

Ms M Wardroper

Calderbank House

Inspection report

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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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Calderbank House is a family run care home registered to provide accommodation and care for up to six people. The registered care provider also manages the service and therefore works within the home on a daily basis. There were five people living at the home at the time of inspection.

We inspected Calderbank House on the 8 April 2016 and the visit was unannounced. Our last inspection took place in November 2013 and at that time the service was meeting the regulations we looked at.

There was a registered manager in post. 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.

The home had a safeguarding policy in place which made staff aware of their roles and responsibilities. We found staff knew and understood how to protect people from abuse and harm and kept them as safe as possible. People told us they felt safe because the staff were caring and because the registered provider/manager listened to them and acted quickly if they raised concerns.

There were enough staff on day duty to meet people's needs and staff had undertaken training relevant to their roles. However, the rota showed night staff were not employed as the registered provider/manager lived on the premises and provided "on call" assistance to people during the night if required. We were assured this situation would be kept under review and night staff employed if they are required to meet people's changing needs.

Staff told us communication within the home was good and they were kept up to date with any changes in policies and procedures or anything that might affect people's care and treatment.

The home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and acting within the legal framework of the Mental Capacity Act 2005 (MCA).

The activities plan for the home showed that daily activities took place and people were encouraged to participate in activities both within the home and the local community.

People told us they enjoyed the food and we saw a wide range of food and drinks were available. We saw people's weight was monitored to ensure they had sufficient to eat and drink.

We saw the complaints policy had been made available to everyone who used the service. The policy detailed the arrangements for raising complaints, responding to complaints and the expected timescales within which a response would be received.

The care plans in place were person centred and contained individual risk assessments which identified specific risks to people health and general well-being, such as falls, mobility, nutrition and skin integrity.

We saw arrangements were in place that made sure people's health needs were met. For example, people had access to the full range of NHS services. We found medication policies and procedures were in place and staff responsible for administering medicines received appropriate training.

There was a quality assurance monitoring system in place that was designed to continually monitor and identify shortfalls in service provision. Audit results were analysed for themes and trends and there was evidence that learning from incidents took place and appropriate changes were made to procedures or work practices if required.

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 was safe.

People were protected because the recruitment and selection procedures were robust which helped to ensure only people suitable to work in the caring profession were employed.

Staff knew how to recognise and respond to allegations of possible abuse correctly and were aware of the organisation's whistleblowing policy.

People received their medicines as prescribed and medicines were stored, administered and disposed of safely.

Is the service effective?

Good ●

The service was effective

Staff were supported to meet people's needs by means of a planned programme of staff training, supervision and appraisals.

The location was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were referred to relevant healthcare professionals if appropriate and staff followed their advice and guidance.

People's nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

People told us they found the staff caring and helpful and they liked living at the home.

Wherever possible people had been involved in planning and had consented to their own care, treatment and support.

Staff were careful to protect people's privacy and dignity and people told us they were treated with respect.

Is the service responsive?

Good ●

The service was responsive.

Person centred care plans were in place that reflected people's individual needs and were reviewed and updated as people's needs changed.

There was a range of activities for people to participate in, including activities and events in the home, and in the community.

There was a complaints procedure in place and people felt confident that if they made a complaint it would be dealt with appropriately.

Is the service well-led?

Good ●

The service was well led.

The registered provider/manager provided staff with leadership and direction and was proactive in ensuring wherever possible both people who lived at the home and staff were involved in all aspects of service delivery.

There was a quality assurance monitoring system in place that was designed to continually monitor and identify shortfalls in the service and any non-compliance with current regulations.

Calderbank House

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 was planned to check 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.

The inspection took place on 8 April 2016 and was unannounced. The inspection was carried out by one inspector.

We used a number of different methods to help us understand the experiences of people who used the service. We spent time observing care and support being delivered. We looked at people's care records, medicines administration records (MAR) and other records which related to the management of the service such as training records, staff recruitment records and policies and procedures.

We spoke with all five people who were living in the home, three relatives, the registered provider/ manager and two care staff. Following the inspection we also spoke with two healthcare professionals.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home.

