

Barchester Healthcare Homes Limited

Caldy Manor

Inspection report

Caldy Road
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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This was an unannounced inspection carried out on 22 January 2019. Caldly Manor provides personal care and accommodation for up to 38 older people.

Caldly Manor is a listed building set in its own gardens in Caldly Woods just off the main road through Caldly Village. The home is decorated to a good standard throughout with accommodation provided across four floors. A passenger lift enables access to bedrooms located on the upper floors. All bedrooms are single occupancy with en-suite facilities. Specialised bathing facilities are also available. On the ground floor, there is a communal lounge and dining room with access to a garden and patio area. The lower ground floor of the home is called 'Memory Lane' and is reserved for people who require more support from staff with daily living activities.

There was no registered manager in post, as the manager had left a few weeks before the inspection. The home were actively recruiting for a new manger. 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.' A deputy manager was acting as home manager at the time of the inspection and participated fully in the inspection visit.

At the last inspection in July 2016 the service was rated overall as good, and in each of the key questions: is the service effective, caring, responsive and well-led. The key question safe was rated as requires improvement.

At this inspection, we found improvements had been made following the last inspection. We rated the key question: is the service responsive as outstanding. We rated the key questions: is the service safe, effective, caring and well led as good. The service overall, has remained good.

The management of medicines had been improved since the last inspection and we found medicines were safely managed and robust checks were in place to identify and take actions when shortfalls were identified.

The provider ensured people had access to a wide range of meaningful activities. This included trips out to places that people said they wanted to visit and parties and events. We saw many examples of where the involvement of the local community had enabled people to feel included and part of their community once again. People told us they looked forward to things and felt excited by activities, visits and events at the service. This demonstrated activities were truly meaningful for people.

People and their relatives gave consistent, positive feedback about the service. This included the approach of staff, the food, the events that took place in the home and the accommodation.

People were helped to exercise support and control over their lives. People were supported to consent to

care and make decisions. The principles of the Mental Capacity Act (MCA) 2005 had been followed.

People had access to sufficient quantities of nutritious food and drink. People's special dietary needs were catered for and people's preferences were noted and acted upon. Everyone we spoke with said the food was "excellent". We observed the serving of lunch. The food looked and smelled appetising and was served pleasantly by staff.

Staff were recruited robustly and safely. They received training which ensured they were up to date with the skills required for their roles. New staff received an in-depth induction to the service which included the support of more experienced staff.

Risk assessments and risk management plans were in place. Personal care was delivered in line with assessed needs and accurate monitoring records were maintained.

We looked at how accidents and incidents were managed and found that they were recorded and reported appropriately. We saw that appropriate actions were taken following incidents, such as contacting the GP, emergency services or referral to other professionals. We also saw evidence of learning from incidents being shared with staff through supervision.

Systems were in place for monitoring quality and safety. Where shortfalls or areas for further improvements were identified these were acted upon.

People were still supported by caring staff who showed genuine compassion and respect to those living in the home. We saw lots of positive interactions with staff and people, and we could see people enjoyed the company of staff. The chef spent time in the dining area ensuring people were enjoying the food, and just chatting to people about their day.

The management team had maintained an open and supportive culture in the home. Staff and people using the service told us they felt the managers were approachable and accommodating. Staff told us they were happy going to work and enjoyed their jobs. One staff member told us she had left the home, but returned within a week as she missed the staff and people living in the home so much.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service has improved to good.

Medicines were safely managed and stored securely.

Safe recruitment procedures were in place.

Robust risk assessments were in place for people.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Outstanding ☆

The service has improved to outstanding.

Staff recognised the importance of people's emotional needs and responded quickly as people's conditions changed and as they approached the end of their lives. Relatives and people living in the home were also supported with their emotional needs after people had passed.

There were many opportunities for people to take part in a wide range of individual and organised activities and maintain the interests they had enjoyed before coming to live there.

The service recognised the importance of the views of people living in the home and encouraged people to have a say.

Is the service well-led?

Good ●

The service remains good.

Caldy Manor

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 22 January 2019 and was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of caring for older people and people living with dementia.

