

HC-One Limited

Callands Care Home

Inspection report

Callands Road
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Website: www.hc-one.co.uk/homes/callands/

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07 March 2016

08 March 2016

17 March 2016

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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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection was unannounced and took place on the 07 March 2016. A second and third day of the inspection took place on 08 and 17 March 2016 in order to gather additional information.

Callands Care Home was previously inspected in April 2014 when it was found to be meeting all the regulatory requirements which were inspected at that time.

Callands Care Home is owned by HC-One Ltd (the provider) and provides personal and nursing care for a maximum of 120 people. At the time of our inspection the service was accommodating 105 people.□

The 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 of Warrington. There is a car park provided for visitors at the front of the home.

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 there was a registered manager at Callands Care Home. 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 was not in day to day charge of the service when we inspected Callands Care Home. A peripatetic manager had been assigned to oversee the management of Callands Care Home and was present during the three days of the inspection.

During the inspection we found Callands Care Home to have a pleasant and homely atmosphere. We observed people's choices and preferred routines were respected and that staff communicated and engaged with people in a compassionate and caring manner.

Staff recruitment systems were in place and information about prospective employees had been obtained to make sure staff did not pose a risk to people using the service.

Staff were supported through induction, regular on-going training and supervision to develop the necessary skills and competence for their roles.

Medicines were ordered, stored, administered and disposed of safely.

People using the service had access to a choice of menu. The provider's hospitality manager was due to visit the home to undertake a review of catering and people's dining experience in order to improve standards following feedback received from people using the service.

Records showed that people also had access to GPs, chiropodists and other health care professionals (subject to individual need).

Corporate policies were in place relating to the MCA (Mental Capacity Act (2005) and DoLS (Deprivation of Liberty Safeguards). Staff understood their duty of care in relation to this protective legislation.

Systems were in place to safeguard people from abuse and to respond to complaints.

People spoken with highlighted concern regarding the range of activities available in the home and felt that there were insufficient on offer to meet their diverse needs and the number of people living at Callands Care Home. We have made a recommendation relating to this matter.

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 safe.

Staff had received training in regard to safeguarding vulnerable adults and were aware of the procedures to follow if abuse was suspected.

Risk assessments had been updated regularly so that staff were aware of current risks for people using the service and the action they should take to manage them.

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

People were protected from the risks associated with unsafe medicines management.

Good 

Is the service effective?

The service was effective.

Staff had access to supervision and induction, mandatory and other training that was relevant to their roles and responsibilities.

Policies and procedures relating to the Mental Capacity Act and Deprivation of Liberty Safeguards had been developed. Staff understood how this protective legislation impacted upon their work and the need to protect the rights of people who may lack capacity.

People's nutritional needs had been assessed and meals planned accordingly.

Systems were in place to involve GPs and other health care professionals when necessary.

Good 

Is the service caring?

Good 

The service was caring.

People were treated with kindness, dignity and respect.

People's choices were respected and staff communicated and engaged with people in a compassionate and caring manner.

Is the service responsive?

The service was not always responsive.

People expressed concern regarding the limited range of individual and group activities available within the home.

Care records showed people using the service had their needs assessed, planned for and regularly reviewed.

Systems were in place to receive and act upon complaints.

Requires Improvement ●

Is the service well-led?

The service was well led.

The home had a registered and peripatetic manager in place that provided leadership and direction with support from senior management.

Quality assurance systems had been established so that the service could be monitored and developed. There were arrangements for people who lived in the home and their relatives to be consulted about their opinions of the service.

Good ●

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 checked whether the provider was 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.

The inspection took place on 07 March 2016 and was unannounced. A second and third day of the inspection took place on 08 and 17 March 2016 in order to gather additional information.

The inspection was undertaken by two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service, in this case of younger adults and older people requiring residential or nursing care.

