

Calton House Ltd

# Calton House Limited

## 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

We carried out this announced inspection on 2 and 3 October 2018. At the last inspection, in March 2016, the service was rated Good. At this inspection we found the service remained Good.

Calton House Ltd provides personal care to people living in their own homes in the community. Services are provided mainly in west Cornwall to people with a learning disability or a mental health condition. At the time of our inspection the service was providing a supported living service and personal care for 35 people. The number of hours provided for each person ranged from short visits at key times of the day to 24 hour care. These services were funded either privately, through Cornwall Council or NHS funding.

A supported living service is one where people live in their own home and receive care and support to enable people to live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

People we spoke with told us they felt safe using the service and they trusted the staff who supported them. People told us they received a reliable service and had regular staff who visited them. They had agreed the times of their visits and were usually kept informed of any changes. Comments included, "I feel safe because I've known the same staff a long time" and "I've been with the agency for 19 years, I wouldn't be with them that long if I wasn't happy."

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. People said they were treated respectfully and staff asked how they wanted their care and support to be provided. People who needed help taking their medicines were appropriately supported by staff.

Care plans provided staff with direction and guidance about how to meet people's individual needs and wishes. These care plans were regularly reviewed and any changes in people's needs were communicated to staff. People were aware of their care plans and most people had a copy in their homes. Some people had requested that a copy of their care plan was not kept in their home. There were suitable arrangements to inform staff, about how to provide the agreed care for people, where a care plan was not available in the person's home.

Risk assessments clearly identified any risk and gave staff guidance on how to minimise the risk. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person. They were designed to keep people and staff safe while allowing people to develop and maintain their independence.

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.

Staff were aware of the reporting process for any accidents or incidents that occurred and there was a system in place to record incidents. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a re-occurrence of the incident.

The service acted within the legal framework of the Mental Capacity Act 2005(MCA). Management and staff understood how to ensure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

The service had robust recruitment practices, which meant staff were suitable to work with vulnerable people. Training records showed staff had been provided with all the necessary training, which had been refreshed regularly. Staff told us they found the training to be beneficial to their role and said they were encouraged to attend training to develop their skills, and their career.

Staff told us they enjoyed their work and received regular supervision and appraisals. Staff were complimentary about the management team and how they were supported to carry out their work. The management team were also clearly committed to providing a good service for people.

There were effective quality assurance systems in place to help ensure any areas for improvement were identified and action taken to continuously improve the quality of the service provided. People told us they were regularly asked for their views about the quality of the service they received. People had details of how to raise a complaint and told us they would be happy to make a complaint if they needed to.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

# 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.

This announced inspection of Calton House took place on 2 and 3 October 2018. The provider was given short notice because the location provides a domiciliary care service. We needed to be sure that someone would be available. The inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. The expert by experience telephoned a sample of people and their relatives to check people were happy with their care and support.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the service and notifications of incidents we had received. 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 and three other managers. We visited six people in their own homes and met two staff during those visits. We looked at four records relating to the care of individuals, three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Following the visit to the provider's office we spoke with a further six people, two relatives, seven staff and two healthcare professionals.

## Is the service safe?

### Our findings

People, and their relatives, told us they were happy with the care they received and believed it was a safe service. They commented, "Staff make me feel safe when I go out with them", "My sister feels safe because staff just love her" and "I am very happy living here and with the staff who help me."

People were protected from the risk of abuse because staff knew and understood their responsibilities to keep people safe and protect them from harm. Staff had received training to help them identify possible signs of abuse and understand what action to take. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures inside and outside of the organisation. If staff had any concerns they were confident managers would take the appropriate action.

There was an equality and diversity policy in place and staff received training in the Equality Act legislation. Staff told us they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

The service ensured there were enough staff to safely meet people's needs by monitoring the care packages being delivered. Staff were matched to the needs of people using the service and new care packages were only accepted if suitable staff were available. There were appropriate arrangements in place to cover any staff absence. The management team regularly covered visits when staff were unable to work and because people knew the members of the management team this meant people still received a consistent service.

