

HC-One Limited

# Callands Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Callands is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during the inspection. Callands care home is a two-storey building that accommodates up to 120 people across five separate units. At the time of the inspection 109 people were receiving support.

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

At our last inspection in February 2018, we found the home was in breach of regulations in relation to 'need for consent' and 'good governance'. During this inspection we found the service was no longer in breach of 'need for consent', however the provider remained in breach of 'good governance' and we identified a new breach of regulation in relation to 'staffing'.

The overall quality and safety of care people received had not improved since the last inspection.

Quality assurance measures were not effectively in place. Processes and systems to assess and monitor the provision of care being delivered were not routinely completed, audits and checks were not identifying areas of improvement and the overall governance of care being delivered was inconsistent.

Sufficient numbers of 'maintenance' staff were not deployed across the home. The home had been without two maintenance co-ordinators for a substantial period of time; this was impacting the provision of care people received.

Staff were not supported with effective training, learning and/or development opportunities. At the time of the inspection organisational training compliance was not being met.

Assessment of staffing levels and recruitment procedures were in place although we identified that this area of 'safe care' needed to be strengthened. We have made a recommendation in relation to this.

Aspects of the environment were not well maintained. Both internal and external areas of the home were not appropriately managed and required attention. We have made a recommendation regarding refurbishment work that is required.

Confidential information was not always securely stored and protected in line with General Data Protection Regulations (GDPR). People's sensitive and confidential information was accessible to others.

Care plans and risk assessments were in place and generally contained the correct level of information in relation to the support people needed. Some areas of risk management needed to be reviewed and strengthened.

Staff were familiar with people's likes, preferences and wishes and positive relationships had developed between staff and people receiving care. However, it was identified that the absence of specific staff members was having a negative impact on the tailored level of care being provided.

Safeguarding and whistleblowing procedures were in place; although we did identify that safeguarding training was not meeting organisational compliance.

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. However, we did identify that people's consent was not always reflected in the care records we checked.

People and relatives told us that dignified and respectful care was provided. We observed kind and compassionate interactions between staff and people receiving support.

The registered provider had a complaints procedure in place. Complaints were reviewed, discussed and responded to in line with organisational policy.

Medicine management procedures were safely in place. Staff received medication administration training, regularly had their competency levels checked and were familiar with the medication administration policy.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update: The last rating for this service was 'requires improvement' (published 30 May 2018); there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection sufficient improvements had not been made and the provider was still in breach of regulations.

The service remains rated 'requires improvement'. This service has been rated 'requires improvement' for the last three comprehensive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to 'staffing' and 'good governance' at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our 'Safe' findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our 'Effective' findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our 'Caring' findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our 'responsive' findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our 'well-led' findings below.

**Requires Improvement** ●

# Callands Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by two Adult Social Care Inspectors, and two 'Experts by Experience'. An 'Expert by Experience' is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Callands is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

Before the inspection we reviewed the information we held about the service. This included any statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted local commissioners of the service to gain their views. The provider had also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used all this information to formulate a 'planning tool'; this helped us to identify key areas we needed to focus on during

the inspection.

During the inspection we spoke with the registered manager, eight members of staff, two kitchen assistants, one registered nurse, two activities co-ordinators, 18 people who were living at Callands care home and six relatives who were visiting at the time of the inspection.

We looked at care records of nine people receiving support, nine staff recruitment files, medication records, and other records and documentation relating to the management and quality monitoring of the service.

In addition, a Short Observational Framework for Inspection (SOFI) tool was used. SOFI tool provides a framework to enhance observations during the inspection; it is a way of observing the care and support which is provided and helps to capture the experiences of people who live at the home who could not express their experiences for themselves.

# 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 'Good'. At this inspection this key question has deteriorated to 'requires improvement.'

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Recruitment processes were in place although we identified that some candidate application forms were not correctly completed; they did not always provide sufficient information in relation to previous education/employment dates.
- Although we had no concerns that people's safety was compromised. We were informed that the home had been without two maintenance co-ordinators for a substantial period of time. The quality and delivery of care was affected.
- Rotas and dependency tools showed that there were enough staff on shift to support people, however we received mixed feedback about the staffing levels in place. Comments included, "So far, there do seem to be enough staff" and "Some days we're short-staffed."
- Staff also confirmed that staffing levels needed reviewing. Staff said, "We could do with more staff" and "Response (of staff) is delayed as staff are tied up with other residents."

