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: 10 April 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Supporting 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

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Cleanliness and infection control	9
Safety and suitability of premises	10
Supporting workers	11
Assessing and monitoring the quality of service provision	12
About CQC Inspections	13
How we define our judgements	14
Glossary of terms we use in this report	16
Contact us	18

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 10 April 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

On the day of our inspection there were seven people living at Callum House on a permanent basis.

We used a number of different methods to help us understand the experiences of people using the service because some of the people who lived at this care home had complex needs, which meant they were not always able to communicate with us. The people who did speak with us all said that they were happy living at the home. We received positive responses from people about the staff who cared for them. One person told us "the staff are good to me, I like living here".

We were able to observe that people's experience of the service was a positive one. During our inspection we saw staff always treated people with respect and dignity and people were supported to make informed decisions about how they lived their lives. We also gathered evidence of people's experiences of the service by speaking to the registered manager and other staff who worked in the home and reviewing various records the provider is required to keep.

We saw that polices and procedures had been put in place to ensure the safety and well being of people using the service and we saw evidence of a quality assurance system regularly monitored by the provider.

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

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.
People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. People who use the service told us about regular resident meetings they attended. We were shown the minutes from a meeting held in February 2013 and told that the meetings were normally held every six weeks. We noted a number of items had been discussed including daily activities, holidays and menu suggestions. We also 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 by involving people to make their own choices and decisions.

People were supported in promoting their independence and community involvement. People told us about the type of activities they took part in and during our inspection we observed some people going to and from various activities. One person told us "I am going to the activity centre this afternoon" and "I do some gardening, I like getting rid of the weeds". We saw people had their own personal activity plans and these included visits to a day centre, visits to the gym, cookery, arts and crafts and shopping. It was evident from comments made by staff that they were familiar with people's personal preferences and daily routines. It was also clear from records we looked at that each person had a weekly schedule of activities which was flexible and could be altered to meet their preferences. We saw how staff encouraged the people they supported to be independent and to learn new skills and people's activity plans allowed time for household activities such as cleaning, laundry and cooking.

Staff told us that menus were planned every month and discussed at the resident meetings. The registered manager told us that the menus were adaptable and each morning people would be asked which of the two choices they would like. We were told alternative menus were offered if people wanted something different. During our inspection we observed people making choices about their lunchtime meal and one person told us they had got the particular sandwich filling they had wanted. Staff told us how they

encouraged people to get involved with the daily meal preparation if they wanted to and one person told us how they had helped to make lasagne.

We saw staff interacted with the people who use the service in a kind and courteous way. For example, the tone of voice staff used was reassuring and supportive. We also saw staff took their time to understand what people were communicating and responded appropriately to any requests made. To maintain and respect people's privacy and dignity we saw staff always knocked on people's bedroom doors before entering.

We looked at three care plans and noted they included information about how individuals could be supported to develop their independent living skills and to make the best use of their local community.

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.

People experienced care, treatment and support that met their needs and protected their rights.

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 peoples 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.

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

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.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. During our tour of the premises we saw that the interior of the building looked very clean and smelt fresh throughout. We found ample supplies of hot running water, soap, toilet tissue and hand drying facilities in all the toilets, shower and bathrooms we saw.

We were shown a cleaning rota for daily cleaning tasks and night time cleaning and the registered manager told us that people who use the service were encouraged to clean their own rooms with staff support. The rooms and areas we saw all looked clean and smelt fresh.

We saw a copy of the homes 'infectious diseases policy' and the registered manager provided us with records showing that most of the staff had received infection control and food and hygiene training during 2012/13. The registered manager explained why some staff had not received training in these areas and we were told this would be rectified in the coming months.

We saw there were separate hand washing facilities in the kitchen and a colour coded system in place for cleaning utensils to avoid cross contamination. We saw staff had access to protective gloves and during our inspection we saw staff wearing these as part of the cleaning process.

The manager told us that a copy of the Department of Health's (DoH) Code of Practice regarding the prevention and control of infection for adult social care was available in hard copy and on the home's computer.

Safety and suitability of premises ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained. During our tour of the premises we saw that the communal areas of the home which included the main lounge and dining room were all decorated and furnished to a good standard. We noticed there were holes in the plaster above the handrail in the main stairwell between the ground and first floor. The registered manager told us that a builder was on the premises that day and had been asked to repair the damage as part of his plan of work.

We noticed that fire emergency procedures were clearly displayed around the home and that fire extinguishers were on each floor. The registered manager told us fire drills were conducted every three months and we saw the last one took place in February 2013. We were also told the fire alarms were tested each week. Fire doors on the first floor were fitted with door guards and there was clear access to the fire escape. On the ground floor we saw the fire door to the laundry room had been held open with a wooden wedge. The registered manager told us that they would have a door guard fitted as soon as possible but in the meantime the door would remain closed. This was done with immediate effect.

People were in comfortable surroundings and had the space to engage in different in-house activities. We saw in the lounge separate chairs had been purchased for two people using the service to give additional support when sitting and rising. We looked at some people's rooms and saw these were decorated in various styles and personalised to individual tastes. We saw the garden to the rear of the home was well maintained with a seating and barbecue area.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. We spoke to two members of staff on duty at the time of our inspection. Staff we met told us they felt well supported by the home's manager. One staff member told us "if I have any problems I go straight to the manager". Staff said they felt they had access to enough training which enabled them to effectively carry out their roles and responsibilities and were comfortable asking for any additional training. One staff member told us "I have asked for extra training and the manager is looking into it now". Another staff member told us how specialist training had helped them to understand the type of challenges people who use this service face.

Staff we spoke with confirmed they received regular one to one supervision and annual appraisals. One staff member told us during their supervisions they felt comfortable making suggestions about any improvements they felt could be made to the service and requesting additional items for people who use the service when required.

We saw evidence of training undertaken by staff and we were shown how the registered manager used a training matrix to identify staff training needs. Staff confirmed that individual training needs were discussed at staff supervision meetings. The registered manager told us that all staff attended an induction program when they first started at the service and we saw evidence of a recent induction checklist completed for a new member of staff dated April 2013.

We found that there were good systems in place for communication between staff and to inform them how to meet the needs of people living at the home. For example, we saw minutes from a recent staff meeting and we were told these were held every six weeks. We saw that discussions centred on the day to day care provided by the service and for the people using the service. Staff told us if they were unable to attend a meeting they were required to read a copy of the minutes and sign to confirm they had done so.

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.

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 the results received so far from staff and people who used the service. We noted the feedback so far was positive.

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 a monthly review undertaken by the provider. We saw the summary of the review undertaken in February 2013. We were told that the results from the review were collated together with the feedback forms from the survey to create an 'Annual Development Plan' for the service. We were shown the current plan and noted there was a clear structure stating what actions and improvements should be made, by who and when.

We were shown how the service recorded, monitored and acted upon incidents, accidents and complaints and we saw a copy of the most recent complaints procedure. We saw evidence of the various health and safety checks and audits that had been carried out by the home and we saw that these had all been reviewed on a regular basis.

We were told how senior staff were responsible for checking any money handled on behalf of the people using the service and we saw the systems in place for auditing each person's finances. The registered manager told us the provider would regularly check the systems in place to give the service extra assurance that the procedures were being followed correctly.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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

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