The provider was requested to complete a provider information return (PIR) prior to the inspection. A PIR 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 also looked at all the information which the Care Quality Commission already held on the provider. This included previous inspections and any information the provider had to notify us about. We invited the local authority and Clinical Commissioning Group to provide us with any information they held about Callands Care Home. We took any information provided to us into account.

During the site visit we spoke with the manager of Callands Care Home, deputy manager and assistant operations director. We also spoke with 14 staff, 36 people who used the service and 10 relatives.

We encouraged people using the service to communicate with us using their preferred methods of communication. We also undertook a Short Observational Framework for Inspection (SOFI) observation during lunch time. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at a range of records including six care plans belonging to people who used the service. This process is called pathway tracking and enables us to judge how well the service understand and plan 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 logs; rotas; staff training; activity records; maintenance and audit documentation.

Is the service safe?

Our findings

We asked people who used the service if they found the service provided at Callands Care Home to be safe. People spoken with confirmed they felt safe and secure at the home and told us they were well-supported by staff who had the necessary skills to help them with their individual needs.

Comments received from people using the service or their representatives included: "I feel safe here"; "Staff always pop in my room to check on me. They are very attentive" and "I am settled and have no worries here."

A number of people spoken with expressed concerns regarding the use of agency staff and the staffing levels at Callands Care Home, particularly at night. Examples of feedback received included: "I think they are short on staff. If you ask for something it can take a while" and "It can sometimes take time to get their attention."

We received mixed feedback from staff regarding the staffing levels in operation at Callands Care Home. Some staff felt the staffing levels were adequate and others were of the view that more were needed as the dependency of people was subject to change.

Although we received some comments that at times staffing levels were insufficient we observed that people looked clean and well cared for. Furthermore, call bells were answered promptly and staff were seen to respond appropriately to the support needs of people using the service.

At the time of the visit there were 105 people were being accommodated at Callands Care Home who required different levels of care and support. We checked staff rotas with the deputy manager in order to review the numbers of staff on duty.

The service employed a manager on a full time basis who worked flexibly subject to the needs of the service. A deputy manager was also in post that had supernumerary hours to support and work alongside staff.

At the time of our inspection we found the five units in the home were staffed as follows:

The 'Coniston unit' was accommodating 25 people with general nursing needs. Rotas indicated that the unit was staffed with one nurse and five care staff from 7.00 am to 7.00 pm. At night, one nurse and two care staff were on duty.

The 'Grassmere unit' was accommodating 29 people with dementia nursing needs. Rotas indicated that the unit was staffed with one nurse and six care staff from 7.00 am to 7.00 pm. At night, one nurse and two care staff were on duty.

The 'Lakeside unit' was accommodating 26 young people with physical disability needs. Rotas indicated that the unit was staffed with one nurse and five care staff from 7.00 am to 7.00 pm. At night, one nurse and two care staff were on duty.

The 'Ullswater unit' was accommodating 15 people with general nursing needs. Two people were receiving intermediate care. Rotas indicated that the unit was staffed with one nurse and three care staff from 7.00 am to 7.00 pm. At night, one nurse and one care staff were on duty.

The 'Windermere unit' was accommodating 9 younger adults with residential needs. Rotas indicated that the unit was staffed with one senior and one care staff from 7.00 am to 7.00 pm and during the night.

We noted that resident dependency assessments were in place to monitor the dependency levels of the people using the service however no corporate system was in place to assist in the calculation of staffing hours at the time of our inspection. This was also noted by the local authority's contract monitoring team following their last visit in January 2016. The manager also informed us that the service had a number of nursing and care vacancy hours. The majority of the care hours had been offered to suitable candidates.

Following our inspection, the manager reported that the service had "trialled" an assessment tool developed by Isaacs and Neville. This tool, "Assessing People With 'Nursing Care Needs': The Potential Usefulness of Need Intervals", provides a method of translating the needs of residents in a care home into the number of care hours required. The manager reported that the exercise did not highlight any shortages and that the service was staffing in excess by approximately 66 hours per day.

