

HC-One Limited

Callands Care Home

Inspection report

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06 February 2018

16 February 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

The inspection took place on the 5, 6 and 16 February 2018 and was unannounced.

Callands care home was previously inspected in March 2017. During the inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the registered person had failed to ensure that people consistently received safe care and treatment and the management of medicines was not completely safe.

Furthermore, we found that the registered person had failed to ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons were not being deployed effectively and effective systems were not in place to assess, monitor and improve the quality and safety of the service.

At this inspection we found that the registered provider had taken action to address breaches identified at the last inspection.

However, during our inspection, we found further breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 related to good governance and the need for consent.

We found that accurate, complete and contemporaneous records were not always being maintained in respect of each service user. Furthermore, we found that the registered person had not always acted in accordance with the principles of the Mental Capacity Act. You can see what action we told the provider to take at the back of the full version of this report.

Callands care home is a 'care home' run by HC-One Ltd. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care home is a two storey building that accommodates up to 120 people across five separate units, each of which have individual lounges and dining areas with adapted facilities. The units include: 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, the service was accommodating 100 older people with a diverse range of needs.

Callands care home is set in its own grounds within the Callands area of Warrington. A range of shops and other local facilities are within walking distance of the care home and the area is supported by good public transport services. There is a car park provided for visitors at the front of the building.

The care home did not have a registered manager at the time of our inspection. A registered manager is a

person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During our three day inspection, we spoke with people living in the care home, relatives and staff. We also undertook observations of the standard of care provided. We saw that staff took time to talk and interact with people throughout the day and were helpful and supportive when people asked for help. We also noted that staff interactions were positive and that people living in the care home had access to activities and were treated with respect and dignity.

People had access to a range of health care professionals to help maintain their health and wellbeing and medication was ordered, stored, administered, recorded and disposed of safely. People using the service were also provided with a range of wholesome and nutritious meals and alternative and vegetarian choices were available upon request.

Staff had access to induction, mandatory and service specific training to help them understand their roles and responsibilities.

Systems had also been established to ensure that staff working in the care home had been correctly recruited and to ensure people were protected from abuse. A complaints process was also in place to ensure concerns and complaints were listened to and acted upon. Furthermore, a range of quality assurance and auditing processes were in place to ensure key areas were monitored. This involved seeking the views of people using the service periodically.

Some staff spoken with raised concerns about the effectiveness of the current dependency tool in place. Likewise, prior to our inspection the local authority advised us that this was an area that the provider needed to review to ensure that consideration was also given to people's medication needs, the support people needed to engage in activities and the layout of the home. At the time of our inspection this was still an outstanding action.

We have recommended that the registered provider undertakes a review of the current dependency tool to ensure it includes a holistic overview of the dependency needs of people using the service.

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 was safe.

Recruitment procedures provided appropriate safeguards for people using the service and this helped to ensure people were being cared for by suitable staff.

Policies and procedures were in place to inform staff about safeguarding adults and whistle blowing. Staff were aware of the procedures to follow if abuse was suspected.

People were protected from the risks associated with unsafe medicines management and to safeguard their health and safety.

Is the service effective?

Requires Improvement 

The service was not always effective.

The principles of the Mental Capacity Act had not always been followed to protect the rights of people who may lack capacity.

Staff had access to induction, mandatory and other service specific training that was relevant to their roles and responsibilities. However, the frequency of supervisions remained in need of review.

People had access to a choice of wholesome and nutritious meals and a range of health care professionals to ensure their health and wellbeing was maintained.

Some parts of the care home remained in need of maintenance, refurbishment and development to ensure the environment remained homely and more suitable for people living with dementia.

Is the service caring?

Good 

The service was caring.

People using the service confirmed that they received care and treatment that was appropriate for their needs.

Staff interactions were observed to be warm and relaxed and people using the service were treated with dignity and respect and had their privacy safeguarded.

Is the service responsive?

The service was not always responsive.

Documentation relating to the care of people using the service was not always person centred, accurate or up-to-date.

There was a complaints procedure in place. People's concerns and complaints were listened to and acted upon.

A range of group and individual activities were provided for people using the service to participate in.

Requires Improvement ●

Is the service well-led?

The service not always well led.

The care home did not have a registered manager in place to provide consistent leadership and direction.

A range of auditing systems had been established so that the service could be monitored and developed. This included arrangements for people who lived in the home and their relatives to be consulted about their opinions of the service.

Requires Improvement ●

Callands Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5, 6 and 16 February 2018 and was unannounced.

The inspection was carried out by two adult social care inspectors, one assistant inspector and two experts by experience.

Before the inspection we reviewed all the information we already held on Callands care home such as intelligence, statutory notifications and / or any information received from third parties. The provider also completed and returned a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service.

We also contacted the local authority and Clinical Commissioning Group to provide us with any information they held about the care home. We took any information provided to us into account.

During the inspection, we used a number of different methods to help us understand the experiences of people living in the care home and to gather information.

We spoke with the area director; turn around manager; deputy manager; maintenance person; head cook; one unit manager; three nurses; three nursing assistants; one senior carer; seven care assistants and one activity coordinator. Furthermore, we spoke with 38 people who lived in the care home and 13 relatives.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not communicate with us. We used this process in order to observe the standard of care provided on one unit during the afternoon on the first day of our inspection.

We also undertook additional observations and looked at a range of records including seven care files

belonging to people who lived in the care home. This process is called pathway tracking and enables us to judge how well the service understands and plans to meet people's care needs and manage any risks to people's health and well-being.

