

The Green Nursing Homes Limited

The Callywhite Care Home

Inspection report

Callywhite Lane
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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Callywhite Care Home is a residential care home providing personal to 35 people aged 65 and over at the time of the inspection. The service can support up to 39 people. Some people were living with dementia. Care is provided over three floors. Communal rooms are available on each floor.

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

We found some improvements were required and people's experience of care was not consistent throughout the home. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. The arrangements to support people who needed help with decision making were not consistent. Some people were being deprived of their liberty to access their bedrooms however staff had not recognised this as a restriction or made the decision based on their best interest.

Some people, living with dementia, were not supported to eat the food they preferred. There was a lack of pictorial information to support people to recognise communal rooms.

Management processes were being reviewed. However, we found notifications were not always submitted, and some paperwork required review. The audit programme for quality monitoring had been extended.

There were a sufficient number of suitable recruited staff to meet people's needs in a timely manner. Staff had access to training and support to improve their knowledge of care and enhance their skills. Staff were kind, considerate and reassuring to people.

There was an activity programme in place and people were supported to maintain the relationships which were important to them. People felt empowered to raise concerns directly to the manager and staff.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 28 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence the provider needs to make improvements. Please see the Effective and Well-Led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for the

Callywhite Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

The Callywhite Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Callywhite Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was completing the process to be registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and three relatives about their experience of the care provided. As some people were unable to tell us about their experience of living at Callywhite Care Home we observed the care and support of people in the communal areas of the home. We spoke with five members of staff including the provider, manager and care workers.

We reviewed a range of records. This included people's electronic care records and a sample of medication records. We looked at two staff files in relation to recruitment and staff training. We also looked at a variety of records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives we spoke with told us they felt the home was safe. One person said, "I feel very safe here, no one makes you do anything you don't want to." A relative said, "I visit every day and it's reassuring to know [my relative] is safe."
- Staff told us they received training in safeguarding people and had internal processes for reporting. We have written more on this in the well-led section of the report.

Assessing risk, safety monitoring and management

- People's risks had been assessed. For example, we read assessments for safe moving, maintaining skin condition and the use of bedrails when required.
- People were supported to move using equipment such as the hoist, this was done in line with their assessment and completed safely.

Staffing and recruitment

- There were enough staff available to support people.
- People told us they felt that staffing levels were fine. One person said, "I don't really wait long for anything. They are very good."
- There were recruitment processes in place.
- Staff we spoke with described their recruitment experience. They confirmed this included references and background checks before they started employment. This demonstrated that there was a process in place to check and ensure staff were of a suitable character to work in a caring environment.

Using medicines safely

- People received their medicines as prescribed.
- One person told us, "They watch me while I take the tablets and bring me some water with them."
- Staff followed, and were familiar with processes for the safe receipt, storage, administration and disposal of medicines.

Preventing and controlling infection

- The home was clean and well maintained to promote hygiene and reduce the risk of cross infection.
- Personal protective equipment was available. We saw staff used gloves and aprons when providing personal care and when handling people's food.

Learning lessons when things go wrong

- There were arrangements in place to share information with staff.
- Staff told us they received updates when concerns had been raised to ensure they understood what had happened and what had been put in place to prevent re-occurrence.
- Appropriate action had been taken and information shared with staff following a recent incident which demonstrated that important information was shared openly.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- When necessary people's capacity to make decisions for themselves had been assessed. However, best interest decisions were not demonstrated for all aspects of people's support.
- On the ground floor of the home, people's bedrooms were kept locked during the day and they were unable to access them without support from staff. This had been implemented to stop people entering the wrong bedroom.
- There was no evidence that this arrangement had been discussed with people or recognition that this was a deprivation of their liberty. No best interest decisions had been completed to demonstrate this was in people's best interest.
- Staff had recognised that it would be unsafe for some people to leave the home alone. DoLS applications had been made on their behalf to protect them from harm.

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

- People told us they enjoyed their meals and were provided with choices. One person said, "I like the food, it's good."
- People told us they were asked during the morning what they would like to eat for lunch and at teatime, although some people were unable to recall what they had been offered. We saw that people who were living with dementia, were not always supported to choose food that met their preferences. For example, we read that one person was better eating finger foods and puddings. This person was provided with a main meal which they did not eat despite staff trying to encourage them.
- Staff monitored people's weight however we saw that timely action was not always taken when concerns were highlighted. For example, we saw that one person had been losing weight consistently for several

months before a referral for dietary advice and support was made.

- The manager said they had identified their risk assessment process for nutrition did not flag warnings as early as they would prefer. The manager told us they were looking into making changes to monitoring.
- People were encouraged to have enough drinks to maintain their health and wellbeing.

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

- There was no pictorial signage in place to support people living with dementia to recognise communal rooms i.e. bathrooms.
- Some people living with dementia had small memory boxes outside of their bedrooms which included things that were of importance to them.
- People could personalise their own bedrooms if they wished.

Staff support: induction, training, skills and experience

- Staff received training to gain the skills and knowledge they required to care for people effectively. One person told us, "The staff are very good. They are very careful."
- There was a training programme in place and staff were supported to gain nationally recognised qualifications in care.
- Staff received an induction prior to working independently. One member of staff told us, "During induction you work all over the home, with everyone working here. It's so you understand everyone's role and how important it is."

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

- People's physical, mental and social needs had been assessed and considered.
- People's gender, culture and religion were considered as part of the assessment process. No one was currently being supported with any specific needs.