The manager also informed us that a second nurse was to be allocated to the Coniston unit to work alongside the existing team in the mornings. We also noted that four nurse assistants were being trained up to increase the skill mix and to work alongside nurses on units once qualified and competent and that consideration was being given to review the distribution of staffing hours in order to introduce twilight services on some units.

Ancillary staff were also employed for activities; domestic; laundry; catering and maintenance tasks.

We looked at six care files for people who were living at Callands Care Home. We noted that each person had a care plan and supporting documentation which included a range of risk assessments. Personal emergency evacuation plans were also in place to ensure an appropriate response in the event of a fire. This information helped staff to be aware of current risks for people using the service and the action they should take to minimise and control potential / actual risks.

Additionally, records of accidents and incidents had been maintained for each individual. We noted that the organisation used an electronic database known as 'datix' to capture information such as accidents and incidents, complaints and safeguarding incidents and slips, trips or falls. This system enabled the management team to generate management information reports for analysis and we saw examples of how the data had been used to generate statistical information and overview charts.

We saw that Callands Care Home had folders containing policies relating to many areas of the home's operation. These policies were written so as to reduce the risk of harm arising to both the people who used the service and to staff from everyday hazards such as accidents and falls. We saw that there was an Emergency Contingency Procedure to be followed to ensure an appropriate response in the event of an untoward incident.

We looked at a sample of four staff files. Through discussion with staff and examination of records we received confirmation that there were satisfactory recruitment and selection procedures in place which met the requirements of the current regulations. In all four files we found that there were: application forms; two references, health questionnaires; disclosure and barring service (DBS) checks and proofs of identity

including photographs. All the staff files we reviewed provided evidence that the checks had been completed before people were employed to work at Callands Care Home. This helped protect people against the risks of unsuitable staff gaining access to work with vulnerable adults.

A corporate safeguarding policy and procedure had been developed by the provider 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 viewed confirmed that 87% of the staff team had completed safeguarding training. Furthermore, discussion with the manager and staff confirmed they understood their duty of care to protect the people in their care and the action they should take in response to suspicion or evidence of abuse.

We looked at the safeguarding records for the service. The safeguarding log highlighted that there had been 14 safeguarding incidents in the last 12 months. Records viewed confirmed that safeguarding incidents had been referred to the local authority safeguarding team in accordance with local policies and procedures.

No whistle blower concerns had been received by the Care Quality Commission (CQC) in the past twelve months.

We checked that there were appropriate and up-to-date policies and procedures in place around the administration of medicines and found that the provider had developed a policy for the administration of medication. The policy was readily available in the medication storage areas for staff to reference.

Photographs of the people using the service had been attached to medication administration records which also detailed people's names and key information. This helped staff to correctly identify people who required medication.

We checked the arrangements for the management of medicines with a registered nurse. We were informed that only registered nurses or senior care staff administered medication. A list of staff responsible for administering medication, together with sample signatures was available for reference. Staff spoken with confirmed they had received medication training.

Medication was stored in dedicated areas and medication trolleys were secured to the wall when not in use. 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 other care plan records.

We checked the arrangements for the storage, recording and administration of medication and found that appropriate systems were in place. We saw that a record of administration was completed following the administration of any medication. We also checked the arrangements for the storage, recording and administration of controlled drugs and found that this was satisfactory.

Systems were also in place to record room and fridge temperature checks; medication returns and incidents concerning medication. Additionally, monthly medication audits were undertaken by the management team.

Overall, areas viewed during the inspection appeared clean and well maintained. Staff had access to personal protective equipment and policies and procedures for infection control were in place.

Is the service effective?

Our findings

We asked people who used the service or their representatives if they found the service provided at Callands Care Home to be effective. People spoken with confirmed that their care needs were generally met by the provider however mixed feedback was received regarding the menu and quality of meals provided.