We recommend that the registered provider reviews staffing and recruitment procedures.

### Assessing risk, safety monitoring and management

- Regulatory compliance checks and compliance certificates were in place. However, we identified that areas of health and safety monitoring and management were not always in place.
- We identified a number of risks in the communal garden areas. For instance, we found a broken parasol and hose reel which were accessible to people living at Callands. We raised our concerns with the registered manager and the risk was immediately removed.
- Care records contained individual risk assessments and people's level of risk was regularly reviewed. However, we identified that some of the documentation needed to contain more detailed and consistent information. For instance, one person's oral risk assessment provided contradictory information and one person's falls risk assessment did not contain sufficient information.
- A number of different risk assessments were in place for areas such as falls, skin integrity, nutrition and hydration, environment and oral health.
- People and relatives, we spoke with said they felt safe living at Callands care home. One person said, "Oh yes, I feel safe – I never give it a thought" and one relative said, "I'm very reassured that [person] is safe here. [Person] is very happy here, very content."

Systems and processes to safeguard people from the risk of abuse

- Staff were familiar with safeguarding and whistleblowing procedures; they knew the processes they needed to follow to report any concerns however, we noted that not all staff had completed the necessary safeguarding training.
- Safeguarding incidents/concerns were recorded and reported to CQC and the appropriate Local Authority.
- There was a safeguarding policy and procedure in place; however, the policy we checked was out of date and needed to be reviewed and renewed.

#### Using medicines safely

- Medication was managed safely, and people were supported with their medications by trained and competent staff.
- Procedures were in place in relation to controlled drugs (CDs) which are medications with additional safeguards placed on them.
- There was a medication policy in place; although this needed to be reviewed and renewed.
- Protocols were in place for staff to follow in relation to 'as and when required' medicines, often referred to as PRN medicines.

#### Preventing and controlling infection

- Infection control procedures were in place and staff were provided with personal protective equipment (PPE).
- Infection control audits were being completed across the home every three months
- Domestic staff were completing daily and weekly domestic duties which helped to ensure infection control measures were being maintained.

#### Learning lessons when things go wrong

- Accident, incidents and safeguarding alerts were monitored and reviewed.
- The registered manager maintained an 'Incident Management' folder which contained details of all incidents that occurred on a monthly basis.
- It was not always clear how lessons were learnt and what actions were taken to improve the quality and safety being delivered.

# 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 remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff were not supported with the appropriate training, learning and/or development opportunities.
- Organisational training compliance was not being met. Training compliance for the home was 77%. The provider's target for compliance was 85% and above.
- Staff told us that were not supported to complete specific training modules that needed to be completed. One staff member told us, "We're offered (training) courses but we don't get the time to get off the unit to complete."
- The home was not deploying 'maintenance co-ordinators' and other members of staff did not have the required skills or experience to complete day to day maintenance tasks.
- The lack of 'maintenance' support within the home meant that provision of care was affected. For instance, one person was waiting to be transferred to a different bedroom (for comfort and dignity purposes) but this hadn't taken place due to the lack of maintenance support.
- We asked staff if the absence of two maintenance co-ordinators was having an impact at the service and one staff member said, "Absolutely, the whole building (home) needs looking at, there's general wear and tear."

This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were encouraged to tailor their bedrooms as they desired. We saw that people brought their own furniture into the home to make their stay at Callands care home as homely and familiar as possible.
- The remedial and refurbishment work that was meant to have taken place following the last inspection had not been completed.
- Improvements that were needed to the internal and external environment had not been prioritised.
- An audit that had been instructed at our last inspection by the provider themselves (in relation to the internal and external environment) had not been followed up on; issues were not being actioned or addressed.

We recommend that the registered provider reviews any remedial and refurbishment work that needs to take place and address the actions that have been previously discussed.

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).

At our last inspection the provider failed to ensure that the principles of the Mental Capacity Act, 2005 were being complied with. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection 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. We found enough improvement had been made and the provider was no longer in breach of regulation 11.