We also asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider/manager returned the PIR and we took this into account when we made judgements in this report.

Is the service safe?

Our findings

People told us they felt safe and were supported by the registered provider/manager and staff. Their comments included, "I am very lucky to have found such a nice place to live I could not be happier" and "All the staff kind and helpful and make you feel at home. I have no concerns about my safety or that of others."

People were supported by staff who understood what may constitute abuse and knew how to protect them from avoidable harm. For example, staff told us they had received training and were able to explain their responsibilities with regard to keeping people safe. Staff told us they had confidence in the registered provider/manager and were sure any concerns they may have would be acted upon. They were also aware they could report externally to the local authority and to the Care Quality Commission (CQC).

We saw there was a recruitment and selection policy in place which showed all applicants were required to complete a job application form and attend a formal interview as part of the recruitment process. The registered provider/manager told us during recruitment they obtained two references and carried out Disclosure and Barring Service (DBS) checks for all staff before they commenced work. These checks identified whether staff had any convictions or cautions which may have prevented them from working in the caring profession.

We looked at two staff employment files and found all the appropriate checks had been made prior to employment. The staff we spoke with told us the recruitment process was thorough and done fairly. They said they were not allowed to work until all relevant checks on their suitability to work with vulnerable adults had been made.

The staff rota showed that in addition to the registered provider/manager the home only employed four care staff on day duty and did not employ cleaning or catering staff. The rota also showed night staff were not employed as the registered provider/manager lived on the premises and provided "on call" assistance to people during the night if required. The registered provider/manager confirmed that staffing levels on day duty were appropriate to the needs of people who currently lived at the home and that nobody in the home required night time support.

They told us staff were flexible in their approach to work and would work additional hours if people's needs changed and they required additional support. For example, staff had worked during the night to provide care and support to one person who was at the end of their life to ensure they were comfortable and their needs were met. In addition, the registered provider/manager told us when the home had a vacancy they assessed people's needs before offering them a place to make sure they had the right resources to meet their needs. However, we were assured these arrangements were kept under review and night staff would be employed if required to meet people's needs.

The staff we spoke with told us the staffing levels were sufficient and people received care and support in line with their agreed care plan. The relatives we spoke with told us they were aware the home did not employ wakeful night staff and were happy with the situation. One relative said "My mother has lived at the

home for a number of years and the night staff arrangements have always been the same. I have every confidence in the staff and I know if Mum did require assistance during the night it would be provided." Another relative said, "I don't have a problem with how the home is staffed. The residents and staff are like one big family and I am absolutely certain people are safe and well cared for."

We checked the medication cupboard and saw it was kept in an orderly manner. We were told on admission people were assessed as to their mental capacity and manual dexterity to safely administer their own medicines and wherever possible encouraged to do so within a risk management framework. At the time of the inspection one person administered their own medication.

We saw a medication audit had recently been carried out by an external agency and the registered provider/manager had taken action to address the recommendations made. We looked at medication administration Records (MAR) and reviewed records for the receipt, administration and disposal of medicines and no concerns were raised.

We saw all medicines prescribed 'as necessary' (PRN) medicines were supported by written instructions which described situations, frequency and presentations where PRN medicines could be given. The registered provider/manager told us no one received their medicines by covert means but had a good understanding of the legal framework which applied should this be necessary in the future.

We completed a tour of the premises and inspected all five bedrooms in use as well as communal bathing, toilet and living spaces and found no concerns. All the rooms were clean, bright and airy and we noted no unpleasant odours. We saw fire-fighting equipment was available, emergency lighting was in place and all fire escapes were kept clear of obstructions.

We found all floor coverings were appropriate to the environment in which they were used and properly fitted ensuring no trip hazards existed. We also reviewed fire safety records and maintenance certificates for the premises and found them to be compliant and within date.

The registered provider/manager told us the severe weather experienced in the local area in December 2015 had caused the garden and basement area of the home to flood. However, although they had not had to evacuate the building they had as a precaution relocated the energy supply from the basement to the ground floor so that it would not be disrupted again in the event of such an incident reoccurring in the future.

