience following such resuscitation. Although we could see that in some instances relatives had been involved in the decision we could not always see that the person's agreement had been recorded to these arrangements even in those instances where they had the mental capacity to do so.

One of the units in the home specialised in general nursing and palliative care. It was clear to us from talking to the Unit Manager and the knowledge they displayed that they took their responsibilities in relation to end of life care very seriously and staff on the unit had benefited from a high level of training and a close relationship which had existed with the former local NHS PCT (now NHS Clinical Commissioning Group). However the NHS Clinical Commissioning Group confirmed that the home had not recently used their services for this purpose. The provider told us training in palliative and end of life care took place in the home but was not part of their e-learning and therefore they could not report on the level of its completion. The provider told us this could be reported in the future.

We were told that palliative and end of life care was managed through a multidisciplinary decision-making group and that this determined the specific care pathway for people whilst staying on the unit. We saw that during our visit the Unit Manager was working hard to make sure appropriate and continuous medical supplies were available to the people who lived on the unit.

We undertook three SOFI observations which allowed us to observe the care of people living in the units provided for people living with dementia. In one instance of this we saw very positive interaction between staff and the people who lived in the home. The staff member engaged with people, finding out their preferences and engaging them in activities. On both the other occasions we found staff interaction with the people who lived in the home was warm, kind and caring although in one instance we noticed that the absence of a staff member increased people's needs for reassurance.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Most of the people we spoke to made no reference to any formal ways in which they could influence what went on in the home or their individual unit. One person told us they had had a discussion about changing the schedule of activities at Callands Care Home so as to include more arts and crafts. We saw that there were materials dedicated to this in the activities room. One relative told us "I am kept up to date with what is happening to my mum and I can get a proper response from staff to any issues that I raise with them".

Two of the people we spoke to said they had lived in the home for some time and that they enjoyed living there. If they were able to they had the choice of going to the local shops or farther afield in the home's minibus. A trip to the local shopping centre in the home's minibus took place during our inspection. People told us about other similar shopping trips to local shops and one person said there was a trip planned that week to take some residents to the Imperial War Museum at Salford Quays. One person told us they liked reading but did not have any books, so could not do so and another said "I would like to get out more. I thought there would be more trips when they got the van".

The provider offered care to older people including to those who are living with dementia. We saw the provider had a policy relating to dementia care which included references to modern care practice. This emphasised the importance of protected mealtimes and "120 minutes per day of guided and supported activity and occupation which will be based around the person's life history, likes and dislikes and current ability and capacity".

In most instances although we saw from files that life histories had been taken it was not clear how this or other information about a person's background was used to tailor the care and activities in the home to the person concerned. Although there was a programme of activities in the home we could not always see how this had been influenced by people's preferences or how the wider interests and hobbies people had identified in the person-centred plans were being fulfilled.

We saw that Callands Care Home employed staff to organise activities for the people who lived in the home. The provider told us they consulted with people about the activity programme each month. We saw that there was a regular programme of activities advertised in the home. We sampled activity schedules from previous months and saw that activities included trips out to local areas of interest as well as celebrations of holidays.

During our visit we saw a number of people sitting in the activities room listening to music. Some other people congregated in the reception area of the home where they could see people coming and going from the front door as well as the manager's office. Comfortable seating was provided in this area.

We saw that there were some environmental adjustments made in the units designated for people living with dementia which would address their specific needs. People's bedroom doors were different colours, people's names were displayed on them and familiar personal items were on display. These would all help someone to locate their own room and distinguish it from others. Some additional equipment to support activities had also been recently purchased. Staff had worked on these units for some time. One staff member said that they felt that this "helps people to feel secure by recognising people they know".

The manager told us that they were in the process of improving the environment for people living with dementia with improved signage and lighting as well as the introduction of memory boxes in each room into which people's relatives and friends could place items of past significance to the person. These familiar objects could then be used to help to reduce the anxiety sometimes shown by people living with dementia. These changes are to be accompanied by more advanced training for staff. The relatives of people living with dementia who we spoke to expressed confidence that the staff could recognise their relative's non-verbal cues and act on these to meet their needs..

We saw that most of the staff at Callands Care Home had completed training in dementia as well as training in understanding the Mental Capacity Act and Deprivation of Liberty Safeguards. We saw that there were two people living in one unit of the home who were subject to Deprivation of Liberty Safeguards (DoLS). We looked at the care files relating to these people and saw that appropriate applications had been made to and granted by the authorising authority. The staff we spoke to were clear about what these safeguards meant for the care of the people who were subject to these arrangements. We talked

Are services responsive to people's needs?

(for example, to feedback?)

with a relative of one of these people and they told us that they had been fully involved in the provider's decision to apply for these safeguards. They told us they felt the provider kept them fully informed about all aspects of this person's care.