- People had their levels of capacity assessed from the outset.
- People were encouraged to make decisions about the care and support they needed and wanted. One person told us, "I haven't got up yet this morning, by choice. I just didn't feel like it, so I didn't. Nobody makes you."
- People who lacked capacity did not have their liberty unlawfully restricted; 'best interest' decisions were appropriately made, and the appropriate applications were submitted to the Local Authority.
- Care record documentation just needed to clearly indicate that the person receiving support had provided 'consent'.

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

- Care plans evidenced that people had been referred to health care professionals such as Speech and Language Therapists (SALT), tissue viability nurses and GP's when needed.
- Care records did not always clearly indicate the required level of guidance that needed to be followed; care record information was often inconsistent, and some contained more detailed information than others.

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

- People were appropriately assessed from the outset and support needs were established.
- Pre-admission assessments helped to develop each person's care plan, and we saw that information gathered at the pre-assessment stage had been transferred over to people's care plans, with one exception. One person's assessment paperwork did not contain specific falls risk information that needed to be taken into account.
- People received a holistic level of care and referrals were made to external professionals when needed.

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

- We received positive feedback about the quality and standard of food people were offered at Callands care home.
- People were offered a variety of different menu options and alternatives were provided on request.
- Positive comments we received included, "I'm happy with the food here, very much. Yes [there's enough]"

and "It's good food. I never leave much but I've always enjoyed my food."

- Pictorial menus were not on display during the inspection; however, we were informed that these had been designed for people to refer to.
- People received the necessary support with specialist diets.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as 'good'. At this inspection this key question remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received support from staff in a kind, caring and considerate manner.
- We observed positive interactions between staff and people receiving support when we used the SOFI tool and throughout the inspection.
- Staff called people by their preferred names and during informal conversations, staff spoke to people with knowledge of their backgrounds, likes and dislikes, as well as their current individual needs and behaviours.
- We received positive comments about the staff from people receiving support and their relatives. These included, "[The staff] were really kind and sympathetic when I fell; they really looked after me, checked I was all right, and gave me a cup of tea", "They [staff] really look after me very well" and "[Person] likes the carers very much."
- Equality and diversity support needs were assessed from the outset. Although support measures were generally in place, we noted that one person could have been receiving a greater tailored level of care. We discussed this with the registered manager who was responsive to our feedback.

Supporting people to express their views and be involved in making decisions about their care

- People (and their relatives) told us they were involved in the discussions that were held around the care that needed to be provided.
- People were encouraged to make decisions around their day to day support needs and were provided with choice in many aspects of their care.
- Care records contained Information in relation to people's care needs, their level of independence and the support they needed.

Respecting and promoting people's privacy, dignity and independence

- Confidential and private information was not always stored or protected in line with General Data Protection Regulation (GDPR).
- People received respectful care; staff understood the importance of delivering dignified care that was tailored around their likes, wishes and preferences.
- Care records contained information in relation to people's support needs, what support staff needed to provide and what the person preferred and liked to do for themselves.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as 'requires improvement'. At this inspection this key question remained the same.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Most care plans contained tailored information in relation to person-centred care which focused on the person's preferences, likes, choices and wishes. However, we saw one care record that contained minimal detail and did not provide staff with any tailored information in relation to their equality and diversity support needs.
- Call bell response times were being reviewed and analysed on a regular basis. People's request for help and support was being responded to in a timely manner.
- Each care record contained a 'resident profile' which provided staff with information in relation to 'important things' in their lives, what the person enjoyed doing, communication support needs and personal care the person needs.
- One person told us, "I have lots of my own belongings [in my room], so it feels like it belongs to me. I can have a glass of wine or a gin and tonic now and again in the bar. It's a nice little place."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Accessible Information was available upon request for people who required extra support in relation to their communication needs.
- We discussed with the registered manager how this could be further developed ensuring people were receiving a tailored level of support in this area of care. For instance, pictorial menus being available and accessible on the different units as well as any language barriers being explored and supported.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was an activities coordinator in post, and a programme of activities were arranged for people to participate in.
- We received mixed feedback about the variety of different activities available. Comments we received included, "We used to go on trips, but we haven't had one for ages. The comedians and musicians seem to have all stopped as well" and "I've surprised everyone because I've really got into [the activities] – flower arranging, Easter bonnets, making pizzas, dominoes, throwing balls. My friend is here, and we have a great

laugh together."