A staff rota was produced each week to record details of the times people required their visits and which staff were allocated to go to each visit. Staff told us their rotas allowed for realistic travel time, which meant they arrived at people's homes as close to the agreed times as possible. If staff were delayed, because of traffic or needing to stay longer at their previous visit, management would always let people know or find a replacement care worker if necessary.

People told us they had a team of regular, reliable staff, they had agreed the times of their visits and were usually kept informed of any changes. No one reported ever having had any missed visits. People told us, "If they are going to be late they always phone me so I know someone is coming" and "The staff are always on time, that reassures me."

There were suitable arrangements in place for people and staff to contact the service outside of when the office was closed. Managers provided people with information packs containing telephone numbers for the service so they could ring at any time should they have a query. People and their relatives told us telephones were always answered, inside and outside of the hours the office was open.

Care files contained assessments carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person such as moving and handling, nutritional needs and the risk of falls. Individual risk assessments detailed the action staff should take to minimise the chance of harm

occurring to people or staff. For example, what equipment was required and how many staff were needed to support a person safely. An overview of any risks in relation to each person's care and support called 'risk assessment at a glance' were given to staff before they visited people for the first time. This meant staff were aware of any risks in people's homes or in relation to their care in advance of the visit.

Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge others. Care records and risk assessments contained information for staff about what might trigger people to become distressed so staff could try to avoid this occurring and what to do when incidents took place. For example, one person's care plan stated, "[Person] is to be supported in ways which reduce his agitation and help him to remain calm and cheerful. Staff to be careful about giving him too much information about when things will happen as he gets agitated if he thinks things are late."

If accidents and incidents took place in people's homes staff recorded details of the incident in people's records. Such events were audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced.

People were safely supported with their medicines if required. The arrangements for the prompting and administration of medicines were robust. Care plans clearly stated what medicines were prescribed and the level of support people would need to take them. All staff had received training in the administration of medicines which was regularly refreshed. The service had a medicines policy which was accessible to staff.

Staff had completed a thorough recruitment process to ensure they had appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

## Is the service effective?

### Our findings

People's needs and choices were assessed before they started to use the service. This helped ensure people's wishes and expectations could be met by Calton House. People told us they felt confident the staff supporting them had the knowledge and skills to deliver the care and support they required. Comments included, "Everyone who comes knows how to do the best for me" and "The support I get is fantastic."

Effective care was provided for people because they were supported by a staff team who received regular training and had a good understanding of people's needs. Staff told us they were provided with relevant training which gave them the skills and knowledge to support people effectively. There was a programme to help ensure staff received appropriate training and refresher training was kept up to date. Most training was carried out by staff completing workbooks in specific subjects such as health and safety, infection control, safeguarding, food hygiene, medicines, mental capacity and equality and diversity. The service allocated staff paid time to complete training and well as facilitating group sessions to discuss the completed workbooks and relate the knowledge to examples of practice at the service. Practical sessions on using handling equipment were also delivered in-house by the service's two manual handling trainers.

There was a system in place to support staff working at Calton House. This included regular support through one-to-one supervision, annual appraisals and observations of their working practices. Staff told us they felt supported by the management. They confirmed they had regular one-to-one meetings and an annual appraisal to discuss their work and training needs.

The induction of new members of staff was effective and incorporated the Care Certificate. The Care Certificate is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. This induction included completing training in areas identified as necessary for the role and becoming familiar with the service's policies and procedures and working practices. New staff also spent a period of time working alongside more experienced staff getting to know people's needs and how they wanted to be supported. Staff were often recruited to work with specific people and any training needed to support the individual was provided for them. The management checked staff competency in any skills or knowledge required to meet individual people's needs before they started to work with them.

Management and staff had developed good working relationships with healthcare professionals to help ensure people had timely access to services to meet their health care needs. Care records confirmed people had been supported by healthcare professionals such as, GPs, occupational therapists, dentists and district nurses. Healthcare professionals told us the service always sought their advice appropriately and staff were knowledgeable about people's needs. This helped to ensure people's health conditions were well managed. People told us staff supported them to access healthcare appointments. Comments included, "Last week they took me for a doctor's appointment" and "They take me to the doctors if I don't feel well."