Before the inspection we reviewed information available to us about this service. The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed safeguarding alerts; share your experience forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

We used the Short Observational Framework for inspection (SOFI) SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with six people and two relatives. We spoke with the deputy manager, regional director and three care staff. We also spoke with the activities coordinator, the chef and a volunteer at the home.

We reviewed three people's care records, looked at four staff files and reviewed records relating to the management of medicines, complaints, training and how the registered persons monitored the quality of the service.

Is the service safe?

Our findings

At our last inspection in July 2016, we found that the home was not always safe. This was because medicines were not always managed safely. At this inspection we found there had been improvements.

People's medicines were obtained, stored, recorded, administered and disposed of safely. This included medicines that required cool storage and medicines that required additional security. Staff showed a good awareness of people's needs and preferences. Medicine Administration Record sheets (MARs) provided comprehensive details about each person and their medicines preferences and requirements. For example, it was recorded if the person could take their medicines themselves or needed support, and what drink they preferred to have to take their medicines. The care staff signed the MARs to confirm they had given people their medicines. The records we checked were fully and accurately completed.

At the last inspection, we found people's prescribed creams were not stored securely. At this inspection we found the home had put lockable cupboards in peoples rooms and prescribed creams were stored securely in them.

People told us they felt safe living at Caldly Manor. Comments included; "I am as safe here as anywhere, it helps that you have people around who know you," "I feel safe. The staff are very good and the building feels a safe place" and "The whole atmosphere makes me feel safe. It's just the perfect place."

Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and the Care Quality Commission (CQC). Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people. Staff had also received safeguarding training.

People's individual risks were identified and the necessary risk assessment reviews were carried out to keep people safe. For example, we saw risk assessments for moving and handling, falls, and skin care. Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. This included ensuring necessary equipment was available to increase a person's independence and ability to take informed risks.

As part of the risk planning process, those people diagnosed with dementia had pain assessments in advanced dementia and a depression in dementia assessment completed. This tool enabled staff to measure the level of pain or discomfort someone was in by identifying behaviours such as facial expressions. This meant staff were equipped to identify and manage risks to peoples physical and psychological health, even when they were not fully able to communicate with staff.

Most staff confirmed that people's needs were met and felt there were sufficient staffing numbers. The deputy manager explained staffing arrangements were analysed using a staffing dependency tool. This tool meant staffing was changed according to people's needs. Some staff were worried that staffing would be

reduced in the future and felt this would be concerning, as current staffing levels were adequate, but could not afford to be reduced any more. We discussed this with the deputy manager who assured us they would continue to use their dependency tool to ensure people's needs were considered in relation to staffing.

A robust recruitment and selection process was in place and staff had been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and helps employers to make safer recruitment decisions and prevent unsuitable staff being employed.

The building was clean and well maintained and hand washing facilities were available around the premises. Infection control procedures were in operation to help maintain a clean and hygienic environment. We observed staff using personal protective equipment correctly, such as disposable gloves and aprons.

Is the service effective?

Our findings

At our last comprehensive inspection we found that the service was effective and awarded the rating of good. At this inspection we found the service remained effective.

The people we spoke with during our visit told us the staff team looked after them well and were well trained. Their comments included, "The staff are brilliant – they know my likes and dislikes," "You can tell they are well trained because they take great care." The relatives we spoke with said "The staff are the reason I put [the person] in this care home," and "The staff listen really well, they take my views into account and always let me know what's happening [with the person]."

Staff told us they were well supported in their role. They had regular supervisions and an annual appraisal. They also had access to regular training considered mandatory by the provider, such as infection control, fire safety, moving and handling, dementia care, first aid and safeguarding. The provider kept an electronic training record for each staff member along with a staff training matrix. The training matrix highlighted staff that were due a refresher training. New staff also completed a comprehensive induction with some shadowing sessions to ensure they had the skills and competencies appropriate to their role.

