

Parkview Society Limited (The) Castle Road

Inspection report

15 Castle Road
Torquay
Devon
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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 |  |

Overall summary

Castle Road is a large detached property close to the centre of Torquay. It is registered to provide accommodation and personal care for up to 13 people with mental health needs. People living at Castle Road were independent in many areas, but often needed prompting and support in order to lead fulfilling lives.

This unannounced inspection took place on 23 November 2015 when there were 12 people living at the service. The service was last inspected on 12 February 2014 when it met the relevant requirements.

A registered manager was employed by 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 2008 and associated Regulations about how the service is run. The registered manager managed two other Parkview Society services and was not present during the

Summary of findings

inspection. A deputy manager supported the registered manager and was in day to day control of the service in the absence of the registered manager. The deputy manager was available throughout the inspection.

Throughout the inspection people approached staff in a relaxed manner, smiling and laughing. This indicated they felt safe in the company of staff. Risks to people were assessed and plans put in place to minimise and manage any identified risks. Risks included suicide, self-neglect, aggression and poor health.

People were protected by robust recruitment procedures. All the required checks were made before staff were employed. People were protected from the risks of abuse because staff knew how to recognise and report suspicions of abuse. Staff had received training in this area as well as a variety of other training including, first aid and food hygiene. There were safe systems in place to manage people's medicines. Medicines were stored safely and staff had received training in administering medicines.

People were supported by staff who had received training in the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS). No-one was subject to a deprivation of liberty authorisation.

People's needs were met in a safe and timely way as there were enough staff available. Staff and people living at the home said there were enough staff available to support people if they wanted to go out of the home.

People were supported to maintain a healthy, balanced diet. People took turns to prepare the main meal for everyone. One person told us "Meals are first class – the food is always fresh, never tinned. The standard is very high and the quantities are very generous". People were supported to receive the healthcare they needed. People told us they regularly visited their GP and dentist. One person said "A doctor is easily arranged when I do need one and I saw the dentist recently". A social care professional told us staff always supported their client to attend any appointments.

Staff were kind and caring and ensured people's privacy and dignity was respected. We observed positive relationships between staff and the people we met at the service. There was much fun, laughter and appropriate banter between staff and the people they supported.

People were supported by staff that knew them well. The home operated a key worker system where each person had a nominated member of staff who coordinated their care. Staff told us this helped them build relationships and get to know people well. People told us how staff supported them to be more independent.

Staff displayed empathy for people as well as a good knowledge of their needs and histories. They told us how one person had managed to reduce their medicines with the health of staff and outside professionals. This had resulted in their health improving. They said staff were there "for the right reasons", that was, to support people. They said it was hard to motivate some people but when one succeeded, "it is very rewarding".

Care plans were detailed and gave good information to staff about people's needs. People were supported to be involved in making decisions about their care. Care plans showed that people had been involved in completing their plans and were happy with them. Several people told us their care plans were regularly reviewed and had just been done. One person told us "I have recently seen and signed my care plan. It is reviewed regularly".

People told us they were involved in everyday matters such as cooking and cleaning. One person told us "We take turns cooking and doing other jobs in the house. There is a rota". Two people felt they didn't have much input into the running of the house. One person said: "We used to have regular meetings – that's not happened for a while". However, the deputy manager said this was not correct and that there had been a recent meeting. They told us that not everyone chose to attend the meetings and this may be why they felt they were not involved.

People were supported to maintain contact with people who were important to them. One person told us they were staying with their relatives over the Christmas period.

Opinions differed regarding activities available at the home. One person said "I go out most days and my friend comes round. None of us need activities organised". However, another person told us "I wish I could be a bit more active. I would like to go out a bit more". Staff told us there was always staff available to take people out or

Summary of findings

chat with them if they wanted to. They said it could be difficult to motivate people and that although some people said they wanted to do more, when given the opportunity, they declined.

The deputy manager was open and supportive and people told us they were confident any concerns would be dealt with.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. There were monthly visits from a member of the Parkview Society committee who spoke with people living at the home, and reviewed the service provision.