Examples of other records viewed included; policies and procedures, four staff files, minutes of meetings, complaint and safeguarding records, rotas, staff training and audit documentation.

Is the service safe?

Our findings

We asked people who used the service or their relatives if they felt the service was safe.

People spoken with told us that they felt safe. For example, we received comments such as, "It's [the care home] very comfortable. I've enjoyed every minute I've been here", "I like it here. I feel safe and I know who they [the staff] are" and "They [the staff] always make sure I've had all my medicines".

Overall, the majority of people spoken with told us that there were enough staff to provide care to people when they needed. For example, comments received from two residents and two relatives included, "You don't have to wait long", "They come straight away when you call", "From what I've seen there are enough staff and the same staff come every time" and "I can always find a member of staff".

Two people thought that staffing was sometimes a bit short and mentioned significant use of agency staff - however the majority of people reported that they were satisfied with staffing and response times when they called for help.

At our last inspection on 10 and 13 March 2017, we found a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to 'staffing'. This was because the registered person had failed to deploy sufficient numbers of suitably qualified, competent skilled and experienced persons effectively.

At this inspection we found the provider had met their legal requirement and that action had been taken to address the breach. We saw that colleague allocation sheets had been introduced to ensure staff were clear about which people they were required to supervise and support on each shift and which colleagues to pair up with when staff were required to undertake specific tasks such as moving and handling people.

We observed that people were receiving appropriate care and support from staff that were responsive and attentive to people's needs. Likewise, on other units, we observed that people looked clean and well cared for and that staff responded appropriately to the support needs of people using the service.

We noted that dependency assessments had been completed for each person using the service and that key information on the needs of people living in the care home had been shared with the provider's 'colleague deployment team' based in Darlington together with clinical risk register information. This team was responsible for calculating 'staffing grids' and staff deployment tools for homes within HC-One limited.

Some staff spoken with raised concerns about the effectiveness of the dependency tool in place. Likewise, prior to our inspection the local authority advised us that this was an area that the provider needed to review to ensure that consideration was also given to people's medication needs, the support people needed to engage in activities and the lay out of the home. At the time of our inspection this was still an outstanding action.

We therefore recommend that the provider undertakes a review of the current dependency tool to ensure it includes a holistic overview of the dependency needs of people using the service.

At the time of our inspection, 100 people were being accommodated in the care home that required different levels of care and support. The service employed a turnaround manager and a deputy manager on a full time basis who worked flexibly subject to the needs of the service. The deputy manager also had supernumerary hours to support and work alongside nursing and care staff. Ancillary staff were employed for activities, domestic, laundry, catering and maintenance tasks.

We looked at a sample of staff rotas with the area director and the peripatetic 'turnaround manager' in order to review the numbers of staff on duty. Examination of the rotas highlighted that staffing hours varied per unit in order to reflect the needs of the people using the service, the number of people based on each unit and occupancy levels. Rotas viewed indicated that the units had been staffed in accordance with the establishment hours allocated for each unit and had not been reduced to reflect lower occupancy.

We observed that there were times when one unit had only one staff to observe and support people when another staff member was taking breaks. This observation was confirmed by a relative that stated, "I sometimes worry about X (a resident) safety as sometimes there is only one carer and I worry something might happen while they attend to someone else."

Likewise, on another unit we visited the unit was supposed to have two staff on days and two on nights, a senior and a carer. We noted that there were periods of time when only one member of staff was on the unit. The cover arrangement for the second staff member was not clear.

We raised this feedback and the usage of agency staff with the area director and 'turnaround manager'. We were advised that staff were expected to arrange temporary support from another unit before they took a break and were assured that this expectation would be revisited with staff.

We noted that the registered provider had also made significant progress in recruiting to vacant posts within the care home in order to reduce the usage of agency staff for nursing and care staff posts. For example, records indicated that from September 2017 to February 2018, the use of bank staff for care hours had reduced by 328 hours per week and 83 hours per week for nursing staff.

The area director told us that the registered provider had also recently appointed to a further 363 hours to cover outstanding care staff hours. At the time of our inspection, the only remaining vacancies for the home were for a unit manager / nurse for the Ullswater Unit and two night managers for a newly established post. Staffing had also been reviewed and increased where necessary. For example, on one unit, staff told us that the provider had introduced a twilight shift to help meet the needs of people using the service.

At our last inspection on 10 and 13 March 2017, we found a breach of Regulation 12(1) and 12(2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to Safe and care treatment. This was because the registered person had failed to ensure the safe management of medicines.

At this inspection we found the provider had met their legal requirement and that action had been taken to address the breach. For example, during our inspection, we looked at the management of medication on two units with the nurses on duty. We checked a sample of medicines and medication administration records (MAR) and found that people were receiving their medications as prescribed.

We noted that a list of senior staff that were designated with responsibility for administering medication was

in place, together with sample signatures. This helped to identify which staff had signed MAR on each shift. Staff also told us that they had completed medication training and had undergone an assessment of their competency periodically.

We noted that photographs of the people using the service had been attached to MAR which also detailed people's names and key information such as known allergies. This helped staff to correctly identify people who required medication and to be aware of potential risks.

Medication was found to be appropriately stored within trolleys in secure temperature controlled rooms and records of the fridge and room temperatures were recorded on a daily basis. We also checked the arrangements for the storage, recording and administration of controlled drugs (drugs subject to tighter legal controls because of the risk of misuse) and found that these were satisfactory.

