

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

About the service: Calderbank House is a residential care home that was providing personal care to five older people at the time of the inspection.

People's experience of using this service:

People were happy living at Calderbank House. They told us staff were kind, caring and treated them with respect. People told us staff were 'always around' and responded promptly if they needed support. People's health care needs were well managed.

Activities were on offer and people were supported to go out in the community. People's dietary needs were met and they said they enjoyed the food. Medicines were managed safely.

There were enough staff to meet people's needs and keep them safe. There were no staff on night duty as the people currently living in the home did not require care at night. The registered manager, who was also the provider and lived on the premises, was available if people needed assistance overnight. This situation was kept under review and night staff were brought in if people's needs changed and they required support.

Recruitment processes ensured staff were suitable to work in the care service. Staff were well trained and supported by a registered manager who worked alongside them on a daily basis providing direction and guidance.

The home was clean and well maintained. People liked their rooms which were personalised with belongings and furniture they had brought in.

Care plans were personalised and showed the care and support people wanted and needed. Risk assessments were in place and showed the action taken to minimise risk. Safe systems were in place to manage any allegations of abuse.

A complaints procedure was displayed. People and relatives knew how to raise concerns and were confident these would be dealt with appropriately.

People, relatives and staff praised the management of the home and spoke highly of the registered manager who they said was approachable and always available. Audits and checks were carried out and used to drive continuous improvements to the service people received.

More information in Detailed Findings below:

Rating at last inspection: Good (report published 13 June 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. We found the service continues to meet the characteristics of Good in all areas.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

## 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.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# 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 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.

Inspection team: One inspector carried out this inspection.

Service and service type: Calderbank House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did: We reviewed information we had received about the service since the last inspection in June 2016. This included details about incidents the provider must notify us about. We also sought feedback from the local authority and Healthwatch. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with five people living in the home and three relatives to gain their views on the care provided. We spoke with two care staff and the registered manager.

We reviewed a range of records. These included three people's care records and medication records. We also looked at three staff files around staff recruitment, training and supervision. We reviewed records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Safeguarding; systems and processes

- Staff had received safeguarding training and understood how to keep people safe from abuse or harm.
- A system was in place to record and monitor any incidents. Concerns and allegations were acted on to make sure people were protected from harm. Only one incident had occurred; this had been dealt with appropriately, however the registered manager had not made a referral to the local authority safeguarding team. This had not resulted in any harm to the person involved in the incident. The registered manager acknowledged this had been an oversight and would make sure it did not happen again.

Assessing risk, safety monitoring and management

- People's care records included risk assessments for areas such as falls, nutrition, mobility and skin integrity with guidance for staff on how to manage the risks.
- Technology was used to help keep people safe such as the use of sensor mats which alerted staff when a person was mobilising and wrist alarms so people could summon assistance quickly wherever they were.
- Staff understood the risks to people and knew the actions to take to keep people safe.
- The environment and equipment was safe and well maintained. People and staff had been involved in a fire evacuation practice so they knew how to respond in the event of a fire. Emergency plans were also in place to ensure people received the support they needed in an emergency situation.

Staffing levels

- There were enough staff to meet people's needs and keep them safe.
- Staffing levels were calculated according to people's dependencies and were kept under review. The registered manager worked alongside the staff on a daily basis, providing direction and guidance.
- There were no staff on duty at night. The registered manager told us none of the people who currently lived in the home required night time support. The registered manager lived on the premises and provided 'on-call' assistance to people during the night. The registered manager told us they kept this under review and arranged for night staff to be on duty if people's needs changed. For example, they had previously brought in night staff to support a person whose needs had increased and was awaiting a placement elsewhere.
- Staff felt there were enough staff to meet people's needs and confirmed additional staff were brought in if needed.
- People were satisfied with the staffing levels and told us staff responded promptly when they needed assistance. One person said, "I feel safe here as there's always someone around if I need them. If I press this (wrist alarm) they come straightaway."
- Staff were recruited safely with all required checks completed before they started in post.

