

# Somerset Care Limited

# Calway House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Calway House is a large care home registered to accommodate 83 people. There are five distinct units offering different care and support to people according to their needs. Laurel and Cedar provide nursing care. Maple and Spruce offer residential provision. Sycamore has 15 places for people living with dementia.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People remained safe at the home. People told us there were adequate numbers of suitable staff to meet their needs and to spend time socialising with them. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. People received their medicines safely.

People continued to receive effective care because staff had the skills and knowledge required to effectively support them. People's healthcare needs were monitored by the staff and people said they had access to healthcare professionals according to their individual needs. 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.

The home continued to provide a caring service to people. People told us, and we observed, that staff were kind and patient. A visitor told us "The care here is very, very good. They are kind and really care about the people they look after." People, or their representatives, were involved in decisions about the care and support they received.

The service remained responsive to people's individual needs. Each unit provided a service tailored to people's needs. Care and support was personalised to ensure as far as people were able to they made choices about their day to day lives. Complaints were fully investigated and responded to.

The service continued to be well led. People told us the management within the home were open and approachable. The registered manager and provider sought people's views to make sure people were at the heart of any changes within the home. One person told us "(The manager) is very approachable. You could easily bring up issues. We have residents meetings and they do listen." The registered manager and provider had thorough monitoring systems which enabled them to identify good practices and areas of improvement. The manager and their team of senior staff continued to improve and develop some areas of the service. Current projects were the replacement of the call bells which people found too noisy and a review of the way in which activities were organised and delivered in the home.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Calway 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 checked 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. Two adult social care inspectors carried out this unannounced comprehensive inspection over two days.

Before the inspection, the provider 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 improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in July 2014 we did not identify any concerns with the care provided to people.

During this inspection we spoke with 28 people who lived in Calway House. We also spoke with six visitors. We spoke with one visiting healthcare professional and nine members of staff. We met two members of staff completing a dementia mapping exercise in the home. The registered manager, clinical manager, residential manager and operations manager were all available throughout the inspection. Some people were unable to fully express themselves verbally due to their dementia. We therefore spent time observing care practices in communal areas of the home.

We looked at a number of records relating to individual care and the running of the home. These included 10 care and support plans, three staff personal files and records relating to medication administration and the quality monitoring of the service.

# Is the service safe?

## Our findings

The service continues to provide safe care. People felt safe living at the home and with the staff who supported them. One person told us "I do feel safe here. Staff are kind. Very good. When you ring the bell they usually come quite quickly. They are prompt at night too." A relative wrote "I know (my relative) is safe. There are always staff about. They are busy but always find time to chat."

Some people who lived in Calway House were unable to fully express themselves due to living with dementia. Everyone we saw or spoke with looked very comfortable and relaxed with the staff who supported them. A visiting relative told us "I am relieved that (relative) is safe at Calway."

There were adequate numbers of staff to keep people safe and make sure their needs were met. Throughout the inspection we saw staff met people's physical needs and spent time socialising with them. As far as possible staff were allocated to the same unit. One member of staff said "This is my unit, it is good this way. We get to know the residents and can build up a relationship with them." The service had an established full complement of registered trained nurses

The risks of abuse to people were reduced because there were effective recruitment and selection processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and employment references had been obtained. Staff received training on how to recognise and report any suspicions of abuse. Staff told us they would not hesitate to report any concerns and all were confident that if they raised concerns, action would be taken to make sure people were safe.

Risk assessments had been carried out to enable people to move safely about the home and to maintain good health. Where people had been assessed as being at high risk of falls, assessments showed equipment was provided to promote people's independence when moving around the home. The assessments had been regularly reviewed. The attention to appropriate footwear and keeping the person's room free from trip hazards had been effective in preventing one person's falls.

People received their medicines safely. The service used an electronic medicine administration system that showed when medicines were due and whether they had been administered. This had systems in place to audit medication practices and clear records were kept to show when medicines had been administered or refused.