Staff had access to medication policies and procedures, patient information leaflets, PRN (as required) protocols and other guidance such as the BNF to reference. The BNF is published in updated book form twice a year, in March and September. It details all medicines that are generally prescribed in the UK, with information about: indications and dosages; contraindications; cautions; side effects and medicinal products.

We found that systems were in place for the ordering; storage; administration; recording; disposal and monitoring / auditing of medication in the care home. Daily stock counts were completed and a 'resident of the day' system was also used to ensure all medication pertaining to an individual was checked each month, together with associated records. Monthly medication audits were undertaken by senior staff as part of a peer review process.

Staff spoken with reported that any medication errors / incidents were reported to the management team and the SPA (single point of access team) so that appropriate action could be taken.

We looked at the personal files of seven people who were living in the care home. We noted that each person had a range of care plans together with supporting documentation which included risk assessments. This helped staff to understand the needs of people using the service, any identified risks to people's health and wellbeing and their support requirements.

An emergency continuity plan, fire risk assessment and personal emergency evacuation plans were also in place. A copy of the documents was kept in a file near the fire alarm panel so that the records could be accessed quickly in the event of an emergency. PEEPS provided details of any special circumstances affecting the person, for example if they were a wheelchair user.

There was also an on call system in operation in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately.

The provider continued to use an electronic database known as 'datix' to record and analyse information relating to: accidents and incidents, medication errors, complaints, safeguarding incidents, slips, trips or falls and other key areas. We saw examples of how the turnaround manager was able to use the database to identify trends and patterns that could assist in reducing potential and actual risks for people using the service.

We sampled a number of test and / or maintenance records with the person responsible for maintenance relating to the fire alarm system, fire extinguishers, emergency lights, electrical wiring, passenger lift,

portable appliances, nurse call system, gas safety and hoist servicing. We found all records to be in order.

The registered provider had developed policies and procedures to provide guidance to management and staff designated with responsibility for recruiting new staff.

We looked at a sample of four staff recruitment records to check that effective recruitment procedures had been completed. We noted that since our last inspection the provider had introduced a new electronic records management system known as 'Eploy' to store personnel and recruitment records.

We found that appropriate checks had been made to ensure that prospective employees were suitable to work with vulnerable adults. Checks had also been completed by the Disclosure and Barring Service (DBS). (These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.)

Records also contained application forms, two references, health declarations and proofs of identity including photographs. The checks had been completed before people were employed to work at the care home and, where applicable, there was also evidence that Nursing and Midwifery Council personal identification numbers had been checked to ensure valid nursing registration. (Registered nurses in any care setting cannot practice unless their registration is up to date).

The registered provider had developed a corporate 'safeguarding adults' policy and procedure to offer guidance to staff on their duty of care to protect vulnerable people from abuse and how to whistle blow. A copy of the local authority's adult protection procedure was also available for staff to reference.

Training records indicated that staff had access to safeguarding training. At the time of our inspection, 89.3% staff (23.3 % of which were in need of refresher training) had completed this training module.

Overall, staff spoken with during our inspection demonstrated a satisfactory understanding of how to recognise and respond to suspicion or evidence of abuse and how to whistle blow should the need arise. (Whistleblowing is an option if a member of staff thinks there is something wrong at work but does not believe that the right action is being taken to put it right).

We looked at the electronic safeguarding records for the service. Records viewed confirmed that relevant safeguarding incidents had been notified to CQC and discussed with and referred to the local authority safeguarding team in accordance with local policies and procedures.

Records held by the Care Quality Commission (CQC) indicated that there had been one whistleblowing concern raised in the last 12 months. This was referred to the local authority safeguarding team for investigation.

Policies and procedures for infection control were in place and staff had access to infection control training. At the time of our inspection, 88.3% staff (27.2 % of which were in need of refresher training) had completed this training module. Hand sanitisers and personal protective equipment such as gloves and aprons were also available throughout the care home for staff to access.

Infection control audits were routinely undertaken as part of the home's quality assurance system and surveillance reports were produced. The last infection control audit undertaken by the care home in consultation with the infection control team was in June 2017 following which an overall score of 80% was noted. This meant that the care home was only partially compliant in some areas. Another infection control

audit was also undertaken by a member of the management team during late October 2017 using the provider's infection control audit. This indicated the home was compliant as an overall score of 89% was achieved. Action plans had been developed in response to both audits to ensure an appropriate response to any findings.

Prior to our inspection, the local authority highlighted concerns to us regarding an on-going issue with overflowing bins at the care home. We raised this feedback with the area director and the turnaround manager during our inspection and also viewed the bin storage area.

We noted that due to a number of issues relating to the performance of the existing waste management service, the provider had made a decision to de-mobilise the existing contractor. We saw documentary evidence that a new clinical and trade waste management service had been commissioned and that the changes would be phased in across all operational regions and completed by May 2018.

At the time of our inspection the bin storage area was found to be clean and tidy as the bins had recently been emptied. The area director informed us that he was also considering the relocation of the bin storage area to the front of the building to improve accessibility and capacity.

Furthermore, we were informed that although there were no vacancies for domestic hours, the registered provider was planning to undertake a review of domestic hours within the care home to include the range of tasks undertaken.

Is the service effective?

Our findings

We asked people who used the service or their relatives if they felt the service was effective.

Overall, people spoken with told us that their care needs were met by the registered provider. For example, we received comments such as, "I was involved in my assessment and I signed it. They recently sent my husband a copy", "The food's nice. I look forward to the meals. They [the staff] brought me an apple instead of a doughnut today. They know what I should have" and "They [the staff] took me to the opticians the other week and gave me a packed lunch".

Likewise, feedback received from relatives included, "I'm impressed with the care. They're [staff] properly trained; know what they're doing and they try to get the full picture", "The food's all right. Residents can always help themselves to drinks if they want" and "The environment is perfect for my grandfather".

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated DoLS with the manager.

We noted that policies and procedures had been developed by the provider to provide guidance for staff on how to safeguard the care and welfare of the people using the service. These included guidance on the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).

Mental capacity assessments were undertaken if necessary and if applicable DoLS applications were completed. These were only completed if a person was deemed to be at risk and it was in their best interests to restrict an element of liberty. Applications were submitted to the local social services department who were responsible for arranging any best interests meetings or agreeing to any DoLS imposed and for ensuring they were kept under review.

The home had a record of people with authorised DoLS in place and the expiry dates. At the time of our inspection, authorisations had been granted for 15 people. Information on applications awaiting authorisation and people who had a Lasting Power of Attorney (LPA) was also recorded.

Staff had access to training in the MCA and DoLS. At the time of our inspection, 85.4% staff (37.9 % of which were in need of refresher training) had completed this training module.

We noted good examples of MCA compliance. For example, we saw that one person using the service sometimes required their medication to be administered covertly. We found that staff understood the process to follow before administering medication covertly and that a Mental Capacity Assessment had been completed; the person's GP had been consulted for an opinion; a care plan was in place for the covert administration of medication in the event the person refused their medication overtly; and that there had been consultation with the person's family which had been recorded on a best interest decision form.

However, we also saw examples of incorrect practice. For example, we noted that a floor sensor mattress was in use for one person. Neither a mental capacity assessment nor a best interest decision had been completed to agree the need for and use of this equipment.

Likewise, in another case we found that a relative had signed a consent form for a person and they did not have the legal authority to give consent.

We also found that for another person, an application to deprive a person of their liberty had originally not been granted by the local authority. Following a number of meetings and a reassessment, the local authority had then issued the authorisation in January 2018. This came with a condition linked to staff needing to support the person to socialise and reduce their isolation. This was a recent authorisation however we did not see clear plans linked to helping this person to socialise more. The home will need to ensure going forward that a clear plan is developed to meet the condition for authorisation. This includes, as instructed by the local authority, to "record any refusals to socialise". This means this must be reflected on daily records going forward.

The above is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

Callands care home provides accommodation, personal and nursing care for up to 120 people. The care home is a two-storey building which has five units equipped with individual lounges and dining areas set in its own grounds within the Callands area. There is a car park provided for visitors at the front of the home.

During our inspection, the inspection team visited each unit. It was evident that people had been encouraged to personalise their rooms with photographs, memorabilia and personal possessions and that they had access to a range of individual aids to assist their mobility and to help promote independence. This included specialist equipment necessary to meet people's needs such as grab rails, toilet aids, hoists and airflow mattresses and cushions to reduce the likelihood of pressure ulcers. In one unit, we noted that IT equipment had been installed in a room to enable people using the service to access the internet. We also observed a service user using bespoke technology to enable their communication.

Since our last inspection, the provider had invested in the refurbishment of communal parts of the home. For example, the former bar area and smoking room had been redecorated and refurbished to develop a modern hair salon and licensed bar area and the communal reception area had been redecorated and fitted with new furniture, fittings and carpet.

However, we noted that the external central garden was cluttered and in need of maintenance. Likewise, some communal toilets were in need of refurbishment or repair and some handrails, doors, skirting and architraves were chipped and required repainting. We noted that some people had also raised concerns

about the standard of the environment during annual surveys.

We raised these issues with the area director and the turnaround manager as similar findings were noted at our last inspection. The area director informed us that approximately £150,000.00 had recently been spent on refurbishing parts of the home. Furthermore, the area director advised us that he had instructed the staff responsible for maintenance to undertake a full audit of the grounds and internal parts of the care home so that the provider could prioritise and develop an action plan for remedial and refurbishment work. We were informed that as rooms became vacant they were also subject to a full refurbishment as required.

We saw that each unit was decorated with different themes and that some environmental adjustments had been made in the units designated for people living with dementia to help address their specific needs.

For example, some people's bedroom doors had been painted different colours; names and photographs were displayed within memory boxes on some doors and / or familiar personal items were on display. These initiatives may help someone living with dementia to locate their own room and distinguish it from others.

However, many doors were identical and painted the same colour. Furthermore, recent photographs of residents living with dementia might also be confusing to a person as they may not recognise themselves and some bathrooms and toilets had not been painted in readily distinguished colours. Signage to help people orientate around the home, including the use of pictorial menus was also in need of review.

The area director informed us that the registered provider was in the process of consulting a professor at a University on how to improve and develop a more dementia friendly environment and approach. We will therefore review progress and any action taken at our next inspection.

The registered provider (HC-One Limited) had a learning and development team in place to support management and staff. A programme of induction, mandatory, qualifications and service specific training was also available to staff which was delivered via face to face sessions or online learning modules. Clinical training was also provided for nursing staff.

The registered provider used a computer e-learning package called 'Touchstone' for the majority of staff training which staff were expected to undertake when required. The electronic 'learning management system' had been developed to assign and monitor each individual's learning based on their role. The system also provided management information and highlighted the outstanding training needs of staff and when refresher training was required.