People were supported to maintain a healthy lifestyle where this was part of their support plan. Staff supported people with their food shopping and assisted them with the preparation and cooking of their meals. People's choices of the foods they wished to purchase were respected. People told us staff prepared



meals of their choosing. Staff had completed the necessary food and hygiene courses so that they were aware of how to prepare and provide food safely.

Care plans recorded the times and duration of people's visits. People and their relatives told us they had agreed to the times of their visits. They also said staff always stayed the full time of their agreed visits. Care records in people's homes showed that staff stayed for the agreed length of the visit.

Management and staff had a clear understanding of 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 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. We checked whether the service was working within the principles of the MCA.

Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity to make their own decisions. Staff told us they asked people for their consent before delivering care or support and they respected people's choice to refuse support. Care records showed that people, or their legal representative, signed to give their consent to the care and support provided. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. When decisions had been made on a person's behalf, the decision had been made in their best interest at a meeting involving key professionals and family where 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. As the service is not a care home any applications to deprive people of their liberty must be made to the Court of Protection by the local authority. The registered manager had liaised with Cornwall Council where restrictions needed to be in place for some people, who did not have capacity, to keep them safe.

## Is the service caring?

### Our findings

Everyone we spoke with told us staff were caring in the way they supported them. Family members told us they were confident their relative received consistent care and support which did not discriminate against them in any way. People and their relatives spoke positively about staff, commenting, "Staff are so nice to me", "The staff are so easy to talk to", "Their care is full of compassion" and "The staff are very friendly."

When we visited people's homes we observed staff providing kind and considerate support, appropriate to each person's care needs. Staff were friendly, patient and discreet when providing care for people.

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 very happy with all of the staff and got on well with them. New staff were usually introduced to people before they started to work with them and because management covered for sickness and absences they knew everyone who used the service. This meant people mostly received care from staff they had previously met.

People told us staff treated them respectfully and asked how they wanted their care and support to be provided. Staff recognised the importance of upholding a person's right to equality, recognised diversity, and protected people's human rights. Care planning documentation helped staff to capture information about individuals diverse needs and preferences. This was to ensure the person received the appropriate help and support they needed, to lead a fulfilling life and meet their individual and cultural needs.

The service provided to each person was person-centred and based upon their specific needs. Care plans contained detailed information so staff could understand people's needs, likes and dislikes. Care and support was provided in line with those needs and wishes. Staff had a good knowledge and in-depth understanding of people's needs. Staff were motivated and clearly passionate about making a difference to people's lives. Staff demonstrated a commitment to their work and worked together as a team. Comments from staff included, "I love my job and really enjoy working for Calton House", "We are a good a team and the other staff are very friendly" and "Calton House have a very good team of support workers who work together for the client's best interest."

Some people using the service had limited verbal communication due to their health needs. These people's care plans contained information for staff about how different gestures and facial expressions might indicate whether the person was happy, distressed or in pain. This helped staff to understand how people might be communicating their needs and wishes and provide support that met their needs.

People told us they knew about their care plans and a manager regularly asked them for their views on the service provided. Everyone we spoke with told us they felt involved in their care and staff supported them to maintain their independence. People told us, "I can decide when carers visit and can cancel them if not needed" and "They encourage me to be as independent as possible."

People's confidential personal information was stored securely in the office. Information about people's

care was anonymised when communicated to staff to protect people's confidentiality.

## Is the service responsive?

### Our findings

Before using the service a manager visited people to complete detailed assessments of their individual care needs. This information was combined with details supplied by care commissioners and people's relatives to form the person's initial care plan.

We found people received care and support that was responsive to their needs because staff were aware of the needs of people who used the service. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. Details of people's daily routines were recorded in relation to each individual visit they received or for a specific activity. This helped staff to identify the information that related to the visit or activity they were carrying out. Care plans were regularly reviewed and any changes in people's needs were communicated to staff.