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

- People had access to healthcare professionals. One person said, "I can see the doctor whenever I need to." This meant people were involved in decisions about their healthcare needs.
- People had been visited by general practitioners, opticians and the district nursing service.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated in a kind and caring manner. Everyone we spoke with were complimentary about the staff and the care they received.
- One person told us, "They're really good. Absolutely marvellous." Whilst a relative said, "I can't fault the staff here at all. They are angels."
- Staff chatted with people and showed an interest in what people were saying. Another person agreed and said, "They're all lovely people. I know I ramble on a bit, but they always listen to me and don't get impatient even when they are busy."

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

- People were encouraged to make decisions and choices about their day. One person told us, "I walk everywhere. I come in here (the lounge) in the morning and then after lunch I go for a bit of a lie down. It's always up to me."
- People were encouraged to be involved in their care. A relative told us, "We were involved in the care plan and we have had a few meetings with the manager to review it. She is very approachable."

Respecting and promoting people's privacy, dignity and independence

- People's rights to privacy and dignity were recognised and promoted by staff.
- People told us, and we observed that their privacy was respected. One person said, "I can have my door open or shut and they always knock." Another person explained, "They make a fuss of me, but they look after me as though I'm an adult. Nobody treats me like a child."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People had been asked for their preferences, likes and dislikes when they came to live in the home. We saw this was recorded in their care plans.
- One person told us, "When I first came here, I was very grumpy because I really didn't want to be here. It wasn't their fault, it was me. The staff have been excellent. They understood how I was feeling, they listened to me and have got to know me."
- People's care plans were held on an electronic system. Carers had individual devices which meant they could add updates or read the detail at any time. The manager told us there were alerts on the system to ensure care reviews were completed when they were due.

Meeting people's communication needs

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

- No one living in the home at the time of our inspection had any specific needs in respect of language or was visually impaired.
- Some information, such as menu's and environmental information, for example the day of the week and details of the day's weather were provided in pictorial format.

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

- People were supported to maintain their important relationships with family and friends. One relative told us, "When it was [our relatives] birthday, we organised a big family party and they sorted out a private room for us and everyone here made a big fuss of them. That was good."
- People and the relatives we spoke with told us that the only time visiting was limited was during mealtimes. One relative said, "There is a notice asking not to come at mealtimes. I understand that though because it might upset other residents." We saw the notice displayed which explained that this was to protect the dignity of people when they were eating.
- There were social activities for people to participate in. Activity co-ordinators were employed to lead on this support both in and outside of the home.
- We saw people playing group games such as bingo and a card game. Two people had been taken out for coffee and to see the Christmas lights at a nearby garden centre.
- The activities board provided information on various social opportunities for people including external

entertainers, regular visits by a local school and a monthly church service for people who wanted to attend.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place, but no formal complaints had been received since our last inspection. The manager told us that when people or relatives raised concerns they were dealt with informally.
- People told us they would raise concerns themselves if they felt it necessary. One person said, "I can speak up for myself and if anything wasn't right, I'd soon tell them. I really didn't want to come here but I'm quite settled now."

End of life care and support

- People and their families were supported to share decisions about their end of life care.
- A relative told us, "We've been able to talk about difficult things like their end of life wishes."
- We saw there was a training session for staff on delivering end of life care planned for the following week.
- No one was receiving end of life care at the time of our inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The manager had been in post for four months and was going through the process of registration with us. Prior to this, the service had been without a registered manager for nine months. The manager was also responsible for an adjoining sister home.
- The manager, with the support of the deputy manager had started implementing improved processes in the home.
- When we were planning the inspection, we noted there had been a smaller than expected number of notifications for a home caring for people living with dementia. During the inspection we became aware that staff had not recognised that minor physical conflict between people should be reported internally and externally. This meant that recognition of abuse and reporting systems within the home required improvement.
- Some people's supporting paperwork needed attention. For example, assessments for a person to have their essential medicines administered covertly had not been reviewed annually as required. Additionally, there were no internal controls in place for a person who was managing their own medicines to ensure they were taking them correctly.
- The rating from our previous inspection was displayed in line with our requirements.

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

- There had been a recent meeting for people and their relatives. The meeting had been used to introduce the new manager. People we spoke with spoke positively of the manager. One relative said, "We've no problems with this manager. She is making a difference to everything because she is so lovely."
- People had not had the opportunity to share their experience of living in the home since the last satisfaction survey in 2017. The manager told us this would be repeated shortly.
- Regular meeting schedule had been introduced for staff since the manager had been in post. Staff told us the meetings were used to update them. We saw at the last meeting, training had been discussed and a forthcoming audit had been explained.
- Staff supervision was under review. The manager told us this would be implemented with an emphasis on staff support. Staff we spoke with felt empowered to raise concerns directly with the manager or deputy manager.
- Staff had been given the opportunity to complete a satisfaction survey following the appointment of the

new manager.

- The rating from our previous inspection was displayed as is required.

Continuous learning and improving care

- There was an audit programme in place to monitor the quality of care. We saw the manager had extended the range of audits to incorporate all aspects of care.
- When improvements were required, it was not recorded on the audit form that the required action had been completed. For example, the health and safety audit had highlighted damaged flooring in a staff area. The provider and manager assured us this action had been completed by the maintenance team.

Working in partnership with others

- The service worked collaboratively with other agencies to ensure people received the care they needed.
- Links had been made with local organisations such as supermarkets and schools.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood their responsibility to be open and honest and assured us they would review the incident reporting systems.

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

- People and relatives we spoke with told us they were happy with the care and support they received.
- One person told us, "The new manager is just lovely. She's incredibly kind and understanding." Whilst a relative told us, "We've no problems with this manager. She is making a difference to everything because she is so lovely."