Training records viewed detailed that the overall completion rate for mandatory / 'compliance courses' was 72.5% for permanent and bank staff as 16.75% were in need of refresher training. Completion rates ranged from 61.1% (Infection Control) to 87.4% (Fire drill). Records also indicated that 9.8% of staff had a qualification in health and social care at level 2 and 46.2% at level 3.

We saw that the registered provider had established systems to monitor the outstanding training needs of staff. Staff spoken with during the inspection confirmed they had accessed induction, mandatory and other training relevant to their roles and responsibilities.

Staff told us that they had attended periodic meetings and confirmed they had access to formal individual and group supervisions. However, discussions with staff and records viewed confirmed the frequency of these sessions was not consistent and in need of review. We raised this feedback with the peripatetic manager who acknowledged that this was an area that required improvement and had been included on

the home's main action plan. This indicated that action was being taken to improve the frequency of appraisals and supervisions for all staff.

The registered provider had developed assessment systems to enable the needs of people to be assessed prior to moving into the care home and following admission. This helped to ensure the changing needs of people were responded to in a timely way and that potential and actual risks were appropriately managed.

The turnaround manager told us that staff endeavoured to work in partnership with other teams and services to ensure the delivery of effective care and support for people using the service. During our inspection we observed a podiatrist, social worker and a representative from the continuing health care team undertake visits to people living in the home. We could see from records that staff made referrals to appropriate health professionals for assessment, advice and treatment where they had concerns about someone's health.

Records viewed confirmed visits from other health care professionals, such as GPs, the enhanced care home support team; dietitians; podiatrists and community psychiatric nurses etc. and visits were recorded so staff members knew when these visits had taken place and what had been advised or prescribed.

During our inspection, we visited the central kitchen area and spent time with the head cook on duty in order to obtain information regarding the catering service, menus and the dietary needs of people using the service. We noted that kitchen was clean and well stocked and key information relevant to the operation of the kitchen was recorded in a corporate catering safety manual which had been developed by the provider.

We enquired about the last food hygiene rating for the care home and noted that the Food Standards Agency had inspected the service during January 2018, following which they awarded a rating of five stars. This is the highest award that can be given.

A four week rolling menu plan had been developed by the provider which was reviewed periodically. The daily menu was available in each unit for people to view and had been displayed in noticeable positions such as notice boards. The menus included two choices for the main meal each day and a hot light meal or soup and sandwiches. Alternative and vegetarian options were also available for people to select from and refreshments and snacks were provided throughout the day.

We noted that kitchen staff were made aware of any special dietary requirements when people were admitted to the care home via diet notification forms and information on the dietary needs of people using the service was obtained as part of the assessment and care planning process.

People using the service told us that they were asked about their preferred daily meal choices and we saw that their individual choices were recorded on a menu planner for catering staff to refer to.

Food was transported in a heated trolley from the central kitchen to each of the five units. We observed that people could eat their meals in the dining area or lounge on each unit or in the privacy of their rooms if they preferred.

Dining areas were appropriately equipped with tablecloths, table mats, condiments and cutlery subject to the individual needs of people living in the home.

We observed meals being served on two units and noted that portion sizes were good and that the food

appeared hot, appealing and nutritious. Staff were observed to wear appropriate uniforms and hair covers whilst serving meals and were on hand to offer assistance to people who required support with eating and drinking. Staff were noted to be attentive and responsive to people's needs and mealtimes were not rushed.

Staff spoken with demonstrated a good understanding of each person's dietary needs and food preferences. We noted that monitoring charts were also in place for staff to record food and fluid intake and that referrals were made to GPs, speech and language therapists and / or dieticians for people identified at an increased risk of malnutrition, dehydration, or who had significant weight loss. Information on these areas was also recorded and monitored via Key Clinical Indicator and risk register reports so that the welfare of people using the service could be monitored and reviewed.

We spoke with the community dietician who worked with the care home. The dietician told us that they had seen big improvements and staff made regular referrals to the dietician service. The dietician told us that they had confidence in the care home staff to recognise if something was not right and to take action. The dietician also reported that they had provided training for 15 staff across the care home and that this had included Malnutrition Universal Screening Tool (MUST) training. The MUST is a screening tool which helps to identify people who are underweight and at risk of malnutrition.

Is the service caring?

Our findings

We asked people who used the service or their relatives if they felt the service was caring.

Overall, people spoken with told us they were treated with dignity and respect. For example, we received comments such as: "They'll [the staff] do anything for you"; "I can wash and dress myself and they [the staff] let me do it"; "I respect them and they respect me"; "They [the staff] always knock before they come in" and "I can't think of anymore they could do for me".

Likewise, comments received from relatives included: "They [the staff] certainly try to encourage people to be independent"; "The staff always speak clearly and calmly but without making you feel stupid"; "This is one of the many homes we looked at and the atmosphere and attitude of the staff was so much better than we saw elsewhere, even though they must be under pressure it rarely shows"; "X [a resident] can be difficult and sometimes takes against particular people, but they [the staff] stay calm and are patient and understanding with them" and "However busy they [the staff] are, if you need a cup of tea and a chat, as things aren't always that easy, they'll be there for you as well".

At our last inspection on 10 and 13 March 2017, we found a breach of Regulation 9(1) and 9(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to 'person centred care'. This was because the registered person had failed to ensure that people consistently received care and treatment that was appropriate for their needs. For example, on one unit, we saw that people looked unkempt and were not dressed appropriately, were not receiving appropriate personal care and interaction and had inadequate support at meal times and when displaying behaviour that challenged the service.