We observed the serving of lunch. We saw that the meal was served promptly and pleasantly by staff. The dining room was nicely decorated and set up with plates, cutlery, napkins, condiments, table cloths and flowers on the table. This set a pleasant environment in which people who lived at the home and their visitors could enjoy their meal. We saw that the dining room was well attended. People sat in communal groups with the people they had developed friendships with and the atmosphere was relaxed and social. People were also able to make the choice to sit in the lounge or their room to eat if they wanted to. The chef had created a picture of how the person's lap tray should be laid out in these instances.

The food provided was of good quantity and people were offered a choice of suitable and nutritious food. We saw that there were three choices of mains and dessert on offer at meal times and people told us they could always ask for an alternative if they did not like what was on the menu. People told us they thought the food was "excellent". The chef was well known to people in the home and was often seen in the dining area checking people were happy with the food.

We spoke to the chef about people's nutritional needs. We saw that information about people's special dietary requirements was displayed in the kitchen for all staff to follow and there was a system in place to record and regularly review people's nutritional needs, allergies, risks and preferences.

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

procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People had been assessed for their capacity to consent to specific aspects of their care. When they lacked capacity to consent, best interest decisions were made. We spoke with relatives who told us they were involved in discussions and the records showed how decisions had been reached and who had been involved. Throughout the day of our inspection, we saw people were supported to consent and agree to the care and support they needed. Staff always asked and waited for people's responses. For people who were non-verbal staff told us they recognised different forms of communication, such as facial expressions or gestures. People's communication methods were recorded in their care plans.

The home was pleasantly decorated and well maintained throughout. There was a separate part of the home on the lower ground floor called 'memory lane'. This was decorated to be dementia friendly, with a kitchen, lounge, and garden area. There was also use of pictures for signs to help people orientate themselves, for example picture of a toilet, and a picture of food on the dining area. However, this was not being used at the time of the inspection. There were people in the home diagnosed with dementia, but the part of the home they were living in did not have a dementia friendly environment. We did see evidence of signage upstairs but this was limited. The home's walls were decorated throughout in pastel shades and the home itself was an intricate set of corridors. This meant the environment was potentially confusing for people who lived at the home to find their way about. We discussed this with the deputy manager and regional director who said they would be addressing this.

Is the service caring?

Our findings

At our last comprehensive inspection we found that the service was caring and awarded the rating of good. At this inspection we found the service remained caring.

People continued to be supported with compassion, dignity and respect. Staff could clearly describe how they protected people's privacy and dignity. This included knocking on people's doors, ensuring personal care was provided in private and using towels to cover people when they were receiving personal care. People told us "The people who run the place are very friendly," "It feels like a house not a care home" and "Staff are all lovely and respect me."

Relatives we spoke with said staff at the home were good at keeping them up to date with any changes in the person's well-being or care. One relative told us "[The person] was ill and needed to go to hospital, I live in another country but I still knew what was happening before [the person] even got to the hospital."

Throughout our inspection, we observed people being treated in kind, thoughtful and respectful ways. Staff were helpful and friendly and people looked relaxed and comfortable in their presence. Staff provided reassurance and support to people when needed. For instance, on one occasion, we saw one person was unsettled and wanted to keep moving chairs. The staff showed great patience and care supporting the person to bare weight and then walk with a frame. This person never really settled but staff continued to support them and reassure them by speaking quietly and telling them it was ok.

Staff clearly knew people well and could describe in detail people's personal histories, interests, personality traits and preferences. People had a strong voice and were actively supported to make their views and opinions known.

We found that links with advocacy services were good, with clear information available in the home for all to see. We saw that people had been referred to these services as and when needed.

We read recent compliment cards and feedback received by the home. They included "Thank you all for making my time at Caldly so lovely. You are all so hardworking and caring," "Thank you for looking after [the person], all staff treated [the person] with great respect and compassion which is great to see" and "Not only did you look after [the person], you looked after us as a family. Thank you."

Sometimes people needed to move on to other care settings for example, if their needs increased. The deputy manager explained that when this happened they would try their best to take the person themselves, and staff would often visit the person in the new home for a few weeks after they moved. The deputy manager told us of one occasion when she drove a person to a new home as they were apprehensive and she wanted them to feel less anxious on the journey there.

Is the service responsive?