Records were well maintained and kept securely. CQC had not been notified of some incidents as required by law. Following the inspection we discussed this with the registered manager. They told us they had not reported all incidents reported to the police as they had previously been advised by CQC this was not always necessary. They had agreed that in future they would ensure CQC were notified of all incidents that were reported to the police.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were protected by robust recruitment procedures.

People were protected from the risks of abuse because staff knew how to recognise and report suspicions of abuse

People's needs were met in a safe and timely way as there were enough staff available.

There were safe systems in place to manage people's medicines.

Good



Is the service effective?

The service was effective.

People were supported by well trained staff who displayed a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS).

People were supported to maintain a healthy, balanced diet.

People were supported to receive the healthcare they needed.

Good



Is the service caring?

The service was caring.

People's needs were met by kind and caring staff.

People's privacy and dignity was respected.

People were supported to be involved in making decisions about their care.

People were supported to maintain contact with people who were important to them.

Good



Is the service responsive?

The service was responsive.

People received care and support that was responsive to their needs.

People's care plans were comprehensive and reviewed regularly.

People were confident any concerns would be dealt with by the deputy manager.

Good



Is the service well-led?

The service was well led.

The deputy manager was open and supportive.

There were effective quality assurance systems in place to monitor care and plan on-going improvements.

Records were well maintained and kept securely.

Good



Castle Road

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 was 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 inspection took place on 23 November 2015 and was unannounced.

The inspection team consisted of one inspector for Adult Social Care and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this occasion the expert had experience of using mental health services.

Before the inspection we gathered and reviewed information we held about the registered provider. This included information from previous inspections and notifications (about events and incidents in the home) sent to us by the registered provider.

During the inspection we spoke with 11 people using the service. We also spoke with three support staff and the deputy manager. Following the inspection we spoke with a social care professional and the local Care Trust quality monitoring team to gather their views about the service.

We observed the interaction between staff and people living at the home and reviewed a number of records. The records we looked at included three people's care records, the provider's quality assurance system, accident and incident reports, three staff files, records relating to medicine administration and staffing rotas.

Is the service safe?

Our findings

People living at Castle Road had mental health needs. They were supported by staff to be as independent as possible whilst being provided with a safe environment. People said they felt safe and that staff were effective in handling the relatively few upsets that occurred between people. Throughout the day people approached staff in a relaxed manner, smiling and laughing. This indicated they felt safe in the company of staff.

People were protected from the risks associated with unsuitable staff because the registered provider had a robust recruitment system in operation. Staff were thoroughly checked to ensure they were suitable to work at the home. These checks included seeking references from previous employers and checking with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with vulnerable people.

People were protected by staff who were confident they knew how to recognise signs of possible abuse. Staff felt that if they reported any signs of abuse, the management would take their concerns seriously and investigate thoroughly. Staff also knew who to contact outside their own organisation if they needed to, for example, the police.

People's risks were assessed and plans put in place to minimise and manage any identified risks.

Risks included suicide, self-neglect, aggression and poor health. Where one person had been assessed as being at risk of poor health, we saw they received regular health checks from their GP. Positive risk taking was encouraged to support people's recovery. For example, one person was being supported by a member of staff to prepare the evening meal for the people living at the home. Measures had been put in place to assist the person in cooking meals safely.

On the day of the inspection there were 12 people using the service. The deputy manager and two support staff were on duty. The deputy manager told us that there was always a minimum of two staff on duty. They said that although no specific tool was used to calculate staffing levels, staffing levels were flexible and more staff were on duty when needed. For example, if people needed escorts for appointments or trips out. At night two staff were on 'sleep in' duty. This could be increased to one 'sleep in' and one awake if needed. One staff member told us they felt there were enough staff and that it was possible to take people out if they wanted to go out.

People received their medicines safely and on time. Medicines were stored in a locked cupboard in the main office. People came to the office to be given their medicines. The deputy manager told us this method encouraged people to take responsibility for taking their medicines. They told us they always reminded people when they had not come to the office to ensure their medicines were taken.