At this inspection we found the registered provider had met their legal requirement and that action had been taken to address the breach. We spent time taking with people who lived in the care home and their relatives and undertook observations during the three days of our inspection. We observed that people were relaxed in the presence of staff, comfortable in their home environment and presented as well-groomed and content.

Furthermore, we noted that units were calm and that staff were visible, responsive to and knowledgeable about the needs of the people they cared for. Staff spoken with also demonstrated awareness of the principles of good care practice and the importance of treating people with dignity, respect and privacy. For example, we saw a person living in the care home ask a member of staff for a sandwich before a meal time. The staff member responded quickly to the person's request and brought the person a cup of tea, sandwich and biscuit.

Likewise, we observed another member of staff take time to compliment a person who had returned from a hairdressing appointment. The staff member also explained to the person that they needed to use a hoist to transfer them from a wheelchair to a chair. The staff member took the necessary time and patience to reassure the person, explain the transfer process and to safeguard the person's dignity by covering them with a blanket.

Additionally, we observed a member of staff responding to a person who was on end of life care and had started to become distressed. The carer was seen to reassure, support and remain with the person until a relative arrived. Other positive examples were noted throughout the inspection.

We also undertook a Short Observational Framework for Inspection (SOFI) on one unit to help us understand the standard of care provided to people. We observed that staff were attentive and responsive to people's needs and that they interacted and engaged with people in a caring, respectful and dignified manner.

Staff spoken with told us that they had access to training and had been given opportunities to read care plans and work alongside experienced staff. Staff reported that this had helped them to get to know the needs of people living in the home, any known risks, preferences and preferred routines and people's individual support requirements.

Electronic and paper records were kept securely within the care home to help ensure confidentiality. Information on Callands care home had been produced in the form of a Statement of Purpose and a Service User Guide to provide people using the service and their representatives with key information on the service. The information was on display in the reception area of the care home for people to view.

Is the service responsive?

Our findings

We asked people who used the service or their relatives if they felt the service was responsive.

Overall, people spoken with told us that the service was responsive to their individual needs and that they felt listened to. For example, we received comments such as: "I'm very happy here. I get up when I want and can do what I want"; "They [the staff] take really good care of us all and get us to get involved in activities. We've just been having a sing-a-long and doing some dancing in our lounge" and "If I need to complain I know I can but I've nothing to complain about really".

Likewise, comments received from relatives included: "I'm quite happy. X [a resident] is listened to and has choices"; "You can treat it as home from home. You can even come in at night"; "I have had reason to complain, due to an incident in activities but I was listened to, understood and a solution has been found" and "I wouldn't have a problem approaching the staff with a concern. Its important things are sorted out. They are approachable and friendly".

At our last inspection on 10 and 13 March 2017, we found a breach of Regulation 17(1) and 17(2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to 'good governance'. This was because the registered person had failed to maintain accurate, complete and contemporaneous records in respect of each service user, including a record of the care and treatment provided.

At this inspection we found that action had been take to address the specific issues identified at our last inspection. However we found additional areas of concern. For example, during our inspection, we looked at the care plan records of seven people who were living in the care home. We noted that the provider had developed a corporate care planning system for staff to use which contained pre-admission assessments of need, assessments; care plans and a range of supporting documentation such as risk assessments; resident profiles; weight records; malnutrition universal screening tools (used to identify whether people were at nutritional risk); observation records (used to monitor for example position changes or food and fluid intake); personal hygiene; daily records; consent forms; care reviews and other miscellaneous information.

We looked at one person's close observation record at 4.10 pm. Records indicated that the person should be checked on an hourly basis. However, however the last recorded check was 12:30 pm. Likewise, the person's elimination record indicated that the person should be checked every three to four hours to promote the person's dignity. The last recorded entry was at 10:30 am and the person had refused support at that time.

We also identified a person who was at high risk of falling. We looked at the person's body map on their file which indicated that they had sustained bruising to their body. We found no other records or an appropriate explanation of the reason for the bruising, including whether a safeguarding referral was considered appropriate.

Furthermore, we found differences between one person's pre-admission and admission assessment. The pre-admission assessment stated under 'end of life' that a 'Do Not Attempt Cardiopulmonary Resuscitation

(DNACPR) was in place for this person. The admission assessment dated 21 February 2015 noted this was in fact not in place. We found evidence that the doctor's instruction not to attempt resuscitation for this person was dated 19 June 2015.

In another case, we found that staff had not updated a care plan for a person who had been living in the care home for approximately 12 days. The information recorded in the person's plan was quite basic. Upon commencement of our inspection we were also advised that this person was receiving end of life care however this was not reflected in the person's seven day care plan. Likewise, an 'individual plan of care and support for patients at end of life' was not in place.

The above is a continued breach of Regulation 17 (1) and 17 (2) (C) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

We noted that the registered provider had developed an 'End of Life Care' policy for staff to reference. We spoke with the turnaround manager and senior staff regarding the provision of end of life care for people living in the home. We were informed that the care home had established links with the enhanced care home support team which enabled access to Macmillan nurses, a palliative care team, district nurses, tissue viability nurses, GPs and other health care professionals as required.

Prior to our inspection, we received intelligence from the local authority which detailed that concerns had been received from service users, family and professionals regarding the response times of staff to nurse call alarms.

It was not possible to review historic response times as the nurse call system in operation did not enable us to obtain such records. However, feedback received from people using the service confirmed that they were generally satisfied with the response times from staff in the event they activated their nurse call alarms or required help. However, on one unit we observed that some people did not always have their nurse call alarms close to them.

