

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

## Callin Court

Grey Friars, Chester, CH1 2NW

Tel: 01244315252

Date of Inspection: 23 November 2012

Date of Publication: February 2013

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

|  |                     |
|--|---------------------|
| <b>Consent to care and treatment</b>                   | ✓ Met this standard |
| <b>Care and welfare of people who use services</b>     | ✓ Met this standard |
| <b>Safeguarding people who use services from abuse</b> | ✓ Met this standard |
| <b>Management of medicines</b>                         | ✓ Met this standard |
| <b>Supporting workers</b>                              | ✓ Met this standard |
| <b>Complaints</b>                                      | ✓ Met this standard |

## Details about this location

|                         |  |
|-------------------------|--|
| Registered Provider     | Methodist Homes  |
| Registered Manager      | Ms. Linda Shore  |
| Overview of the service | <p>Callin Court is an extra care housing service for people aged 55 and over which is run by Methodist Homes.</p> <p>There are fifty self contained flats where tenants are visited at agreed times to support them with daily living tasks.</p> <p>There are a number of communal areas, including a restaurant, where people can choose to meet and relax.</p> |
| Type of services        | Domiciliary care service<br>Extra Care housing services  |
| Regulated activity      | Personal care  |

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*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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 November 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and talked with stakeholders.

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### What people told us and what we found

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We spoke with seven people who used the service. They told us that staff were kind and caring and that they were given good support to be as independent as possible. People commented "I don't have any concerns", "The staff are lovely" and "The staff are brilliant."

We spoke with three staff members on duty at the time of our visit. They all confirmed they liked working at Callin Court. They said that the training they received was good and that staff meetings were held regularly and they had the opportunity to be involved in these. Other comments included "The staff team are friendly", "We all work well together", "The manager is very good" and "The senior team work well together and help out the support staff."

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes

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### Reasons for our judgement

People were able to express their views and were involved in making decisions about their care and support. We spoke with seven people who used the service. They told us they felt they were listened to and were able to take part in decisions about their care and support. Comments included "I am involved in all decisions" and "I was involved in setting up my care plan."

People who used the service were given appropriate information and support regarding their care and support. We reviewed four care plans. Before a person used the service an assessment of their needs was undertaken. This included all aspects of personal care and any other support that was required. We saw that people's wishes and preferences were respected in relation to the care being provided. The care plan had been completed with their and/or their relatives consent where appropriate. All care plans were signed by the person who received the care and on the document it stated that they were consulted and in full agreement with the plan. We saw within the care files that people who used the service had signed a consent form for a range of issues including consent to photography; outings; access to their files by other professionals; self medication; and staff entering their flat with a pass key. All files we saw had a consent form signed by the person who used the service.

People showed us the information they received about the service. The service users guide contained comprehensive information about the agency and included information on staffing levels; core principles and objectives; terms and conditions; complaints procedure and shortened versions of the key policies of the agency. The document helped people understand what they could expect from the service.

We saw from the care plans that people's wishes were set out in how they liked tasks to be performed. Some people asked for a reminder phone call about fifteen minutes prior to the visit so they had time to prepare for the call. This meant that the person who used the service had time to do what they could before the staff arrived which showed respect and supported their independence.

During this visit we observed staff knocking on the doors of people who used the service prior to entering to help maintain their privacy and dignity. People who used the service confirmed that their wishes were respected.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare. We looked at four care plans for people who used the service. These were personalised and provided guidance on the support people needed and how this would be met. The information showed that the person had been involved in the development of the plan. Each person had a set of risk assessments which identified hazards that people might face and provided guidance on how staff should support people to manage the risk of harm. Risk assessments were provided where necessary for moving and handling; falls; nutrition; and medication. The care plans and risk assessments were reviewed regularly to ensure they were current and relevant to the needs of the person.

Each person had a care and support review, however, the provider might find it useful to note that two out of four of these were not up to date. The company's policy is to complete a review every six months. Two of the records seen were overdue by several months.