Comments received from people using the service or their representatives included: "Food is good here"; "The food is fantastic"; Some food is good. Some is not at all good" and "The meals are awful. I get fed up with soup and sandwiches."

We raised the feedback received from people regarding their views on the meals provided with the manager. The manager informed us that the provider's hospitality manager was due to visit the home to undertake a review of catering and people's dining experience in response to feedback.

Callands 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.

People using the service were noted to have access to a range of individual aids to assist with their mobility and independence. People's rooms had also been personalised with memorabilia and personal possessions and were homely and comfortable.

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 which would address their specific needs.

For example, people's bedroom doors were different colours, people's names were displayed on them and familiar personal items were on display. These would all help someone to locate their own room and distinguish it from others. Some additional equipment to support activities had also been purchased.

Likewise in another unit we noted that IT equipment had been installed in a room to enable people using the service to access the internet.

The provider had a learning and development team in place to support management and staff. A programme of induction, mandatory; qualifications and service specific training was available to staff which was delivered via face to face sessions or online learning modules.

We spoke to staff during the inspection who confirmed they had accessed induction, mandatory and other training relevant to their roles and responsibilities. The training on offer included: Fire drills; food safety; health and safety; infection control; manual and safer people handling; safeguarding; equality and diversity; Mental Capacity Act and DoLS; medication and dementia.

An 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. Records detailed that there was an overall completion rate for all courses of 76.4%.

Staff spoken with confirmed they had also attended team meetings periodically and received a minimum of two supervision sessions each year. We saw that planners had been produced to plot supervision dates for 2016, however records indicated that the majority of staff had only received one supervision during 2015.

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 refuse care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called 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 registered manager.

The manager informed us that she had completed training together with other staff in the MCA and DoLS and we saw that there were corporate policies in place relating to the MCA and DoLS. Information received from the registered manager confirmed that at the time of our visit to Callands Care Home there were 14 people using the service who were subject to a DoLS. Additional applications had also been submitted to the local authority for authorisation.

The registered manager maintained a record of people subject to a DoLS together with the reason, type (standard or urgent) and expiry date. We also saw that the details of people with lasting power of attorney for health and welfare and property and / or financial affairs had been recorded.

Discussion with the registered manager and staff together with examination of training records confirmed staff had completed training in the MCA and DoLS and understood their duty of care in respect of this protective legislation.

A four week rolling menu plan was in operation at the home which was reviewed periodically. The menu included an alternative main meal menu each day. The daily menu was recorded in noticeable positions such as notice boards within each unit. We noted that kitchen staff were made aware of any special dietary requirements when people were admitted and information on the dietary needs of people using the service had been obtained as part of the care planning process.

The menus offered an alternative choice of meal each day for the main meal and other alternatives were available upon request. The food arrived in a heated trolley from the central kitchen and portion sizes were good. The food looked and smelled appetising and was attractively presented. People had a drink of their choice and additional refreshments and snacks were provided throughout the day. Special dietary needs had been catered for such as soft and pureed meals for people who experienced difficulties with swallowing.

The most recent local authority food hygiene inspection was completed in April 2016 following the inspection. Callands Care Home was awarded a rating of 5 stars which is the highest award that can be

given.

People using the service told us that they had access to a range of health care professionals subject to individual need. Care plan records viewed provided evidence that people using the service had accessed GPs and other health care professionals subject to individual needs.

Is the service caring?

Our findings

We asked people who used the service or their representatives if they found the service provided at Callands Care Home to be caring. People spoken with confirmed staff were caring in their approach and role.

For example, comments received from people using the service or their representatives included: "I can't wish for better staff. They are all great"; "I like the staff I can get on with all of them"; "The staff are very kind and always fussing after me"; "The staff know when I'm upset and come and ask what is wrong and what they can do to help" and "Staff here have the patience of Job. Nothing is too much trouble for them"; "The staff are quite caring and gentle" and "They treat me with dignity and respect."

During the three days of our inspection we observed the environment at Callands Care Home to be pleasant and homely.