We raised this feedback with the turnaround manager as the nurse call system in operation at the care home was based on a pager alert system. Therefore, we could not hear when people activated their nurse call system.

We received assurance from the turnaround manager that she would continue to monitor this feedback and showed us examples of daily colleague allocations sheets. These records were being used by staff to record which pagers were allocated to individual staff, to confirm that batteries had been checked and to clarify which staff were responsible for responding to people's needs.

The registered provider had developed a 'Compliments, Concerns and Complaints' policy to provide guidance to people using the service and / or their representatives on how to make a complaint.

We looked at the electronic concerns and complaints records for the service. Records detailed that there had been 25 concerns / complaints in the last twelve months. Ten compliments had also been received in the same period.

The complaints / concerns covered a range of issues such as standards of personal care and support provided, staffing levels, infection control and conduct and attitude of staff. Records confirmed that action had been taken by the registered provider in response to feedback.

People spoken with confirmed they were aware of how to raise a complaint and that they were confident that they would be listened to in the event they raised a complaint.

At the time of our inspection, the registered provider employed one full time and two part-time activity coordinators who were responsible for the planning and facilitation of a range of individualised and group activities for people living in the care home across the site.

We spoke with one of the activity coordinators on duty who informed us that the care home had activity staff on duty each day to provide support with activities. However, we noted that on four days each week there was only one activity coordinator on duty and that the staff also covered for each other when they were on annual leave.

We raised this feedback with the area director and the turnaround manager. We were informed that in order to ensure the continued provision of activities within the care home, the provider encouraged staff working on each unit to also facilitate activities. We also received assurance that the management team would continue to review and monitor the implementation of activities to ensure best practice.

We reviewed the provision of activities with one of the activity coordinators. We observed that a comprehensive range of resources were in place for activity staff to utilise when providing activities for people. Records of group, individual and day trip activities were maintained which included key information such as the participants name; type, date and time of the activity and level of involvement.

A weekly and monthly programme of activities was developed by the activity coordinators which were displayed on notice boards around the care home. Group based activities were generally provided in the main (Kendal) lounge and people from each unit were encouraged to attend. We noted that activity staff also spent time on each unit on a rotational basis to facilitate group and individualised activities. The care home also had a mini-bus which was used to support people on day trips and to attend hospital appointments etc.

Records indicated that people had access to a varied range of activities such as: one to one time, chair based exercises, arts and crafts; board games, quizzes, film shows, baking, nail manicures, therapeutic massages, coffee mornings, external entertainers, shopping trips, hairdressing appointments and visitors from local churches.

During the first day of our inspection, we observed a group of 17 people participating in a bingo session in the main lounge. A range of individualised activities were also provided for nine people during the day.

On the second day of our inspection we observed a group of 20 people engaging with an outside instructor in chair based exercises. People were also seen to enjoy a reminiscence activity and a music, dancing and sing-a-long session. Four people chose to play a game of dominoes.

On the final day of our inspection, we saw a group of 23 residents joining in an art and craft session to celebrate the Chinese New Year.

The home also had a room designated and equipped as a bar. The bar was open for two hours on a Monday and Tuesday, four hours Wednesday to Friday and six hours at the weekend. The bar had a full licence so people who used the home and visitors could have an alcoholic or soft drink in casual surroundings in the evenings and at weekends.

Is the service well-led?

Our findings

We asked people who used the service or their relatives if they felt the service was well led.

We received mixed feedback from people using the service and relatives about the management and leadership of the service.

For example, one resident told us, "The home is well managed and organised; it tends to run smoothly. The culture is open and fair. I can talk to the manager and management and staff are helpful and polite." Likewise, a relative reported, "It seems to be well managed. The staff are most definitely helpful and polite."

Conversely, other people expressed concern about the time taken to appoint a permanent manager to Callands care home. For example, one relative stated, "We keep getting told there is a new manager coming and they never arrive. It's been ages now and it can knock your confidence a bit." Likewise, a person living in the home told us, "I'm not sure who the manager is at the moment. They keep changing."

At our last inspection on 10 and 13 March 2017, we found a breach of Regulation 17(1) and 17(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to 'good governance'. This was because the registered person had failed to operate effective systems for assessing, monitoring and improving the quality of service provided.

At this inspection we found the registered provider had met their legal requirement and that action had been taken to address the breach.

For example, we asked to view all surveys and feedback received from people using the service and their representatives in the last 12 months. We found that the registered provider had redistributed 'resident and relative' surveys in an attempt to obtain more feedback from people between July and September 2017. Records indicated that 40 people using the service and 32 relatives had completed surveys. This was a significant improvement on the response rate noted at our previous inspection.

Both surveys contained questions relating to: the overall impression of the care home; environment; lifestyle; décor and maintenance; staffing; dignity and respect; complaints and management and communication. The responses were ranked into four areas - excellent, good, average, poor and very poor.

The summary report for the resident survey highlighted that the majority of scores were recorded as 'average' or 'good' across all questions asked. The majority of scores for kindness; care; safety; food; staff and cleanliness were rated as 'good'. Equal scores were recorded against the 'average' and 'good' rankings for facilities and the management and the majority of respondents indicated that overall the care home was 'average.' The results of the survey had been analysed and an action plan produced.

The summary report for the relative survey highlighted that overall 36% of the respondents rated the home excellent; 42% good; 19% average and 3% poor. A pie chart for the results of the relative survey had been

developed for the feedback received and an action plan produced. Information on the surveys and action plans had also been displayed on a notice board for people to view.