Our findings

At the last inspection in July 2016 we rated the home good. At this inspection we found there had been improvements in the provision of end of life care and the support people were given at difficult times. The provider had used learning from other homes to improve the support offered. We therefore rated the home outstanding in this area.

The home was part of Six Steps Programme which gives the home its process to follow in terms of advanced care planning, support and making sure that all steps are taken to give a truly meaningful and loving end of life journey. We saw evidence of end of life care plans in files. These were person centred and considered people's wishes and spiritual needs. The deputy manager and a senior carer were six steps champions in end of life care, and three other staff members had been on courses learning how to communicate with families and people living in the home when difficult times arise. One of the people we spoke with really appreciated the support that had been available when a loved one passed. The provider had worked hard to implement best practice in relation to end of life care, and the inclusion of training for staff in communication skills showed how responsive the home was being in supporting people's emotional wellbeing.

We were told the home arranged a celebration of life that relatives, friends and people living in the home are invited to attend. Families are asked if they would like anything particular for their loved one, which could be a tree planted in the garden, or to send up lanterns in the sky in remembrance. The home also held an annual remembrance service every November for people who have passed away that year. At the last celebration, families who had lost loved ones were invited to the home, and lanterns were released into the sky with messages for those lost attached. People we spoke with were really happy at how people's lives were celebrated and how the whole home and loved ones were involved.

Extra support was also provided to people in the home at the time of a loss. One person told us "When [the person] was dying and they told me it wouldn't be long, one of the staff stayed with us all night until 7:00 the next morning. This meant I wasn't alone." Another person told us "I came here with [the person], when [the person] died, everyone gathered around me to give me solace and comfort." When we spoke with these people it was clear they were very appreciative of the support they received in their time of need.

The home employed an activities coordinator. We could see there was a range of activities on offer, including jigsaws, drawing and film events. The home also took part in lots of community events. There was an open invite for emergency services to drop in to the home on their breaks to, "Take a break with us". The home provided hot drinks, cake and biscuits. The people living in the home told us they really enjoyed having chats with the police and ambulance services and enjoyed their visits.

The home had created a close relationship with a local primary school. The school would come in and spend time with people in the home. Events with the school included Easter egg hunts and Christmas parties. People living in the home also attended the school for events, and last year went to watch the children in a school play.

Some of the people living in the home became pen pals with the children. This created long lasting relationships that brought joy to people. One person was fondly discussing their pen pal with us, and told us they had helped them feel young again.

People and staff told us about how the service encouraged people to continue to celebrate special occasions. The home had held a wedding style party to help two people in the home celebrate a wedding anniversary. The home put up photos of the couple on their wedding day as well as photos of their life together. The relatives were invited to the home for the celebration.

There are lots of people in the home who are very fond of the royal family so the home arrange lots of royal family themed events. One event was a hen party for Meghan, where all the ladies got dressed in their finest dresses and tiaras. There was bucks fizz on offer to celebrate and a royal wedding quiz. The gentlemen in the building were invited to enjoy whisky in the lounge for Harry's stag party. We saw pictures of the event and everyone looked like they really enjoyed themselves and people spoke very fondly of the event.

People's care was centred on supporting them in the best way possible in line with their likes, dislikes and wishes. The home had created life history books for people. People and their relatives were encouraged to write in the book and include anything about the person they wanted staff to know. At the rear of the book was a section called 'what makes me happy' and 'what makes me sad'. The staff also contribute to this section as they get to know the person and use it as a source of information to support the person in a way they like. Having involvement in care planning enhanced people's wellbeing as it meant they were more likely to have their care needs met in the way they wanted.

There was a printed newsletter available on a monthly basis. This newsletter highlighted events that were planned for the coming weeks, staff changes and announced the names of people who had come to live in the home. People said they enjoyed receiving the newsletter as it informed them of future events and various celebrations, such as birthdays and wedding anniversaries. People also told us they liked being informed of new people who had come to live in the home, as they said it was important they were able to give them a warm welcome.