We saw that a number of visitors were in the home during our inspection. These included the spouses and families of people who used the service. They all told us they were made to feel welcome when they visited and that they were generally satisfied with the care provided to their relatives. We saw that relatives were able to come and go and were free to visit at different times of the day.

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

We noted that staff knocked on people's doors to request permission to enter and observed interactions between staff and people to be positive, responsive to need and caring. We also observed people's choices and preferred routines were respected and that staff communicated and engaged with people in a compassionate and caring manner. It was evident from direct observation that staff applied the principles of treating people with respect, safeguarding people's right to privacy, and promoting independence in the manner that they undertook their work.

We saw that rooms were personalised according to preferences and that people were free to stay in their own room, visit the communal lounges, or participate in organised activities as they wished.

Nursing and care staff spoken with demonstrated a good understanding of people's needs and support requirements. Staff informed us that they had read people's care records to help them develop an awareness of how to care and support people using the service.

We used the Short Observational Framework for inspection (SOFI) tool over lunch time as a means to assess the standard of care provided to people. The service had a policy of "protected mealtimes" which seeks to minimise interruptions. Although mealtimes were a busy period in the home, staff were seen to provide appropriate attention and support to people with a diverse range of needs in an unhurried and relaxed

manner.

Personal information about people receiving care at Callands Care Home was stored safely in each unit's office to ensure they remained under supervision and to protect confidentiality. Information on the service and of interest to people using the service was also displayed on notice boards and in the reception area of the home for people to view.

Is the service responsive?

Our findings

We asked people who used the service or their representatives if they found the service provided at Callands Care Home to be responsive.

People spoken with confirmed their personal care needs were met by the service however a number of people highlighted concern regarding the range of activities available in the home. People told us that they felt there were insufficient on offer to meet the diverse needs and the number of people living at Callands Care Home. This information was also consistent with feedback received via surveys.

We looked at six care files. We noted that the provider had established a corporate care planning system. We saw that care plans were designed to be person-centred which meant that they focussed on the individual as a person rather than the needs of the service.

Files viewed contained a range of information such as pre admission, admission and social care assessments; medical assessments; resident profiles; risk assessments and care plan records. for areas such as: routine on waking; personal hygiene; elimination and toilet needs; meal times; daily activities; likes, dislikes and allergies; mobilising; routine on retiring; sleeping and night time; general physical health; psychological health; medicines and homely remedies. Other care plans and records were also in place subject to each person's individual needs.

Care plans viewed outlined: 'What is the opportunity or need' (assessment); 'what do we want to achieve' (objective) and 'how do we support' (description of how care should be delivered). Records viewed provided evidence that people using the service or their representatives had been involved in care planning wherever possible and that plans had generally been kept under regular review. Some minor issues were noted in regard to updating records which were raised with the manager for action.

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.

A complaints log had been established to record any concerns or complaints. This outlined the complaint reference number; date of complaint; details of the complaint; action taken and date resolved.

Records detailed that there had been 16 complaints in the last twelve months. Records confirmed that issues had been investigated and acted upon by the service. No complaints, concerns or allegations were received from the people using the service during our visit.

The provider employed one full time and two part time activity coordinators who were responsible for the development and provision of a range of activities for people using the service.

Although there was a programme of activities in the home we could not always see how this had been influenced by people's preferences or how the wider interests and hobbies identified in plans were being

fulfilled.

On day one of our inspection we observed a group of five people participate in an arts and craft session making paper chains. On day two we observed four people participate in a chair aerobics class with an external facilitator and an activity coordinator. Another activity coordinator took two people out in the home's minibus during the afternoon. We were informed that two activity coordinators had been off on the first day of our inspection and on the second day one was on a training course. A relative also attended one day to play music on a keyboard however we observed little interest or participation from people using the service.