The daily record sheet showed the support each person had during each visit. The staff recorded the time they were with the person and also showed the tasks undertaken, medication given and the general well being of the individual.

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

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## **Our judgement**

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The provider was meeting this standard.

People who used 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.

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## **Reasons for our judgement**

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All the people we spoke with told us they felt safe receiving support in Callin Court. Whilst people had not received any specific information about reporting abuse they confirmed they would contact a member of staff if they had any concerns about the service or the support they received. They all confirmed they felt safe in the staffs care.

Staff told us that they had received training in safeguarding vulnerable adults and training records we saw confirmed this. They were able to say how they would describe different types of abuse and how they would explain it to a person who used the service if they needed to.

The manager and staff spoken with confirmed that they were aware of the procedure to be followed if abuse was suspected. This included gathering basic information and reporting the incident to their line manager. The manager would liaise with the local authority safeguarding team and also report to the Care Quality Commission. No safeguarding referrals had been made over the last year. We spoke with the local authority safeguarding team and they confirmed they had no concerns about this service.

Staff had access to a range of policies that included the Cheshire West and Chester safeguarding adults policy and the Independent Safeguarding Adults referral guidance. The agencies own protection of vulnerable adults policy contained information on definitions, key principles and procedure and whistle blowing information. Staff confirmed they were aware of these policies and whistle blowing forms were kept in the staff room so that staff had access to them if necessary.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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Some people who used the service were supported with administration of medication. All people who used the service had a risk assessment either for self administration of medication or for medication needs and when required (PRN) medication.

All staff that administered medication had an annual medication assessment, copies of which were seen on staff files. Also staff had undertaken training in management of medicines every two years and a course on the monitored dosage system. A full medication audit was completed in October 2012 and there were a couple of possible interactions highlighted which the manager said she had discussed with the relevant GP's. Spot checks on the administration of medicines are completed by the manager. The last review was completed in October 2012 and it was found that no action was necessary following this review.

During this visit we observed medication being administered to people who used the service. Medication was kept in each persons own flat in a locked cabinet. The staff member administered the medication in each persons own flat. Medication Administration Record (MAR) sheets were completed after administration and the daily record sheet was signed by the staff to show medication had been administered.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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People said they were happy with the care staff who supported them and most had been with them some time and understood their needs. Other comments included "The staff are very kind and caring" and "The staff are very good." All the people we spoke with made positive comments about the staff who supported them. They felt the staff were supported by the agency and that they knew what they were doing.

We spoke to three members of staff on duty. They told us that they felt well supported and they had the information they needed for their roles.

Four staff files were seen and showed that all staff had received regular supervision. The provider might find it useful to note that we found two staffs annual appraisals were overdue. Annual appraisals give staff the opportunity to review their practice over the last year and discuss future training needs.

All staff had attended an induction programme and a copy of this was seen in staff files.

Staff had access to a wide range of training. All staff had training on moving and handling, health and safety, food safety and hygiene, fire training, safeguarding vulnerable adults, infection control and control of hazardous substances. Other courses that staff had undertaken included medication awareness, care plan training and dementia awareness. Staff commented that the training was a mix of e-learning, refresher groups and external training. They said "The training is very good", "I like the training and I can ask questions" and "The training is good."

Twelve out of twenty-seven staff had undertaken National Vocational Qualification (NVQ) level 2 or 3 in care or an equivalent course. This meant that people who used the agency were supported by a well trained staff team.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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### Reasons for our judgement

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Callin Court had a complaints policy and procedure. The complaints file was seen and no complaints had been received by the agency over the last year. A copy of the complaints policy was included in the service users guide, of which all people who used the service had a copy.

The complaints policy included the process that would be undertaken if a complaint was received and this included timescales for responding to a complaint.

People who used the agency confirmed that they would speak to one of the care staff or the manager if they had any concerns.

## 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.

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**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.

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**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.

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**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

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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

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### Essential standard

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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)

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### Regulated activity

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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