Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Callum House

26 The Drive, Coulsdon, CR5 2BL

Tel: 02086604379

Date of Inspection: 13 May 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard
Safety and suitability of premises	✗ Action needed
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Oregon Care Limited
Registered Manager	Ms Kim Yeoman
Overview of the service	Callum House is a residential care service that offers housing and personal support for up to seven people who have a range of needs including learning disabilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 13 May 2014, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information sent to us by other regulators or the Department of Health.

What people told us and what we found

On the day of our inspection there were six people living at Callum House on a permanent basis. We spoke with four of the people who used the service, two care workers and the registered manager. During the inspection we worked to answer five key questions; is the service safe, effective, caring, responsive and well led?

Below is a summary of what we found. The summary describes what we observed, the records we looked at and what people using the service and staff told us.

Is the service safe?
The staff we spoke with understood the procedures they needed to follow to ensure that people were safe. They were able to describe the different ways that people might experience abuse and the correct steps to take if they were concerned that abuse had taken place.

People we spoke with told us they liked living at Callum House and would go to the staff if they had any problems. One person said "If I get upset I talk to staff." Another person told us "the staff are nice."

The provider and staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

We saw people's medicines were handled appropriately and kept safely.

Systems were in place to make sure managers and staff learn from events such as accidents, incidents and complaints. This reduced the risks to people and helped the service continually improve.

Recruitment practice was safe and thorough. The provider could demonstrate that that the staff employed to work at the service were suitable and had the skills and experience needed to support the people living there.

We saw there were building works at Callum House and we were concerned there may not be compliance with some fire safety regulations. We have referred our findings to the London Fire Authority. We also saw some areas of the building had not been well maintained. We have asked the provider to tell us how they will make improvements in this area.

Is the service effective?
People all had an individual care plan which set out their care needs. It was clear from our observations and from speaking with staff that they had a good understanding of people's care and support needs and that they knew them well.

People had access to a range of health care professionals some of whom visited the home. People told us about staff escorting them to healthcare appointments and we saw hospital passports were in place for everyone. This meant that people were sure that their individual care needs and wishes were known and planned for.

Is the service caring?
We saw staff always treated people with respect and dignity and people were supported to make informed decisions about how they lived their lives.

When speaking with staff it was clear that they genuinely cared for the people they supported.

Staff were aware of people's preferences, interests, aspirations and diverse needs. Our observation of the care provider, discussions with people and records we looked at told us that individual wishes for care and support were taken into account and respected.

Is the service responsive?
We saw people were able to participate in a range of activities both in the home and local community. We observed people going and returning from various activities during our inspection. We saw what one person had made during their arts and craft session. People told us what they liked to do . One person said " I like to go to Tesco's but I don't want to go out today". We were told how staff encouraged people to help clean their rooms, do their own laundry and how they assisted people to prepare and cook their own meals.

We saw people had regular residents meetings which gave them an opportunity to discuss issues about the service.

Is the service well led?
The home had a system to assure the quality of service they provided. The way the service was run had been regularly reviewed. Prompt action had been taken to improve the service or put right any shortfalls they had found.

Information from the analysis of surveys had been used to identify any areas for improvement.

We saw changes and improvements had been made following incidents and accidents at the service to minimise the risk of them happening again.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 19 June 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

We have referred our findings to Fire Safety Assessor. We will check to make sure that action is taken to meet the essential standards.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare. We looked at three care plans for people who use the service and saw they were personalised and provided detailed person centred guidance about how their individual needs and preference should be met. We saw there was information about people's background and how they interacted with others, information on people's likes and dislikes and how staff could support people in their daily activities. We saw that people's individual daily routines were noted giving guidance to staff on how to meet people's personal needs. People told us what they liked to do, one person said "I like to go to Tesco's but I don't want to go out today" and another said "I made a lion at arts and crafts today." We heard about a planned holiday later in the year and how everyone was looking forward to it.

Each person had a set of risk assessments which identified hazards they may face and we saw guidance on how staff should support people to manage these risks and keep them safe. We saw details of people's medication, nutrition and weight and contact details for community based health and social care professionals.

We saw diary notes were recorded for each person detailing peoples, activities, general mood and social interactions.

Each person had a 'health passport' which was a document that the person can take to health care appointments to show how they liked to be looked after. We saw that information had been kept up to date and reviewed regularly as people's needs had changed. We saw people's records contained detailed information about their current healthcare and medical needs. We saw letters from healthcare professionals, information about people's medication and details of people's medical appointments and visits were recorded together with documented outcomes. This showed that people received the support that they required with their health care needs.

All the care plans we looked at had been reviewed on a regular basis to ensure they were current and relevant to the needs of the people they were developed for.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We were not aware of any safeguarding matters or concerns that had been raised about the care home where the health, wellbeing or human rights of the people using the service may not have been properly protected.

Staff we spoke with told us they had received up to date training on how to recognise, prevent and report the abuse and / or neglect of people they supported and we saw staff training records to verify this. It was evident from comments we received from the registered manager and other staff that they were familiar with the needs of the people they supported and understood what the signs of abuse or neglect they might encounter. They also knew how they could escalate any concerns that they might have to prevent abuse and / or neglect from occurring.

The registered manager demonstrated they understood they had a duty of care to take appropriate action and immediately inform all the relevant external authorities if they witnessed or suspected that vulnerable people were being harmed or placed at risk of harm.