Medication Administration Record (MAR) sheets showed that medicines had been signed in, dated and amounts received recorded appropriately. The MAR sheet had been signed after each dose of medicine had been given. There were clear instructions for staff regarding administration of medicines where there were particular prescribing instructions. For example, when medicines needed to be administered at specific times. One person told us "My meds are always given at right time". Another person said "They do my meds for me – they're very good about that".

People were protected because there were arrangements in place to deal with emergencies. There was a critical incident plan for the service that detailed what action staff needed to take in an emergency. Staff were trained in first aid so that such help could be given if needed. Records showed that gas, electrics and fire equipment was regularly maintained and serviced to ensure it remained safe to use.

Is the service effective?

Our findings

People living at Castle Road were independent in many areas, but often needed prompting and support in order to lead fulfilling lives.

People received effective care and support from staff with the skills and knowledge to meet their needs. There was a comprehensive staff training programme in place, a matrix indicated when updates were needed. Training was provided in a face-to-face environment or on-line for refresher courses. Training included medicines administration, first aid, food hygiene, safeguarding people and infection control. Staff we spoke with confirmed they had received the training. Staff had many years experience of working with people with mental health issues. However, not all staff had received specific training in this area. The deputy manager and staff confirmed this training was planned for the beginning of 2016.

Staff records showed that they received regular supervision and appraisals. Staff had individual supervision sessions with the deputy manager. The deputy manager told us they checked on the competency of staff on a daily basis by observing them at work.

Staff had received training in the Mental Capacity Act 2005 (the MCA) and the associated Deprivation of Liberty Safeguards (DoLS). This ensured people were supported by staff who had a good understanding of the legislation.

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

Castle Road had mental health needs and this could affect their ability to make decisions about their care and treatment. However, No-one living at the home had been assessed as lacking the capacity to make such decisions.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The deputy manager told us no applications had been made to deprive people of their liberty.

People were supported to have sufficient amounts to eat and drink in order to maintain a balanced diet. People decided each day what they wanted to eat and took turns in helping prepare meals. The deputy manager told us they had to monitor some people's food intake due to medical conditions. Therefore, there were some restrictions to people helping themselves to food. They told us people just needed to ask if they wanted something to eat outside of meal times. One person told us "Meals are first class – the food is always fresh, never tinned. The standard is very high and the quantities are very generous". Another said "The food is nice".

People were supported to see GPs and other healthcare professionals when needed. Records showed that people regularly visited their GP for health checks. One person told us it was never a problem to access other medical services. They said they needed to have blood tests every three months and staff always took them. Another person said "A doctor is easily arranged when I do need one and I saw the dentist recently". One social care professional told us staff always supported their client to attend any appointments.

Is the service caring?

Our findings

We observed positive relationships between staff and the people we met at the service. There was much fun, laughter and appropriate banter between staff and the people they supported. People told us how kind and caring staff were to them and how they helped them with their lives. One person said “This house is the best in the country, the staff are the best and the support workers are the best. We have a lot of fun. It’s a happy home. I’ve got all I need here”. Another person said “For me, it’s home. Staff and residents all get on together. Staff are kind, helpful and understanding, and treat us well. The food is brilliant. I am happy with the service”. Another person said “Staff are very considerate. We have a lot of fun”.

Some people living at Castle Road were very independent and had jobs in the community. Other people were less able and relied on staff for more support. We spoke with a social care professional who told us whenever they visited they were assured their client was receiving good care. They went on to say they felt staff always had their client’s best interests at heart and helped them visit London regularly as that was where “their heart is”.

People’s privacy and wishes were respected. For example, we were asked to leave the office while one person received their medicines, as the person wanted privacy when taking their medicines. People were able to spend time in their rooms alone or in the communal areas as they wished.

Throughout the inspection we saw and heard people being treated with respect and dignity. For example, staff addressed people by their preferred name and spoke to people in a respectful manner. One person told us staff always respected them and treated them nicely. Staff carried out their duties with a caring and enthusiastic way. Staff spoke about people in a respectful, confidential and friendly manner. One social care professional told us they had observed “all care being given respectfully at all times”.