Using medicines safely

- Medicines were stored, administered and disposed of safely. People's medication records confirmed they received their medicines as required.

- Staff completed training in medicines administration and their competency and knowledge was checked.
- One person managed their own medicines and we saw systems were in place to enable them to do this safely.

#### Preventing and controlling infection

- Infection control was managed well. Staff had received infection control training and followed safe practices; washing hands and using gloves and aprons appropriately
- The home was clean and odour free. People and relatives told us good standards of cleanliness were maintained.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and showed appropriate action had been taken in response.
- All accident and incident reports were reviewed by the registered manager to determine if there were any lessons to be learned and shared with staff to prevent re-occurrences.

# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager assessed people's needs before they moved into the home to ensure the service had the resources and skills to meet individual requirements.
- People's needs were continually reviewed to ensure the care they received met their choices and preferences. Care was managed and delivered within lawful guidance and standards.

Staff skills, knowledge and experience

- People received effective care from staff who received the induction, training and support they required to meet individual needs.
- People told us staff were well trained. One person said, "The girls here all know how to look after me and they do a good job of it."
- New staff completed an induction and worked alongside an experienced staff member when they first started. One recently employed staff member said, "The induction and shadowing was really good. It gave me time to get to know people properly and how they liked things doing."
- Staff told us the training was comprehensive and kept up to date which was confirmed by the training records we reviewed.
- Staff told us they felt well supported. Records showed they received regular supervision and an appraisal.

Supporting people to eat and drink enough with choice in a balanced diet

- People were provided with a choice of food and drinks which met their needs and preferences.
- There was a very person-centred approach to food and drink. All meals were home cooked and made according to what people wanted to eat that day. People were involved in planning and shopping for meals. For example, choosing the type of fish they wanted from the fishmonger.
- People told us they enjoyed the food. One person said, "The food is very good. We have soup to start with at dinner and I love it. It's different every day." Another person said, "I love my breakfast; warm toast and coffee."
- People's weight was monitored for any changes. Care records we reviewed showed people's weight remained stable.

Staff providing consistent, effective, timely care within and across organisations; Supporting people to live healthier lives, access healthcare services and support

- Each person had a health information pack to take with them if they needed to access hospital care. This provided detailed information about the person's needs.
- The registered manager was proactive in supporting people to access health support when required. Care records we reviewed showed input from GP, nurse practitioner, podiatrist, optician and dentist.



Adapting service, design, decoration to meet people's needs

- The environment was designed and adapted to support people providing homely and comfortable accommodation. The home was decorated and furnished to a high standard. Chair lift access was provided to rooms on the first floor.
- People had their own spacious en-suite bedrooms and had brought in their own pieces of furniture and other belongings. One person said, "I've got a lovely room and I like having all my own things around; it makes it homely."

Ensuring consent to care and treatment in line with law and guidance

- People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
- The registered manager had made appropriate DoLS applications to the local authority for two people. Where people lacked capacity to make a particular decision we saw mental capacity assessments and best interest decisions were recorded.
- Staff had received training in MCA and DoLS and had a good understanding of the Act. We heard and saw staff offered people choices and involved them in decision making; asking for consent before delivering any care or support.
- One person said, "They always check with me first before doing anything."

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People were happy in the home and treated with kindness and compassion by the staff.
- One person said, "I like it here. The girls are all kind and helpful." Another person commented, "I'm settled here, it's all very nice. The staff are so kind and help me with the things I can't do."
- Relatives were equally positive about the care provided. One relative said, "We're very happy with everything here. Staff are very good and we know she's safe here and well looked after." Another relative said, "We waited a year for a place to come up here and it was worth waiting for. She's settled in so well."

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to express their views about their care and support and this was listened to and acted upon by the registered manager and staff.
- People told us they were involved in making decisions about their care and this was reflected in the care records we reviewed.

Respecting and promoting people's privacy, dignity and independence

- We saw staff treated people with respect and maintained their privacy and dignity.
- People were supported by staff to maintain their independence. Care plans focussed on what people could do for themselves and how staff could support them to achieve this. One staff member said, "We have time to let people do things for themselves rather than doing it for them. I think that's good."
- People were given choice and control in their daily lives. Staff offered people opportunities to spend time as they chose and where they wanted. One person said, "I can get up and go to bed when I want. I like to have my breakfast in my bedroom and lunch in the dining room and this happens." Another person said, "I can do as I like really. I like to have lunch with the others but then prefer to come up to my room."
- People were supported to maintain relationships with friends and relatives. Relatives told us they could visit at any time and were always made to feel welcome.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs  
People's needs were met through good organisation and delivery.

How people's needs are met

Personalised care

- People's care plans clearly identified what was important to them, including their likes, dislikes and preferences. Staff were aware of this information and delivered care in accordance with the plans.
- Some care plans needed reviewing and updating. However, this had already been identified by the registered manager who had started to put new care documentation in place. This had been completed for one person and provided detailed information.
- Good communication systems ensured staff were informed of any changes in people's care needs and the support they required.
- Information was shared with people and where relevant available to people in formats which met their communication needs in line with the Accessible Information Standard. For example, one person had documents provided in large print due to a visual impairment.
- Activities were arranged to meet individual needs. People had been out shopping, to a local garden centre and for walks. We sat with one person while they were in the summerhouse in the garden. They told us how much they enjoyed sitting outside, whatever the weather, as they liked to watch the birds and enjoyed the fresh air.
- Staff told us they read with people, played games, gave hand and nail treatments and did arts and crafts. One person showed us Christmas cards they had made and were sending these out to friends and family.
- One person liked to receive communion and records showed regular visits from a local church.

Improving care quality in response to complaints or concerns

- People and relatives said they had no complaints but were confident if they raised any issues these would be dealt with appropriately by the registered manager. One person said, "If I was unhappy about anything I'd tell (registered manager); she'd sort it out."
- The complaint procedure was displayed in the home and a copy was in the service users guide which people were given when they moved into the home.

End of life care and support

- People were supported to make decisions about their preferences for end of life care. One person's care records showed discussions had taken place with the person and their relative and their wishes were clearly recorded.
- The registered manager understood people's needs, was aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Leadership and management

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong; Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The home was well run. The provider was also the registered manager and they were passionate and committed to providing high quality, person-centred care. They told us, "What matters most is providing the best we can for people. It's all about what they want and we'll do everything we can to provide it."
- Our discussions with staff showed they shared the same ethos. One staff member said, "I love it here as it's all about the ladies and what they want. That's what we're here to do and we do it."
- Staff told us they loved their jobs. Staff said, "It's a good team, we all get on" and "[Registered manager's] very good. You can go to her with anything."
- The registered manager led by example working alongside the staff guiding and supporting them and ensuring standards were maintained.
- People and relatives all knew the registered manager and spoke highly of her. Relatives told us they looked at a lot of care homes before choosing Calderbank House. One relative said, "None compared to this. We looked after [family member] at home and were anxious about them coming in but [family member] has settled so well and never once asked to come home." Another relative said, "None of the other homes were as nice or as personal as this one. [Registered manager's] always around and we're reassured as we know [family member] is always safe."
- Effective quality assurance systems were in place to monitor and review performance and ensure risks were managed.

Engaging and involving people using the service, the public and staff; Working in partnership with others

- Staff involved people and their relatives in day to day discussions about their care in a meaningful way.
- People, relatives and visiting professionals had completed a survey of their views and the feedback was used to continuously improve the service.
- The registered manager had made good links with the local community and key organisations to benefit people living in the home and to aid service development.

### Continuous learning and improving care

- The registered manager understood their legal requirements. They were open to change and keen to listen to other professionals and seek advice when necessary.

- The registered manager demonstrated an open and positive approach to learning and development.
- Information from the quality assurance system, care plan reviews and incidents was used to inform changes and improvements to the quality of care people received.