Is the service effective?

Our findings

People who used the service and their relatives told us that staff were competent and knowledgeable and always provided care and support in line with the agreed care plan. One relative said, "The manager and staff are very good at keeping us informed of changes in [name of person] physical health or general well-being which we appreciate." Another relative said "Calderbank House is like home from home and people are treated like part of the owner's extended family."

The registered provider/manager told us all new staff completed comprehensive induction training on employment (Care Certificate) and always shadowed a more experienced member of staff until they felt confident and competent to carry out their roles effectively and unsupervised. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

We saw individual staff training and personal development needs were identified during their formal one to one supervision meetings. Supervision meetings are important as they support staff to carry out their roles effectively, plan for their future professional and personal development and give them the opportunity to discuss areas of concern.

The staff we spoke with told us the training provided by the service was very good and provided them with the skills, knowledge and understanding they required to carry out their roles effectively. They also told us they were aware of and received training on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty safeguards (DoLS).

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) monitors the operation of the DoLS which apply to care homes. 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. We saw standard authorisations had been submitted to the supervisory body for two people currently living at the home but not yet granted.

We found some people had a 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) order in place. These had been completed by relevant clinicians. There was evidence of involving family members in the decision. The staff we spoke with had an accurate knowledge of which people had DNACPR arrangements in place.

We observed the lunchtime meals and saw people were given time to eat their meals and there was a relaxed, informal and friendly atmosphere. The people we spoke with told us the meals were very good and there was always plenty of choice. We saw if people required assistance or prompting to eat their meals staff sat with them and encouraged them to take an adequate diet. We saw people were weighed at regular intervals and appropriate action taken to support people who had been assessed as being at risk of malnutrition.

The records we looked at showed staff worked closely with community based healthcare professionals and people had access to the full range of NHS services. Following the inspection we spoke with two healthcare professionals who told us they had no concerns about the standard of care and treatment people received at the home and staff always followed their advice and guidance.

Is the service caring?

Our findings

People who lived at the home and their relatives told us staff were kind and caring. One person said, "I knew as soon as I walked through the door that this was the place for me. The staff are brilliant and my room is light and spacious, what more could I ask." Another person said, "I am happy and content living at Calderbank House. Living in a large home with lots of people would just not do for me but living here is like living in a large family home, we all know one another and get along nicely."

The relatives we spoke with told us they were very happy with the care and support people received. They told us they were able to visit people without any restrictions and were always made to feel welcome when they visited. We saw visitors were able to spend time in people's rooms or in the comfortable lounge area of the home.

We looked at all five people's care plans and found they contained information about their past and current lives, their family and friends and their interests and hobbies. We saw specific information about people's dietary needs, their likes and dislikes, their lifestyle and the social and the leisure activities they enjoyed participating in. This showed that people were able to express their views and were involved in making decisions about their care, support and treatment.

We saw people had been able to make choices about the decoration and furnishings in their rooms and all the rooms contained personal treasured items, family photographs and other personal belongings. One person said, "It makes such a difference having your things around you. It feels more like home and helps you to settle"

Staff spoke and interacted with people in a calm and friendly manner. People were treated with respect. Staff knocked on people's bedroom doors before entering. We saw staff took every opportunity to engage with people and paid particular attention to people who remained in their rooms.

Staff called people by their preferred name and chatted with them about their day and what they had done. They were able to tell us about people's needs and how they supported them to meet their needs.

We saw people's privacy, dignity and human rights were respected. For example, we saw staff asked people's permission and provided clear explanations before and when assisting people with medicines and personal care. This showed people were treated with respect and were provided with the opportunity to refuse or consent to their care and or treatment.

We saw information relating to people's care and treatment was treated confidentially and personal records were stored securely.

Is the service responsive?

Our findings

We saw pre-admission assessments were carried out before people started using the service to determine their needs and to ensure that the service could provide the care, treatment and support they required.

The care records we looked at were person centred and provided clear detailed information about people's needs, life histories and preferences. Where needs had been identified, care plans were in place with specific detailed information about how best to support the person including how to meet people's communication, personal care, mobility and dietary needs. The people we spoke with and/or their relatives told us they were involved in the care planning process and were kept informed of any proposed changes to their care plan.