The service was meeting the Accessible Information Standard (AIS). AIS was introduced by the government in 2016 to ensure that people with a disability or sensory loss are provided with information in a format that they can understand. People's care files included a communication needs care plan. One person's plan advised that the person required glasses and reminded staff to speak to the person in short concise sentences to aid their understanding.

People told us they were encouraged to give their views and raise concerns or complaints. However, none of the people we spoke with had had cause to raise concerns and were happy with the service they received.

The home had a resident ambassador. This person was someone the people living in the home had chosen to represent their views. This meant people who did not feel comfortable speaking up at resident meetings or raising concerns for themselves were able to do so through the ambassador. We saw pictures of the ambassador throughout the home so people knew exactly who to speak with.

The home had regular residents meetings which relatives were also invited to attend. Relatives told us they felt all staff listened to them and that any issues were dealt with before they became a problem. There was also a 'you said, we did' newsletter each month, with information regarding things people had asked for or suggested as an improvement, and what the home had done. We saw examples which included people asking if they could have some hooks on the bathroom doors and asking if they could see children from the

local school. Both actions had been completed.

The home had installed wi-fi to support people keeping in touch with family and friends. There was a laptop available so people could use skype to call friends and family. One relative told us that their loved one was unable to use skype, but they were able to phone any time of the day and staff would take the phone to the person.

We looked at care files and saw that care plans were holistic and person centred. People's preferences and individual needs were described well and staff had clear guidance on how to support people in accordance with their preferences. It was clear that people who lived at the home or their relatives had been involved in discussing people's care both on admission to the home and at regular intervals thereafter.

Is the service well-led?

Our findings

At our last comprehensive inspection we found that the service was well-led and awarded the rating of good. At this inspection we found the service was still well-led

Since our last inspection, the registered manager had left the home. The deputy manager was acting as the home manager whilst recruitment was ongoing for the permanent position. The deputy manager was regularly supported by the regional director.

We found the culture of the home continued to be open and inclusive. The staff team had a positive attitude, were observed to have good relations with each other and worked well as a team. We saw that people were happy and comfortable in the company of staff and we observed lots of positive interactions between staff and people who lived at the home. We found the deputy manager and staff to be kind, caring and compassionate in all aspects of the care delivered. Visitors to the home received a friendly, warm welcome and were treated with genuine hospitality. There was a small area at the front of the home where visitors could sit with people living in the home and enjoy hot drinks and cake. Everyone we spoke with were positive about the care provided and people said they were happy living at the home. This demonstrated continued good leadership and management.

We found that safeguarding incidents, accident and incidents and complaints were still appropriately investigated and responded to. Referrals were made to the Local Authority involved in people's care when necessary. Organisations registered with the Care Quality Commission also have a legal obligation to notify CQC about certain events. This is called a notification. We checked our records and found that the home had made all notifications as required.

We saw that a range of monthly audits was undertaken to monitor the quality and safety of the service. This included an audit of care planning; medication, accident and incident audit, health and safety and infection control. We saw that where actions had been identified, appropriate action had been taken. We found that these audits were thorough and were effective in identifying and mitigating any risks to people's health, welfare and safety. This meant that the service was managed and delivered in such a way to protect people from harm where possible.

There were policies and procedures in place to help ensure staff were effectively supported to understand and perform well in their roles. These were regularly reviewed and up to date at the time of this inspection. Staff told us they had access to these at all times.

The service demonstrated a good partnership with other agencies with effective communication between all parties.

Systems were in place to gather feedback about the service. For instance, regular resident and relative meetings took place and records showed people were able to have their say and share their views. Regular staff meetings were also held and we saw that areas such as recruitment, staff, refurbishment and infection

control were discussed. Quality assurance surveys were also utilised to gain people's views.

Regular staff and management meetings took place. These meetings discussed any issues or suggestions for improvement that could be made in respect of activities, training, staff and resident issues. We saw that where actions had been identified these had been acted upon.

Staff were very positive about the management team and working in the home. Staff felt there was good morale in the team and that management listened. Comments from staff included "It's a lovely place to work, everyone is committed to giving the best care we can," "There's an open culture within home, I can speak to the managers any time" and "I love working here, there's really good team work."