Inspection Report

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

Calderthwaite

The Banks, Seascale, CA20 1QP

Tel: 01946729292

Date of Inspection: 27 June 2014

Date of Publication: July 2014

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mrs Mary Rose Watters
Registered Manager	Mrs Mary Watters
Overview of the service	Calderthwaite is a large Victorian house on the sea front at Seascale. It is near to local amenities including the railway station. The home can accommodate up to six older people in single rooms with ensuite shower and toilet. There is suitable shared spaces and seating areas outside of the property. The home is run by the provider and her husband who live on the property in a separate self contained flat.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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'.

Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 27 June 2014, 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 staff, reviewed information sent to us by commissioners of services and reviewed information sent to us by other authorities. We talked with commissioners of services and talked with other authorities.

What people told us and what we found

We considered all the evidence we had gathered under the outcomes we inspected. We used the information to answer the five questions we always ask;

- Is the service caring?
- Is the service responsive?
- Is the service safe?
- Is the service effective?
- Is the service well led?

This is a summary of what we found-

Is the service safe?

People in the service told us that they felt "safe and secure" living in the home. They told us that consent was sought and that no one bullied them. We checked that any new member of staff had been suitably vettted before they had access to vulnerable people. Staff were trained in adult protection.

Is the service effective?

We read some simple but effective care plans. We saw that because of the effective care people received their health and wellbeing had improved. There was evidence to show that the provider sought the support of other professionals to make sure people got the best care possible. One person told us:

"I did have a problem but I took the support and advice given to me and I am so much better."

Is the service caring?

The people who lived in the home talked about being cared for in an open and accepting way. They told us that the provider really did care about all of them. People spoke about the home as their family. Staff also felt that working in the home was like being "in a big family". We observed a lot of humour, sensitivity and compassion in this house.

People spoke about the way food was prepared and how people were encouraged to share meals. One person said:

"Just like in a family being given good food shows how much you are cared for."

Is the service responsive?

We met very assertive people in this service who were obviously used to asking for what they wanted and what they needed. People told us about their preference for going out to shop and to the hairdresser. People also spoke about attending church or collecting their own pension money. We saw evidence to show that these needs were responded to and people were taken out to allow them retain as much independence as possible and to remain part of the community.

Is the service well-led?

The provider was also the manager of this service. She and her husband lived in the property and spent their waking hours with the six people who lived in the home. The provider and her husband delivered care, prepared food and dealt with the needs of everyone in the home. The staff told us that they were well supported by the provider. People in the home talked about the provider in a very positive way.
The provider had a suitable quality assurance system in place and used an independent consultant to check on the operation of the home so that the delivery of care could be assessed by an objective person.

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

More information about the provider

Please see our website 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

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.
Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We measured this outcome by talking to people who lived in the home. We also spoke to the provider and her staff team. We observed people being cared for and supported and we read all six individual files.

People told us that the staff in the home always asked them their opinion and gave them plenty of options and choices. They told us that consent was always gained before any intervention. For example one person told us:

"I am asked on a daily basis about what I want to do and if I want to go out. Nothing is done without me consenting. I get asked about all the small things but I've also had a chat with the provider about my end of life wishes."

We read all six care files and we saw that care plans had been written, where possible, with the person involved. One of the plans had hand written amendments done by the person whose plan it was. We noted that some people needed help with consenting to care and treatment.

We looked in one particular file and we saw that the provider had made sure that this person's relative had the right to assist with making informed consent. We saw that the provider had checked that this relative had lasting power of attorney. This meant that they could make decisions on behalf of the person in relation to their care and welfare. We saw that this was actually done with the relative, the provider and the person themselves. We saw plenty of written evidence to show that people were consulted even when they had some impairment due to dementia.

We observed the staff team consulting and negotiating with people. Any intervention was done with politeness and sensitivity. People were encouraged and supported

appropriately. For example we saw one person being reassured and persuaded to have a visit from the doctor. This person was able to say that they would accept treatment but was very clear that they only visited hospital it was absolutely necessary. This was written into the person's care plan.

We judged that all these examples showed that people were only given care and support when they consented. It also showed that where people had problems consenting the staff team worked with them appropriately.

We asked the provider if anyone was under any restrictions of the law. She said that no one was in the home under any of these kind of restrictions. We discussed legal restrictions and we judged that the provider understood her responsibilities under the Mental Health Act and the Mental Capacity Act.

We looked at the dependency levels of people in the home and we looked at access to and from the building. Some people in the home were living with some form of dementia. We noted that through careful care planning and attention to providing support and outings these people were not deprived of their liberty. The provider had looked at the legal aspect of deprivation of liberty and had made a judgement along with other people involved in the care that no one in the home was deprived of their liberty.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We spoke to all six people who lived in Calderthwaite, we observed them being given support, we sat down with some of them at lunchtime and we asked for their views and opinions. We also read individual care plans and we spoke to health care professionals who were visiting the home.

People told us that they were happy in the home. Here are some of the things people told us:

"It's okay here… Sometimes I can feel bored but I do my crossword and read my newspaper. I go out with the provider and with my family. The staff are fine and it is comfortable here."

"It's lovely here… I'm well looked after."

"I let myself get a bit down but was helped to deal with it. I saw the doctor and had been encouraged to go out more."

"What would there be to complain about?[The provider and her husband] are here all the time to look after us."

We read each individual written plan of care. These were in a narrative form and give lots of details about each person's needs, preferences and support. Each plan was written in a very individual way that reflected that person's needs and aspirations. We saw, for example, that plans gave detailed guidance about personal care needs, food preferences and general lifestyle choices. The plans also guided staff about how to support people who were suffering from ill health or mental frailty.

The written plans of care and the daily notes gave us evidence that the staff team consulted healthcare professionals on a regular basis. We met two of these visiting professionals on the day of the inspection and they were happy with the way care was delivered in the home. We saw evidence on file to show that people were supported to get the right kind of medical support. In some instances people were also helped to access the

support of specialists like psychologists, speech and language therapists or occupational therapists.

We observed staff interacting well with people. Staff told us that they did read care plans on a regular basis and discussed people's care each day. We had evidence to show that staff knew each person very well and we observed caring and sensitive interactions.

We asked people about activities and outings and everyone we spoke to said that they had their own hobbies and interests which they preferred to follow on their own. People told us that they didn't sit in the lounge area but visited each other in their own large rooms. No one in the home wanted set activities. We saw that instead of activities in the home the provider took people out into the community.

We saw a lot of evidence to show that people were very involved with the local community in Seascale. People went out individually or in groups to any local activity and each person had things that they attended on a weekly basis. We spoke to one person who said that they went out to the local hairdresser, to a coffee morning and church every week and that this along with TV and newspapers was enough for them. Another person said that they went to collect money and have lunch out once a week. We had evidence to show that people went shopping and that they were part of everything that went on in the village and in the home.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We asked people who lived in the home about how safe and secure they felt. People told us that they felt well protected and safe living in Calderthwaite. We asked them about the provider and the staff and this is what people told us:

"We have good staff here and no bullying."

"I am a bit of a worrier but I realise that there is nothing for me to worry about in the home."

We looked at the written notes of care and we did not detect anything concerning.

We observed staff working in a respectful and caring manner. We asked staff about safeguarding vulnerable people and they had a good working knowledge of how to do this. Staff told us that they had received on going training about protecting vulnerable people. We saw records that confirmed this and we saw that the provider was trained to teach people about safeguarding.

When we visited the home we saw that staff could easily access information about local safeguarding protocols. Staff told us that they would contact the local authority or the Care Quality Commission but that they felt they would never have to do this as the provider was fully aware of her responsibilities under safeguarding.

We looked at some recent recruitment and we saw that all new members of staff were fully checked before they had access to vulnerable people.

We judged that people in this home were protected from harm and abuse because the provider only took on staff who were suitable to work with vulnerable adults. We had received no recent safeguarding alerts but had evidence to show that if there had been any concerns these were dealt with appropriately by the provider and the local authority.

Supporting workers ✓ Met this standard

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

Our judgement

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.

Reasons for our judgement

We asked the staff who worked in the home about the support they received. They told us they were satisfied with the levels of training they received and that, from time to time, they had formal supervision meetings. Staff told us that they got most benefit from the daily informal discussions they had about people's care. One person told us:

"It is like working in a big family here. I feel I can speak up and I get lots of support. Every day we discuss every person in the home and that is the benefit of working in a small home."

We saw some written evidence to show that staff were given some formal supervision and appraisal. We also saw evidence of on going training, mentoring and reflection of practice. Not all of this was written up but staff gave us lots of examples of how the provider developed her small team. They told us that the provider worked with them on practical tasks, would discuss any practice that she was unhappy with and that her very high standards were well known to everyone in the team.

We saw training records for the service and we saw that every year all staff had specific training. This included moving and handling and health and safety training. Every member of the staff team had done some training on administering medication. We also learned about the provider and some of the staff attending end of life training and other more specialised training sessions. Recently the provider and staff had completed training about enabling people and training which helped them to listen and respond to distress. Several members of staff had completed training with a university about caring for people living with dementia.

We met a small but dedicated staff team who were eager to learn and develop. There had been some recent changes to the team but the home had a core of well trained staff who told us they enjoyed working in a friendly environment. There had been no matters of a disciplinary nature in the home. The staff team showed their commitment and responsiveness throughout the visit.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The maximum number of people who can live at Calderthwaite was six. The provider and her husband lived on the top floor of the property and were available all day, every day. Their presence ensured that high levels of care and support were maintained. Most of the quality monitoring was therefore quite informal. We did however see concrete evidence of quality assurance in the service.

The people who lived in the home told us that the provider had very high standards and that she checked on the
quality of "everything, all the time". Staff told us that the provider "would soon tell us if we were doing something wrong."

We looked at the documentation around care. We saw that this was up-to-date and regularly reviewed. We saw, for example, that the provider and one of her team members had started to look at documentation around resuscitation. This was because they felt they needed to formalise some of the requests people made. We saw that any symptoms of ill-health were quickly followed through and healthcare practitioners were called out.

We also had evidence to show that people who lived in the home and their families were asked on a regular basis about their opinions. This was done informally as part of everyday living but, from time to time, the provider sent out formal questionnaires. We saw the analysis of some of these. These were positive and some minor suggestions had been taken forward.

We looked at staff files and saw that these were checked to make sure staff were up-to-date with formal supervision and training.

We noted that some problems had been highlighted in the building and that the provider had found the resources to deal with this. We were told about the replacement windows and rendering to the front and side of the property. We spoke to people in the home who discussed other issues about the environment and they were able to say that the provider was dealing with this and that they would have the choice when for example, the hall

carpet was replaced.

The provider had an up to date statement of purpose and some simple but effective policies and procedures. We learned that she used an external consultant who came to the home on a regular basis. This person was used to check that things in the home were running smoothly. This ensured that the provider and her team did not become too isolated. We also noted that the provider attended meetings when ever possible and took the opportunity to join in any training offered by health or the local authority. She also did some training in safeguarding for another provider. This meant that the provider had a good understanding of what was good care provision.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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.

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.

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

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

Essential standard

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)

Regulated activity

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

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