Outside of this unit we did not see evidence that Mental Capacity Assessments had been completed. We were assured that this was because capacity was assumed. However we noted that in some instances a Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) form recorded that there was not capacity and hence this course of action had not been discussed with the person. In these instances we did not find a corresponding Mental Capacity Act Assessment. When we brought this to the attention of the manager they told us that they were taking immediate action to correct this.

The home had a room designated and equipped as a bar. The bar had a full licence so people who used the home could have an alcoholic or soft drink in casual surroundings in the evenings and at weekends. We saw people going in to the bar at the end of our inspection. We saw there was a noticeboard on which views of people who used the service were displayed alongside an account of what the service had done to respond to these views.

Are services well-led?

Our findings

There is a registered manager at Callands Care Home. We were told that although they had been at the home for some months they had only been given sole management control of the home recently as the former manager had continued in post for some months. Although there was a post of deputy manager this was vacant at the time of the inspection.

We saw there was a statement of purpose for the home although this was in the process of being updated to reflect recent changes in the management of the home. The information which the provider sent us in advance of our completing the inspection said that the company of which Callands Care Home was part was founded on the principles of accountability, involvement and partnership. During our inspection we met one member of staff who had been nominated for a "Kindness in Care" award which was an internal company award and which had resulted from the nominations of relatives of three people living in the home. The home had received an award to reflect its commitment to providing organic food for the people who lived there.

We saw that the manager's office was located centrally within the home and this meant that they were readily accessible to staff in all of the units as well as people who lived in the home and their visitors. Staff told us that they found the manager was approachable and one resident sought us out in order to emphasise this for inclusion in this report. During our inspection we saw that during an incident on one of the units the manager was readily available to assist staff. The manager held daily briefing meetings with staff to ensure that current issues were discussed and briefed. We saw that wider staff meetings were also held on a monthly basis and staff we spoke with confirmed that this was the case.

We saw that the manager had access to a number of corporate computerised systems which helped them to maintain an overview of what was happening in the home. These included real time monitoring of progress with and completion of training and a system on which all incidents, compliments and complaints could be recorded and trends analysed. The manager reported that there had been 22 compliments in the last year with 8 complaints of which almost all had been resolved within 28 days of being raised. We saw there were no outstanding complaints at the time of our inspection.

The incident recording system had been used to analyse trends in relation to falls in the home. This allowed staff to reflect on possible reasons for these and possible responses. The manager had introduced changes to the shift patterns worked in the home to respond to this. The manager told us there was a system of daily audits and that people who lived in the home and their relatives were approached regularly to comment on service delivery. We saw that the manager prioritised attendance at a daily heads of department meeting at which any issues of concern could be raised.

The HC-One group of which Callands Care Home is part operated a quality assurance system which included periodic visits to the home by Service Quality Inspectors and a Quality Assurance Manager. We talked to the Quality Assurance Manager for the home and saw that quality assurance reports provided the manager with an assessment of the care provided by the home and with areas for development. We saw these included recommendations around consent, improvements around diabetes care, and the completion of care reviews. There was a separate quality assurance system in use around the dementia provision in the home which contained further recommendations including in relation to the development of person-centred care records. This system included the use of dementia mapping as a means of assessing the quality of care on those units which provided care to people living with dementia. We saw the manager had incorporated the recommendations included in both these audits into their plans for developing the service.

We saw that the manager had introduced a tool for calculating appropriate levels of staffing in each of the units in the home. This calculated staffing levels in relation to the dependency needs of the people who lived in the home and was reviewed monthly. Staff confirmed that assessments of people's needs were made every month and submitted to the manager who reviewed staffing levels. Staff told us that in an emergency staff from other units in the home could be called upon to assist. The manager told us they had the necessary authority to adjust staffing levels as required.

Are services well-led?

We saw the minutes of residents' meetings which had been recently started in each of the units. These showed there were discussions with staff around areas such as the physical and care environment as well as offering the opportunity for people to complain or express concerns. Following the recent change in management the manager had also introduced meetings with relatives.

We saw that Callands Care Home had folders containing policies relating to many areas of the home's operation. These policies were written so as to reduce the risk of harm arising to both the people who used the service and to staff from everyday hazards such as accidents and falls. We saw that here was an Emergency Contingency Procedure to be followed. This was a standardised procedure used throughout the HC-One Group and required that a local procedure be written for the specific home.

We noticed that some of the people who used the service remained in bed during the daytime and required the use of a hoist to move around and to go to the bathroom. We asked the manager to explain how people would be evacuated in the event of a fire given that a number of people had mobility problems. We saw that there was a plan which detailed the specific way in which each person would be evacuated from the building in this eventuality.