- Relatives also told us that they felt the variety and range of the internal and external activities had reduced.
- Relatives told us they could visit their family member anytime they liked and there were no visiting restrictions in place.
- Care plans indicated that that relatives were involved (where possible) in the care being provided and important relationships were encouraged and supported.
- People were encouraged to develop relationships with each other, and to participate in different 'community' activities that were arranged such as 'coffee mornings and 'pie and a pint' nights.

#### Improving care quality in response to complaints or concerns

- The registered manager maintained a complaints folder which contained all complaints that had been submitted and how they were responded to.
- There was a complaints policy in place; people and relatives told us they would feel confident raising any issues in relation to the quality and safety of care people were receiving.
- At the time of the inspection, no complaints were being responded to.

#### End of life care and support

- People received the appropriate 'end of life' care and support; care records contained important information for staff to follow and respect.
- End of life care documentation was tailored around the needs of the person and enabled staff to familiarise themselves with desires and wishes of the person receiving support.

# 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 remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to provide accurate, complete and contemporaneous records in respect of each person receiving support. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 17.

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

- Systems and processes to monitor the provision of the care people received were not always effective. Across the five separate units of the home, areas of 'governance' and overall quality assurance varied.
- Specific audits, tools and checks were not being consistently completed and the quality and safety of the care people received was not being effectively monitored. For instance, audits and checks that should have been completed on each of the five units in relation to weight and falls analysis were not always handed into the registered manager. The registered manager was aware of our concerns.
- Governance systems and areas of quality performance management were inconsistent. There were no clear processes in place to ensure all five units were effectively monitoring, assessing or improving the provision of care being delivered.
- The absence of two maintenance co-ordinators meant that areas of risk management as well as health and safety compliance were not always being addressed or responded to.
- Some of the concerns we raised during the inspection were not identified during routine audits, tools and/or checks that were carried out by the management team. Other areas of concerns had already been identified but there were no robust action plans in place to address some of the actions that required attention.
- The registered manager was aware of their regulatory responsibilities; they demonstrated their understanding of the Health and Social Care Act, 2008 and the importance of submitting statutory notifications to CQC.

Continuous learning and improving care

- Despite some of the improvements we identified during the inspection, it was clear to see that other improvements had not been made since the last inspection.

- Feedback from people receiving support (and relatives) did not appear to be actioned. For instance, we reviewed feedback from a relative which said, 'A lot of talk and promises but no actions-Gardens are disgusting.'
- We checked a number of action plans, audits and checks that had been completed but it was not always clear if the improvements had been made.
- The registered manager maintained a folder of all accidents and incidents to establish if any trends were emerging as a measure of reducing/mitigating risk.
- Following the inspection, the registered manager submitted an action plan which detailed the concerns that needed to be addressed and the timeframe actions were to be completed by.

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

- 'Resident' and relative questionnaires were circulated on annual basis; people receiving support and relatives were encouraged to share their views and opinions on the quality and safety of care being delivered. However, it was clear that not all suggestions/feedback was acted upon.
- A number of team meetings were taking place across the home. The registered manager confirmed that 'unit meetings' should have been taking place but there was no evidence to confirm that these were happening.

This demonstrates a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- There was a registered manager in post at the time of the inspection. The registered manager made herself available to the inspection team and was responsive to the feedback we provided.
- The registered manager was aware of their legal responsibilities, the importance of investigating incidents/events that occurred as well as being open and transparent.

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

- We received positive feedback about the culture within the home and the support people received. People told us, "We all think (the home) is great" and "They [staff] know us all very well; they always notice when we're not ourselves and make sure we're OK."
- Staff also informed us that people receive the 'best care' and risks are identified from the beginning and well managed.
- People who lived at the home and their relatives felt involved in the provision of care being delivered.
- We received positive feedback about the registered manager. Comments we received included, "[Manager] is really nice, very approachable, I would feel comfortable going to her" and "[Managers] door is always open."

Working in partnership with others

- The registered manager had developed positive working relationships with external professionals and Local Authorities.
- The staff referred and engaged with health professionals and had taken on board advice to ensure people received correct care.
- The service worked with the Local Authority to ensure people were suitably assessed before being offered a place at Callands care home.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Effective quality assurance measures were not in place to monitor, assess or improve the quality and safety of care being provided.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff were not receiving effective training, learning and development opportunities and there was not enough suitably skilled and experienced staff to provide maintenance support.