We noted that people were also encouraged to share their feedback on the care home via the carehome.co.uk website. Additionally, a 'Have Your Say' electronic tablet was located in the reception area of the home to enable people using the service, professionals and visitors to provide feedback on the service provided. Feedback reports for the last 12 months indicated that the overall results for both service types were mainly positive. We noted that the registered provider had responded to feedback via the carehome.co.uk where necessary.

Additionally, an 'Our Voice' staff survey had been undertaken during August 2017 to enable the provider to obtain feedback from staff working within the care home. Twenty-five staff responded to the survey. Overall, the feedback received was positive and any areas requiring further attention had been included in the home's action plan.

We observed that daily 'flash meetings' continued to be undertaken on a daily basis. This operated as a head of department meeting and was attended by senior staff in each unit to ensure key information was shared across a range of operational areas such as: current issues; housekeeping; administration; catering; maintenance; activities and care related issues.

Staff, resident and relative meetings were also coordinated periodically in addition to service reviews with people using the service.

The registered provider (HC-One Limited) had produced a 'Quality Assurance Policy and Framework' which consisted of four tiers of interrelated processes. The document included a home based system known as 'Cornerstones'; a regional support team quality assurance process; quality assurance process following external scrutiny and a quality assurance overview by the provider.

The home based system consisted of various practical tools and audit documentation to ensure key aspects of the service were routinely assessed and monitored. We noted that a 'Home Level Audit Colander' had also been produced by the provider which identified the frequency of audits and when they were required to be completed.

We saw that a range of audits had been routinely completed for areas such as: care plans; infection control; health and safety; medicines; catering and falls. Some of this data such as accidents and incidents; falls; complaints and medication errors had also been inputted on to an electronic database known as 'datix'. This tool had the ability to generate detailed reports for review and analysis by the provider and senior staff which, for example, could identify the number of incidents per month; incidents by category; location of incidents; time band; severity of issue and people affected in addition to information concerning each incident. This information enabled the management to identify any emerging risks and to take action when necessary.

'Key Clinical Indicators' were also routinely monitored to ensure potential risks for people using the service such as: falls; weight loss; infections data; hospital admissions; bedrail usage and pressure ulcer occurrence were kept under review and action taken as required.

Daily walk arounds were undertaken by the management to ensure they remained visible throughout the care home. 'Home Visit Reports' had also been completed by the Area Director on a bi-monthly basis and the care home had undergone an internal inspection by the registered provider's compliance team during

January 2018. The inspection was based upon the domains used by CQC and the provider's 'Cornerstones' framework and outlined areas of strength and for further development.

Periodic monitoring of the standard of care provided to people living in the home funded via the local authority was also undertaken by Warrington Borough Council's Contracts and Commissioning Team. This is an external monitoring process to ensure the service meets its contractual obligations.

The contracts monitoring team last undertook a core monitoring visit to Callands care home during July and August 2017. Upon completion of the monitoring visit the service was issued with an improvement plan. Follow up visits were also undertaken during October 2017 and January 2018 to monitor progress. Good progress was noted following the initial progress visit in October 2017 however some aspects of the improvement plan remained in need of review.

At our last inspection on 10 and 13 March 2017, we found a breach of Regulation 17(1) and 17(2) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to 'good governance'. This was because the registered person had failed to use feedback effectively to improve practice.

At this inspection we found the registered provider had met their legal requirement and that action had been taken to address the breach. For example, following our last inspection, the registered provider had updated its main action plan to ensure action was taken to address the breach. We noted that the plan had been kept under regular review and that meetings had been coordinated periodically to enable discussions with staff regarding complaints and areas in need of development. This helped to raise awareness of themes, to support staff learning and development and to reduce the likelihood of reoccurrence.

The registered provider (HC-One) had a senior management team in place and was governed by a board of directors that had overall responsibility for the operation of the service. We were informed that the registered provider had developed a strategic plan for the organisation and published information on its philosophy where 'kindness' was the guiding ethos.

At the time of our inspection, the care home did not have a registered manager. The previous registered manager had resigned from her post and de-registered with the CQC during November 2017. A peripatetic manager known as a 'turnaround manager' had been appointed to oversee the management of the care home. The turnaround manager was present for the two days of our inspection and was supported by the area manager. The management team engaged positively in the inspection process and told us that they were committed to developing and improving the overall service.

We spoke with the area director regarding the length of time the care home had operated without consistent leadership. We were informed that a new manager had commenced employment with the provider on the first day of our inspection and that the person was completing their induction at another location within the organisation. We were also informed that a contingency plan had been developed by the registered provider to ensure that the existing turnaround manager would apply to become the registered manager in the event the manager's post had not been filled.

We noted that the registered provider had developed policies and procedures for staff to reference. The policies covered a range of areas such as: recruitment; safeguarding adults; Mental Capacity Act and Deprivation of Liberty Safeguards; Compliments, Concerns and Complaints; falls prevention and management; infection control and medication. These were readily available for staff in each unit and staff had access to policies and other key information via computers which were located in the staff room.

The registered person is required to notify the CQC of certain significant events that may occur in the care home. We noted that the management team had kept a record of these notifications. Where the Commission had been notified of safeguarding concerns we were satisfied that the appropriate action had been taken.

The ratings from the previous inspection were displayed prominently within the care home and also on the company's website as required by law.

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 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The registered person had failed to act in accordance with the Mental Capacity Act 2005.
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	Accurate, complete and contemporaneous records were not being maintained in respect of each service user.