# Is the service effective?

## Our findings

The service continues to provide effective care and support to people. Throughout the inspection we found staff had the skills required to effectively support people. People's needs varied and the skills of staff were appropriate to their needs. We saw examples of good nursing care and appropriate support for people living with dementia. We saw staff were able to engage with people and support them throughout the home.

Records showed staff received the training they required to keep people safe and to meet people's varying needs. Care staff said the training was good. They confirmed they had completed training in manual handling, understanding safeguarding and the Mental Capacity Act. Staff had found recent dementia care training "interesting." Calway House employed Advanced Care Practitioners to support the registered nurses. One ACP said "The training is good and we get plenty of support." They received formal training off-site backed up by mentoring in house. Registered nurses received training appropriate to their role to maintain their clinical expertise. One nurse told us the clinical lead assessed people before admitting them to the home and ensured nurses had the skills needed to care for people before they arrived.

People were assisted to access health professionals according to their individual needs. Records confirmed people saw the eye care team, dentists and chiropodists. There were examples of care being tailored to people's individual needs. For example following a concern expressed by a person in the home with poor sight bespoke training had been obtained and action taken to ensure all staff were aware of the best practice expected. A notice on people's room stated "My name is ...I would like you to know I have lost my sight." The activities programme had been supplied to them in very large print. The staff followed advice given by health and social care professionals to make sure people received effective care and support. One care plan showed how promptly a GP had been called and treatment commenced for a person with pneumonia. The person was adamant they did not want to go to hospital and this had been achieved.

Staff arranged for people to see relevant professionals when they required it. On the residential care units community nurses met people's nursing needs such having a wound dressed. On the nursing units these needs were met by the nurses in the home who did seek advice and support when necessary. People had been seen by the speech and language team when they had swallowing problems. We saw the reports of these visits in people's files and at lunch time we saw this person received their meal in accordance with the recommendations made.

Everyone had their nutritional needs assessed and meals were provided in accordance with people's needs and wishes. The unit dining rooms were laid attractively and where appropriate people were offered support to eat. Most people were satisfied with the meals. One person said "The food is excellent. Staff are all very good. You only need to ask for a cup of tea and they get it for you." Where appropriate people were shown a choice of meals to help them to decide what they wanted to eat. This confused some people who had made their choices the day before. People were not always aware that further meal choices such as jacket potatoes and salads were available. Where there were concerns about a person's weight or food intake staff sought advice from relevant professionals.

Staff acknowledged the importance of people being able to make decisions about their care. Staff had received training about the Mental Capacity Act 2005 (MCA) and knew how to support people who lacked the capacity to make decisions for themselves. Staff told us most people were able to make day to day decisions but in some cases they had to act in their best interests. Where decisions had been made in a person's best interests these were fully recorded in care plans.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had a policy and procedure to support staff in this area. The registered manager had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe.

## Is the service caring?

### Our findings

The home continues to provide a caring service to people. Interactions between people and staff were very kind and caring. People told us staff were always kind and respectful. One person said "You can't fault them, they are very good." Another person said "I have been very poorly. It has been terrible but I was very well looked after. I have recovered because of them." A visitor told us "The care here is very, very good. They are kind and really care about the people they look after."

Staff showed patience and supported people in a way that promoted their happiness and dignity. People who needed support with personal care were assisted quietly and discreetly. On one day of the inspection it was one person's birthday. Staff reminded them it was their birthday. They collected their cards and presents and sat patiently with them reading the cards and talking about the family members who had sent them. A relative told us how staff had organised a tea party to celebrate their wedding anniversary.

People who were not able to tell us about the care staff looked relaxed and happy. People laughed and responded positively when staff approached them. People looked smart because they were able to visit the hairdresser regularly and their clothes were laundered well. People resting in bed looked clean, comfortable and peaceful.

People or their representatives were involved in decisions about their care. People said they were able to make choices. Visiting relatives said staff kept them well informed about any incidents or changes in a person's needs. There were regular reviews where people could express their views and make changes to their care plans.