The people we spoke with told us that staff knew them and their needs well and that the care they received was personal to them. One person said, "I am very happy with the home and the care and facilities provided. The staff are really lovely and will do anything for you." Another person said "I would recommend this home to anyone looking for a safe and comfortable place to live, I cannot fault anything about the home."

Throughout the inspection we saw staff responded appropriately to people's needs for support. We noted people were involved in their care and staff always explained what they wanted to do and asked for people's consent before carrying out care or giving support.

We saw that staff arranged a variety of in-house activities for people to participate on a daily basis in if they wished to do so including baking and craft work. In addition, we saw that people were encouraged to participate in events in the local community such as coffee mornings and trips out to places of interest were organised. People also told us they enjoyed walks in the garden and sitting in the summer house located at the front of the home.

The staff we spoke with told us they spent time with people who remained in their rooms on a one to one basis. However, at times other people who lived at the home joined them for a sing along so they still felt part of the family group and did not become isolated.

We looked at the results of the last relative's survey and the comments made included "We are delighted that Calderbank House takes time to do crafts with (Name of resident) and take her out." and "An excellent real home environment. No complaints whatsoever; outstanding level of service."

We looked at the complaints policy which was available to people who used the service, visitors and staff. The policy detailed how a complaint would be investigated and responded to and who they could contact if they felt their complaint had not been dealt with appropriately. The registered provider/manager told us they operated an open door policy and people who used the service, visitors and staff were aware they could contact them at any time if they had a problem.

People we spoke with and their relatives told us that they knew how to make a complaint but had never had to use the complaints procedure. One person said, "I've no complaints at all, everyone is friendly. I cannot

see why anyone would ever have the need to complain, if you ask for something you get it." Another person said, "We see the same staff every day and if something is not right you just have to mention it and they sort it out."

Is the service well-led?

Our findings

The people who used the service and their relatives told us they had every confidence in the registered provider/manager and staff team and were very pleased with the standard of care and support they received. One person said; "It would be very difficult to find a home that provided people with such high standards of care." Another person said, "We could not have chosen a better place for my relative to live. I really do not think they would have settled so well in any other home."

The staff we spoke with said the registered provider/manager operated an open door policy and welcomed feedback on any aspect of the service. They told us the registered provider/manager had created a culture that encouraged and enabled both staff and people who lived at the home to raise concerns or ideas for improving the service; knowing that they would be taken seriously and acted on.

Staff understood their roles and responsibilities for people's care. For example, they understood how to raise concerns or communicate any changes in people's needs. This included, reporting accidents, incidents and safeguarding concerns.

One staff member told us, "It's a really nice place to work and I get all the support I need. I don't feel afraid to ask if I need anything and we all work as a team." The registered provider/manager told us they encouraged open communication and supported staff to question practice and bring any problems to their attention.

The provider Information return (PIR) completed by the registered provider/manager showed they continuously sought ways to improve and enhance people's care experience against recognised practice. This included seeking advice from and collaborative working with relevant external healthcare professionals.

The healthcare professionals we spoke with were positive about the registered manager and their approach to managing the service. One healthcare professional told us, "The service is well run and that's credit to the manager. People are cared for and get the support they need. In the time we have been involved with the service I've never had any concerns about the quality of care people receive."

We saw there was a quality assurance monitoring system in place designed to continually assess, monitor and improve the service. We saw documentary evidence to show the provider/ registered manager undertook a range of internal audits. These included care plan audits, accidents and incidents, medication audits, health and safety and staff training/supervision audits.

We saw the registered provider/manager revised and updated the policies and procedures in place to ensure they reflected current good practice guidelines. We also saw the registered provider/manager made sure people who lived at the home, their relatives and staff were all fully involved in all aspects of service delivery.

The registered provider/manager told us that as part of the quality assurance process people who used the

service and relatives were asked to participate in an annual customer satisfaction survey. We looked at the results of the last survey and found people had made very positive comments about the management of the service and the care and facilities provided.