We sampled activity programmes from previous months and saw that activities on offer included trips out to local areas of interest as well as celebrations of birthdays. Activity records highlighted that people using the service had accessed a range of activities such as: aerobics class; indoor gardening; reminiscence sessions; bingo; baking; social interaction; exercises; pub quiz; gents and ladies club; tea dances; entertainment from external sources; religious services; watching DVD's and listening to music and theme days.

The home also had a room designated and equipped as a bar. The bar had a full licence so people who used the home could have an alcoholic or soft drink in casual surroundings in the evenings and at weekends. We saw people going in to the bar at the end of our inspection.

We recommend that the activities programme and staffing resources be reviewed to develop and enhance the provision and range of activities on offer for people using the service.

Is the service well-led?

Our findings

We asked people who used the service or their representatives if they found the service provided at Callands Care Home to be well led. People spoken with confirmed they were happy with the way the service was managed.

One relative reported "The management are very approachable." Likewise, a relative told us "I have met the manager. She is fine and approachable. You are encouraged to raise concerns."

Callands Care Home had a manager in place that was registered with the Care Quality Commission. The registered manager was not in day to day charge of the service when we inspected Callands Care Home. A peripatetic manager had been assigned to oversee the management of Callands Care Home and was present during the three days of the inspection.

The peripatetic and deputy manager were present during the inspection and were responsive to requests for information from the inspection team. Staff were observed to refer to the registered manager by her first name which reinforced that there was a friendly relationship between them. The manager's office was located centrally within the home and this meant that the manager was accessible to staff in all of the units as well as people who lived in the home and their visitors.

Staff told us that they found the manager was approachable. The manager held daily briefing meetings with staff and undertook 'daily clinical walk rounds' around the home to monitor standards of care and to ensure that current issues were discussed and briefed. We saw that wider staff meetings were also held on a monthly basis and staff we spoke with confirmed that this was the case. Resident and relative meetings were also undertaken periodically.

The HC-One group of which Callands Care Home is part operated a quality assurance system which included periodic visits to the home by Service Quality Inspectors and a Quality Assurance Manager.

A quality assurance system named 'Cornerstones' had been developed by the provider to ensure the quality of service provision was assessed and monitored on an on-going basis. Various systems and processes had been established to assist in this process.

We noted that the provider had installed a 'Have Your Say' electronic tablet to enable people using the service, professionals and visitors to provide feedback on the service provided. Records received from the manager indicated that there was an overall satisfaction rate of 86.1% for visitors and professionals. No responses had been received from people using the service using this system.

Internal written surveys were also in place for people to provide feedback on the service. Following our inspection, the manager informed us that there had been five respondents between August and October 2015. This highlighted that people wanted more recreational activities. Feedback received from surveys had been displayed on a notice board near the manager's office for people to view.

The assistant operations director completed a 'Home Visit Report' on a monthly basis. Likewise, a range of audits were undertaken throughout the year. These included: health and safety; accidents and incidents; catering; medicines; falls; care plans and infection control. Some of this data was inputted on to an electronic database known as 'datix' and analysed by the provider's head office that in turn produced a summary report for the attention of the manager.

Furthermore, key clinical indicators and risks for people using the service were monitored and other significant information such as deaths; infections data; hospital admissions, bedrail usage and pressure ulcer occurrence was recorded.

Periodic monitoring of the standard of care provided to residents 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.

We checked a number of test and / or maintenance records relating to: the fire alarm system; emergency lighting; fire extinguishers; gas safety; portable appliances; electrical installation; passenger lift and hoisting equipment and found all to be in order.

We noted that meetings for staff, people using the service and / or their relatives had been coordinated throughout the year to ensure opportunities for information to be exchanged between relevant stakeholders.

The manager is required to notify the CQC of certain significant events that may occur in Callands Care Home. We noted that the manager had kept a record of these notifications. Where the Commission had been notified of safeguarding concerns we were satisfied that the manager had taken the appropriate action. This meant that the manager was aware of and had complied with the legal obligations attached to her role.

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 home for people to view.