People received skilled and compassionate care at the end of their lives. One relative wrote to thank staff at the home. They said staff "have shown that they cared about "relative's name" especially during the last few days." Another relative's family member died after living many years in the home. The person had "died peacefully in the best possible place they could be at the end of their life."



## Is the service responsive?

### Our findings

The service continues to be responsive. People received care and support which was responsive to their needs and respected their individuality. The provider told us in their Provider Information Return (PIR) everyone had their needs assessed before they moved to the home and from these assessments they created person centred care plans.

Care plans we read were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. People's preferences were recorded in detail. For example one person liked "to have several pillows" and "liked the open ends of the pillows to face the wall." Staff had a good knowledge about each person and were able to tell us about people's likes and dislikes.

People were able to make choices about how they spent their days. This meant people spent time in their rooms or accessed communal spaces in the units as they chose. One person who liked to sit in the unit kitchen and watch "what was going on" said "You can please yourself."

Throughout the inspection we saw people were able to take part in a variety of activities. Activities were offered on a daily basis in the large communal day room. There was an advertised programme and people from all over the home were encouraged to attend events that interested them. Activities and social events were also offered in Sycamore unit where people were living with dementia. Some people did say they felt "lonely" as they were not confident in making friends within the home. We reported this to the manager who told us they were reviewing how activities in the home were being delivered. They had been developing strategies to ensure "like-minded" people had every opportunity to meet up. People had been encouraged to make a "special wish" which the service had tried to grant. People had been to the Taunton Flower Show, had lunch at the seaside and visited places that held memories for them. Some one to one support and social stimulation was also offered enabling people in their rooms to have a chat while their hands and nails were cared for.

The provider had a complaints procedure which was displayed in the home and people told us they would find it easy to talk to someone about any concerns they had. Where complaints had been made these had been investigated and responded to. The registered manager had taken action to make sure changes were made if the investigations highlighted shortfalls in the service. One visitor told us "There is nothing you cannot raise. Nothing you cannot get changed if it is a problem."

## Is the service well-led?

### Our findings

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

The registered manager led an effective management team with particular responsibilities for the nursing and residential areas of the home. This meant the home was effectively managed at all times and a complementary range of clinical and management experience was available in the home. Systems in the home were adhered to and the home was tightly run. Registered nurses and shift supervisors led the care staff in the different units.

The registered manager told us that as people had left their homes they wanted to create a new home for them. They believed people should be treated with dignity and kept safe to the end of their lives, but they also thought it was important people had some enjoyment and fun in their lives. This vision was supported by the provider and communicated to staff through day to day discussions, one to one supervisions and team meetings. Minutes of meetings confirmed the positive and enthusiastic approach of managers and staff towards all aspects of people's care and support. The manager said "We might not be completely there yet but we are getting there."

The registered manager and provider sought people's views to make sure people were satisfied with the care and support they received. Feedback from surveys and conversations was mostly very positive. Issues raised were followed up and actions recorded. Each month 5% of people's friends and family received phone calls to check they were satisfied with their relatives care and to give them the opportunity to discuss anything they think might improve the service. Minutes of residents meetings showed people were listened to and action taken as a result of their requests.

People told us the management in the home was very open and approachable. One person said "You can wander down to the office. You can always see someone. They are all very nice." During the inspection we saw people and their relatives regularly approached the manager and senior staff for a chat.

There were very effective quality assurance systems in place. There were regular audits of all aspects of the service which enabled the provider to plan improvements. The manager produced a comprehensive and thorough report each month summarising issues in the home. This was discussed at the monthly visits from the operations manager. Records kept of the visits showed the manager received support and there were clear targets for any actions that needed to be taken to maintain good standards of care in the home. Two areas identified as requiring action were the noisiness of the call bells and some aspects of the activities provision. There were targets and action plans in place to change and improve both.