Staff told us care plans contained the information they needed to provide the care and support people wanted. Any changes in people's needs were updated in their care plans and communicated to staff in a timely manner. Staff were encouraged to update the management team as people's needs changed and they told us that management always acted on any information given.

People were aware of their care plans and most people had a copy in their homes. Some people had requested that a copy of their care plan was not kept in their home. There were suitable arrangements to inform staff, about how to provide the agreed care for people, where a care plan was not available in the person's home. Staff told us if they were visiting someone for the first time, and there was not a care plan in their home, they would go into the office to read people's care plans before the visit. If this was not possible information was sent to them or given to them verbally by a manager.

People, who were able to and wanted to, were involved in planning and reviewing their care. Where people lacked the capacity to make a decision for themselves, staff involved family members in writing and reviewing care plans. Comments from people and their relatives included, "I recently had my care plan reviewed and I was very happy about it" and "I am 110% totally involved in [person's] care plan."

Daily care records, kept in the folders in people's homes, were completed by staff at the end of each visit. These recorded details of the care and support provided, activities completed with people as well as information about any observed changes to the person's care needs. The records also included details of any advice provided by professionals and information about any observed changes to people's care and support needs. When people had requested not to have notes kept in their home staff reported back to the office where records were updated and information communicated to other staff. If people received 24 hour support handovers took place to help ensure all staff were aware of any changes.

Some people had difficulty accessing information due to their health needs. Care plans recorded when

people might need additional support and what form that support might take. People who had capacity had agreed to information in care plans being shared with other professionals if necessary. The registered manager was aware that some people were unable to easily access written information due to their healthcare needs. They had implemented 'easy read' (pictorial) formats of certain documents to provide information in a more meaningful way to people. For example, we saw easy read information packs and client's handbooks. The registered manager explained that different formats of documents had been devised to meet the needs of each person. For example, some people wanted to have more detailed formats because the need to understand and absorb more complex information was integral to their health condition. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with legislation laid down in the Accessible Information Standard.

People said they would not hesitate in speaking with staff if they had any concerns. People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. People told us they could choose the gender of their workers and were able to tell the service if they did not want a particular care worker. Management respected these requests and arranged permanent replacements without the person feeling uncomfortable about making the request. The people we spoke with did not think they would be subject to discrimination, harassment or disadvantage if they made a complaint. Relatives also felt their concerns would be taken seriously.

## Is the service well-led?

### Our findings

A registered manager was in post who had the overall responsibility 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.

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager was supported, in the running of the service, by four managers who each were each responsible for different areas such as finance, rotas, training and care plan reviews.

There was a positive culture within the staff team and staff spoke passionately about their work. The management team were also clearly committed to providing a good service for people. Staff were complimentary about the managers and how they were supported to carry out their work. Comments from staff included, "The management are very helpful, encouraging and supportive in helping me do a good job", "Management are always approachable", "I feel I can approach any manager within Calton House if I was to have a problem. We have regular discussions if there is anything that we need to know on a day-to-day basis."

People and their relatives we spoke with were complimentary about the care and support their relative received. Comments included, "Everybody are so easy to talk to", "Everything is going very well, can't fault them" and "The manager calls quite often to see how things are."

There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with management, regular supervisions and when working with members of the management team. Staff said that management listened to their feedback and acted upon it.

The management team strived to continually improve the quality of service provided. There were robust processes in place to seek people's views of the service and monitor the quality of the service provision. The management team worked alongside staff to monitor their practice as well as undertaking unannounced spot checks of staff working to review the quality of the service provided. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed. Feedback from people through surveys and informal feedback were used to continuously drive improvement. People told us someone from the office rang and visited them regularly to ask about their views of the service. One person told us, "The manager calls quite often to see how things are."

The organisation promoted equality and inclusion within its workforce. Staff were protected from discrimination and harassment and told us they had not experienced any discrimination. There was an Equality and Diversity policy in place. Staff were required to read this as part of the induction process.

Systems were in place to ensure staff were protected from discrimination at work as set out in the Equality Act.

People's care records were kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately.