

Calton House Ltd

Calton House Limited

Inspection report

Calton House
32 Fore Street
Camborne
Cornwall
TR14 8AZ

Tel: 01209611888

Date of inspection visit:
08 March 2016
10 March 2016

Date of publication:
14 April 2016

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

Calton House is a community service that provides care and support to adults who have learning disabilities, mental health needs, people on the autistic spectrum, sensory disabilities and elderly people in their own homes, or group settings managed by a housing association. The service provides help with people's personal care needs primarily in Camborne, Redruth and surrounding areas. The service provides personal care for people in short visits at key times of the day, as well as longer visits and 24 hour care.

At the time of our inspection 48 people were receiving a personal care service. These services were funded either privately, through Cornwall Council or NHS funding.

There was a registered manager in post who was responsible for the day-to-day running of the service. 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 and associated Regulations about how the service is run.

We carried out this announced inspection on 8 and 10 March 2016. The service was last inspected in March 2014 and was found to be meeting the regulations.

People we spoke with told us they were positive about the support they received from the service. They said the service was, "Fantastic, top marks", "Very good," and "Excellent". A health professional told us the service was, "Very accommodating and flexible." A survey was completed to find out the views of people, their relatives, staff, and professionals who worked with the service. This showed a significant majority of respondents were very happy with the service.

People told us they felt safe. Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected.

There were enough suitably qualified staff available to meet people's needs. The service was flexible and responded to people's changing needs. People told us they had a team of regular staff and their visits were at the agreed times. People told us they had never experienced a missed care visit.

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke well of staff and comments included; "the staff are more than OK", "The staff are friendly, respectful and polite", "They are lovely people" and "Polite and well mannered".

Staff were knowledgeable about the people they cared for and knew how to recognise if people's needs changed.

Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff were kind and compassionate and treated people with dignity and respect.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Staff told us there was good communication with the management of the service. Staff said management were, "Approachable", and "Very good."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. Where the provider had identified areas that needed improvement, actions had been promptly taken to improve the quality of the service provided.

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 told us they felt safe using the service.

Staff knew how to recognise and report the signs of abuse.

There were satisfactory numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Is the service effective?

Good ●

The service was effective.

People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

Staff supported people to attend healthcare appointments and worked with other healthcare professionals as required if they had concerns about a person's health.

People's capacity to consent to care and treatment was assessed in line with legislation and guidance.

Is the service caring?

Good ●

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People's privacy was respected. People were encouraged to make choices about how they lived their lives.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support responsive to their changing needs.

Care plans were kept up to date.

People were able to make choices and have control over the care and support they received.

People told us if they had any concerns or complaints they would be happy to speak to staff or the manager of the service. People felt any concerns or complaints would be addressed.

Is the service well-led?

Good ●

The service was well-led.

People and staff said management ran the service well, and were approachable and supportive.

There were systems in place to monitor the quality of the service.

The service had a positive culture. People we spoke with said communication was good.

Calton House Limited

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 of Calton House Limited took place on 8 and 10 March 2016. One inspector undertook the inspection. Before visiting the service we reviewed the Provider Information Return (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service. We also reviewed other information we held about the service such as notifications of incidents. A notification is information about important events which the service is required to send us by law.

During the inspection we went to the provider's office and spoke with the registered manager, two other managers and three staff. We looked at ten records relating to the care of individuals, seven staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

We visited six people in their own homes, met two relatives and a healthcare professional. We also carried out a postal survey. We sent surveys to; 31 people who used the service and received responses from 13 people (42% response); 15 staff of whom 5 responded (33% response); 31 relatives of whom 3 responded (10% response), and surveyed 19 community professionals of whom 4 responded (21% response.)

Is the service safe?

Our findings

People told us they felt safe using the service. They said, "Yes, I like having them around", and "Yes, there are no concerns." A health professional said "Yes, they keep people safe. A lot of time and effort is put in to get the balance right to prevent people getting too dependent and keeping people safe." All but one of the respondents, from different groups, said people were safe from abuse and harm. The one respondent who disagreed did not give a reason, and was anonymous so we could not follow the matter up.

Staff had received training in safeguarding adults and were aware of the service's safeguarding and whistleblowing policies. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us they would have no hesitation in reporting any concerns to management as they wanted people who used the service to be safe and well cared for. Staff told us management would take suitable action if concerns were reported. Staff received safeguarding training.

Some people needed support with their personal finances. The organisation acted as a corporate appointee for several people. This action had been approved by the local authority and suitable records were kept.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. On the first day of the inspection two managers went to assess a new person who will subsequently use the service. Assessments completed included environmental risks, and any risks in relation to the health and support needs of the person. People's individual care records detailed the action staff should take to minimise the chance of harm occurring to people or staff. Staff were informed of any potential risks before they went into someone's home for the first time.

Staff were aware of the reporting process for any accidents or incidents that occurred. Managers ensured accidents and incidents were reviewed. Appropriate action was subsequently taken, and where necessary changes are made to reduce the risk of a re-occurrence of the incident.

There were enough staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. The service recruited staff to match people's needs and new care packages were only accepted if suitable staff were available. At the time of the inspection the service had one vacancy which they were recruiting to.

The service produced a staff roster each week to record details of the times people needed their visits and what staff were allocated to go to each visit. A copy of the rota, relating to the individual, was provided each week in advance to the person concerned. Staff told us they had time allocated to travel between calls, and were paid for their travel time. People told us they had a team of regular staff and their visits were at the agreed times. People said staff had not missed any visits. People also reported that if staff were delayed, they would always be phoned to minimise anxiety. In our survey, people who used the service, their relatives, and staff were all positive about staff time keeping; people being allocated and staying for the correct amount of time to provide care; and staffing knowing the needs and preferences of people they support.

A member of the management team was on call outside of office hours and carried details of the roster, telephone numbers of people using the service and staff with them. This meant they could answer any queries if people phoned to check details of their visits or if duties need to be re-arranged due to staff sickness. People had telephone numbers for the service so they could ring at any time should they have a query. People told us phones were always answered, inside and outside of office hours.

Staff had been recruited using a suitable recruitment process to ensure they had appropriate skills and knowledge to provide care to meet people's needs. Staff recruitment files, on the whole, contained relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks. However, we did note that three staff files only contained one reference. The registered manager stated in future, for new staff, she would ensure two references were obtained, including from the person's most recent employer.

Some people needed help with their medicines and the assistance required was detailed in care records. The service had a medicine policy which gave staff suitable instructions about how to help people with their medicines. Daily records completed by staff detailed exactly what help had been given with people's medicines. Staff had received training in the administration of medicines. Where people lived in shared houses, and medicines for people were stored together, suitable arrangements were in place to keep medicines securely, and records were completed appropriately. The registered manager said medicines audits were regularly completed and acted upon.

Is the service effective?

Our findings

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke well of staff, comments included; "Staff are fantastic", "top marks," and, "I get on well with all the staff." An external professional told us, "The great things about this company is their willingness to be flexible and to respond quite quickly to a change of circumstances."

Staff completed an induction when they started employment. Staff told us this included spending time with managers to discuss policies and procedures. New staff also completed shifts with more experienced staff so they could get to know people's needs, and any routines they needed to follow. Staff received a copy of the organisation's "Staff Handbook" which provided them with relevant information about the organisation, and key policies and procedures. The registered manager was aware of the Care Certificate framework which replaced the Common Induction Standards with effect from 1 April 2015. The registered manager said all new employees would now receive support to obtain the Care Certificate. Some staff files however, did not have a record of induction. The registered manager confirmed the staff concerned had received an induction, and said she would ensure records were improved for new staff in future.

Staff told us they received, "quite a lot of training," and there were good opportunities for on-going training and for obtaining additional qualifications such as obtaining a Diploma in Health and Social Care. Training records showed staff received training in topics including first aid, health and safety, medicines management, infection control and fire prevention. Relevant staff had also completed training to minimise and manage aggression. Staff records showed there were some gaps in the delivery of some training, for some individual staff. The registered manager noted this and said relevant training would be prioritised for these individuals. We were concerned that not all staff had received basic awareness training about mental health diagnoses, autism, and Korsakoff's Syndrome (Alcohol related dementia). However, during induction, some written information was provided for staff to read. The registered manager said she would carry out some further research to find suitable training for staff. Record keeping of training received was satisfactory. However, there was no training matrix (a table showing all training staff members had received) or training plan (outlining what training staff were due to undertake, for example, in the next year). This made it difficult to ascertain what training staff needed (for example, to support the specific people they worked with), what they had received, and when updates were planned.

Staff told us they received supervision and an annual appraisal. Supervision gives staff a formal opportunity to discuss their performance and identify any further training they require. Staff said managers were, "Approachable," if they had a problem, and would always spend time with them should they need any assistance. Our staff survey, of which five of the fifteen staff contacted responded, all said they received regular supervision and an appraisal. However, records of supervision we inspected showed formal supervision meetings were infrequent for some staff. For example records showed one member of staff had not received formal supervision since May 2014. There were no written supervision records for three staff.

Most people who used the service made their own healthcare appointments and their health needs were co-ordinated by themselves or their relatives. However, staff were available to arrange and support people to

access healthcare appointments if needed. Staff also worked with health and social care professionals involved in people's care if their health or support needs changed. People told us about occasions when staff had taken them to hospital appointments or made phone calls to their doctor on their behalf.

Staff supported some people at mealtimes to have food and drinks of their choice. Staff had received training in food safety and were aware of safe food handling practices.

Staff told us they asked people for their consent before delivering care or treatment and they respected people's choice to refuse support. People we spoke with confirmed staff asked for their agreement before they provided any care or support and respected their wishes to sometimes decline certain care.

Our survey showed the majority (plus 90%) of people, their relatives, and professionals involved in their care, said staff provided consistent, timely, thorough care which enabled people to be as independent as possible.

The management understood the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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 people lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. Care records showed the service recorded whether people had the capacity to make decisions about their care.

Is the service caring?

Our findings

People received care, as much as possible, from the same care worker or team of care workers. People and their relatives told us they were happy with all of the staff and got on well with them. People said staff did not appear rushed. People told us; "They are excellent", "they are helpful, polite and well mannered," and "All of them are really, really good, I cannot fault them, they are really good with me." A relative said, "They are amazing. Fantastic." While a healthcare professional told us, "They are very good, very caring." Our postal survey judged the majority of respondents were happy with the care and support they received from the service, staff were caring and kind, and people were treated with respect and dignity.

People we spoke with and those who responded to our survey consistently reported that their care staff always treated them respectfully and asked them how they wanted their care and support to be provided. People said their staff were kind and caring. Staff had a good knowledge and understanding of people. Staff rotas showed they regularly visited the same people, which meant they knew people and their needs well. Staff respected people's wishes and provided care and support in line with those wishes. Staff spoke with passion and enthusiasm about their work. They told us, "The care is brilliant" and, "I really enjoy working here. It is very rewarding".

People knew about their care plans. Some of the people we met said they had been involved in drawing up, and in reviewing, their care plans. The registered manager said people had a formal review, at least once a year, to discuss their care. However due to management changes, and organisational expansion, the registered manager said some work was needed to ensure reviews occurred more frequently for some people. A community professional commented "Meetings are effective and meaningful. Our dialogue is openly communicative and they always include the service user...They are welcoming and friendly and people feel valued with this genuine response to them as individuals."

The care records we inspected were satisfactory. They contained a concise, but satisfactory care plan, risk assessments, and assessments completed by the care commissioners such as the health care trust or local authority.

People said they felt information about them was kept confidentially. People and staff said they did not think information was shared with others, unless there was a suitable reason to do so.

Most people said they felt staff did their best to encourage people to be as independent as possible. One person said they thought staff should sometimes do less for some people to prevent them becoming too dependent. This was because they felt staff did too many things for some people rather than with them. Other people said the balance between encouraging independence, and doing things for people was about right. For example a community professional said "At times they (the staff) have to take a very direct approach to advise people not to follow particular courses of action that would be detrimental to them in the future...I have used them for a very difficult case, and they have undertaken the very complex situation with enthusiasm and with a person centred approach."

Is the service responsive?

Our findings

The registered manager said, as much as possible, people are assessed by the service, before people start using the service. Where possible assessments completed by the local authority or healthcare trust are obtained, and these were evident on most of the files we inspected. Care plans were developed with the person from information gathered during the assessment process. People were asked for their agreement on how they would like their care and support to be provided and this information was included within their care plan.

Care plans were personalised to the individual and recorded details about each person's specific needs. Although care plans were concise, they provided staff with clear guidance and direction about how to provide care and support that met people's needs and wishes. Some care plans provided a brief history or pen picture of the person, although this information was not provided on every file we inspected. Such information would give staff useful information about people's backgrounds and interests to help them understand the individual's current care needs.

The staff we spoke with said care plans accessible to them, and they were involved with the daily update of records for the people they worked with. Staff said they were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

The service was flexible and responded to people's needs. We were present, at the office, when a person rang asking for additional support with an activity. The manager did everything she could to help the person with their request. Throughout the inspection people would drop in to the office, and were able to get emotional and practical support when needed. A relative said in regard to requests for support, "They bend over backwards to help us." Another person told us they were able to 'bank' some of their contracted support hours, and use these for specific ad hoc activities.

People said they would not hesitate in speaking with staff if they had any concerns. Details of how to make a complaint were contained in the organisation's 'Service User Guide' which was provided to people when they started with the service. People knew how to make a formal complaint if they needed to but told us issues would usually be resolved informally. All the people we spoke with said they were confident if complaints were made they would be taken seriously, and satisfactorily resolved. The registered manager said there had been no complaints in the last year.

People told us they were able to tell the service if they did not want a particular care worker. Managers respected these requests and arranged permanent replacements without the person feeling uncomfortable about making the request.

The registered manager said there were good links with GP's, district nurses, the mental health community team, and social workers. Community professionals made positive comments about the operation of the service such as describing the service as "Flexible," "Person Centred," "Accommodating," "Caring," and "Very Good."

Is the service well-led?

Our findings

The people we spoke with were positive about the management of the service. Survey respondents said they knew who to contact at the service if they needed to and people described management as; "Helpful," "Approachable" and, "Very good." A community professional said, "The manager is hands on and offers support and guidance when necessary."

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager had responsibility for the day to day running of the service. A Project Manager had recently been appointed to oversee the strategic direction of the service, due to the Director of the organisation retiring from active involvement in the day to day running of the service. The Project Manager worked full-time in the service's office, working closely with the registered manager on the day to day management of the service. Another manager was also employed to help with the day to day operation of the service, and management of the staff. People, staff and professionals told us there was good communication with the management of the service. Staff said they knew which manager to approach about certain issues, and any concerns were resolved appropriately.

The service had effective systems to manage staff rosters, match staff skills with people's needs and identify what capacity they had to take on new care packages. This meant that the service only took on new work if they knew the right staff were available to meet people's needs.

The provider monitored the quality of the service provided by regularly speaking with people to ensure they were happy with the service they received. People and their families told us the management team were very approachable and they were included in decisions about their care. Management said some spot checks were carried out to ensure care visits were completed to a satisfactory standard.

People were asked for their views on the service through informal discussion with staff and managers, and through an annual survey of people, their relatives and community professionals. Recent and previous survey results showed people were happy with the service. This was corroborated by our survey which also found people were happy with the service. A community professional told us, "The agency's main strength is its diversity of approach...it has an informal atmosphere but within it there is structure and purpose."

The service had other quality assurance measures in place such as audits of care plans, medicines, accidents and incidents.

The manager was registered with the CQC in 2010. The registered persons have ensured CQC registration requirements, including the submission of notifications, such as of deaths or serious accidents, have been complied with.