People we spoke with told us they liked living at Callum House and would go to the staff if they had any problems. One person said "If I get upset I talk to staff." Another person told us "the staff are nice."

We saw policies for the safeguarding of vulnerable adults and whistleblowing. We noted contact details for the local authority safeguarding team displayed in the office. The provider may wish to note that although information about safeguarding vulnerable adults was available to staff we did not see any information displayed for people who use the service. This meant that people may not have the information they needed to report any issues concerning their safety or the safety of others.

The registered manager told us they had attended training on the Mental Capacity Act

2005 and Deprivation of Liberty Safeguards (DoLS) and we saw staff had been booked to attend their training in June 2014. These safeguards ensure that a care home only deprives someone of their liberty in a safe and correct way. This is only done when it is in the best interests of the person using the service and there is no other way to look after them. The registered manager confirmed no-one using the service at the time of our inspection was subject to a DoLS order.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Medicines were kept safely. During our tour of the premises we saw all medicines prescribed for people who used the service were securely stored away in a locked medicines cabinet.

Appropriate arrangements were in place in relation to the recording of medicine. We looked at a random sample of Medication Administration Record (MAR) sheets and saw they were written clearly and had been appropriately maintained by staff. For example, we found no recording errors on any of the medication records we looked at during our visit.

Staff received appropriate professional development regarding the safe handling of medicines. Staff we talked with told us that only those staff who had attended the medication awareness training were authorised to administer medication on behalf of the people who used the service.

Medicines were handled appropriately. The registered manager explained they undertook regular checks of their medication handling arrangements. However they confirmed they did not formally record their audits. The provider may wish to note that by formally recording audits on medication would give additional assurance that medicines are handled safely. Staff we met confirmed that where any issues had been found the incident would be always be reviewed and improvements made.

Safety and suitability of premises ✖ Action needed

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was not meeting this standard.

The arrangements for compliance with fire safety regulations and maintaining the premises were insufficient. People who use the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The provider had not taken steps to provide care in an environment that was suitably designed and adequately maintained. We looked around the premises and viewed some people's bedrooms with their permission. The accommodation at Callum House consisted of three floors. Six people lived at Callum House at the time our inspection and everyone had their own bedroom. The bedrooms we saw were personalised to reflect people's hobbies and interests and decorated in line with each person's choices.

We saw that major building works were being undertaken on the ground floor and rear garden area. The registered manager explained they were going to add another ground floor bedroom and move the existing kitchen area to incorporate a kitchen diner.

During May 2013 we had been notified that the Fire Authority had carried out an inspection at Callum house and found areas where improvement was required particularly in relation to self-closing fire doors. We saw one fire door on the ground floor that was not in operation. The registered manager explained this had been working but had been damaged during the building work.

We saw there was limited access to the rear of the home because of the building work. The first floor fire exit door and stairs were clear but large amounts of rubble were at the bottom of the stairs. This meant there was no clear escape route for people in the event of an emergency. We saw there was only one access point to the rear garden on the ground floor but this was uneven and narrow. It was not clear if this route would be safe to use in the event of a fire.

We observed that many areas were in need of redecoration or repair. For example, we saw stair carpets were stained and worn, and one person's bedroom had area's of damp on the ceiling. The registered manager explained that once the building works were completed this essential maintenance would be addressed.

This meant that people using the service were not provided with a safe or well -maintained environment that promoted their comfort and wellbeing.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Appropriate checks were undertaken before staff began work. There were effective recruitment and selection processes in place. We looked at two staff files and saw that information had been recorded in a methodical way. Records included pre-employment checks, references and evidence of identification. We saw that enhanced Criminal Records Bureau (CRB) checks (now Disclosure and Barring Service (DBS)) checks had been carried out.

The registered manager told us that all new carers had an induction period over six to twelve weeks and we saw evidence of an induction checklist in staff files.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.
We saw people who use the service had regular resident meetings that they attended. Meeting minutes noted a number of items had been discussed including daily activities, holidays and menu suggestions. We saw people had expressed their views and concerns and these were noted accordingly. The registered manager gave us an example of how the service acted upon one person's concerns and how a positive outcome was achieved.

The manager told us that annual surveys were sent to staff, people who use the service, and their relatives. We were told the last survey had only just been sent out and we were shown how the results from the previous year's survey had been fed into the services annual development plan. The registered manager explained that they were in contact with most people's relatives and would speak with most of them on a regular basis. They told us they had an open door policy where people who used the service, their family and staff could raise concerns or issues with them as soon as they arise.

We saw the provider had developed various systems for monitoring the service and ensuring it met the needs of the people who live there. This included monthly health and safety audits, regular fire drills and fire safety checks. We also saw annual checks for Legionnaires disease, electrical equipment and gas safety.

We were shown how the service recorded, monitored and acted upon incidents, accidents and complaints. There was evidence that learning from incidents took place and appropriate changes were implemented. We saw how the service had acted upon a recent incident at the home and how this had been recorded together with details of staff actions at the time. We were told what the service had done to reduce the risk of any reoccurrence.

The provider took account of complaints and comments to improve the service. The registered manager confirmed that no complaints had been received in the last year. We were shown the services complaints procedure and we saw an easy read; pictorial version

was available for people who use the service.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010** **Safety and suitability of premises**
	How the regulation was not being met: The arrangements for compliance with fire safety regulations and maintaining the premises were insufficient to protect people using the service against the risks associated with unsafe or unsuitable premises. Regulation 15 (1) (c) (ii)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 19 June 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

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