People were supported by staff that knew them well. The home operated a key worker system where each person had a nominated member of staff who coordinated their care. Staff told us this helped them build relationships and get to know people well. They were able to tell us about people’s support needs. For example, staff were able to tell us how they had helped one person reduce their alcohol intake.

Care plans showed that people had been involved in completing their plans and were happy with them. Several people told us their care plans were regularly reviewed and had just been completed. People told us “I have recently seen and signed my care plan. It is reviewed regularly”, “I’ve seen my care plan and helped write it” and “They read your care plan through to you and you say if you have anything to add or change. We all have them. They are reviewed regularly”.

People told us they were involved in everyday matters such as cooking and cleaning. One person told us “We take turns cooking and doing other jobs in the house. There is a rota”. However, two people felt they didn’t have much input into the running of the house. One person said: “We used to have regular meetings – that’s not happened for a while”. Another said: “We don’t have much of a say in how things are run. Every now and then we have a meeting. Not all residents go. They’re mainly to let us know what’s going on”. However, the deputy manager said this was not correct and that there had been a recent meeting. They told us that not everyone chose to attend the meetings and this may be why they felt they were not involved. A member of staff said there were meetings held at least every two months and that “We are here for them every day – anyone can come and talk to us anytime”.

People’s care plans showed that it was important to many of them to keep in touch with family and friends. People and staff confirmed that people were supported to maintain contact with people that were important to them. One person told us they were going to stay with relatives over the Christmas period. Visitors were welcome at any time.

Is the service responsive?

Our findings

People who lived at Castle Road did not require a lot of help with their personal care needs. The majority of care provided by staff was through support to help people maintain good mental health. There were examples of staff helping people solve difficult issues such as alcohol abuse. One person described how they had been able to cut back considerably on their drinking with the support of staff. They told us “I used to go to the pub every day. They helped me with that and I’ve cut back now”. One social care professional told us the home ‘tailor makes’ individual care for the people living there.

We spoke with one staff member who was a key worker for two people. They displayed empathy for people as well as a good knowledge of their needs and histories. They told us how one person had managed to reduce their medicines with the health of staff and outside professionals. This had resulted in their health improving. They said staff were there “for the right reasons”, that was to support people. They said it was hard to motivate some people but when one succeeded, “it is very rewarding”.

Another member of staff talked knowledgeably about people living at the home and gave examples of the support they provided, such as helping one person use the computer to email their relative. They said “It is good here. It is a pleasure to help people. There are good relationships and it is nice and friendly. People are mostly independent and do what they like. We don’t push them. It’s an easy going place. We are open to listen and have fun”.

People spoke positively about their lives at Castle Road and valued the combination of living in the home and still being independent. Comments included “This is a marvellous place”, “I like it here. I’m very happy. It is good being able to be independent and live our own lives” and “We have liberty and freedom – they trust us. Staff are always willing to help you. They are right behind you when you want to do something”.

Plans to meet people’s personal care needs were well maintained and reviewed regularly. The plans contained comprehensive assessments of people’s social and personal care needs. There were directions for staff on how

to help people maintain good mental health and signs that may indicate the person’s mental health may be deteriorating. Staff told us they would contact health care professionals if this happened.

Staff supported people to find suitable activities in the community. One person said they volunteered at a charity shop one day a week and went out on walks the other days. Another person said they went to a local college once a week to study art and gardening. They also said they regularly visited a community drop-in centre near the home, together with another person living at Castle Road. A newly admitted person said staff had arranged gardening and farm work for them as well as visits to a breakfast club. While we were at the home two people returned in good spirits from a shopping trip.

However, opinions differed regarding activities. Some people said it was not necessary for staff to organise activities. One said “People can come and go and are happy doing their own thing”. Another said “I go out most days and my friend comes round. None of us need activities organised”. Others disagreed. One person told us “There is not always enough to do. We’ve not had any day trips for a while”, and another said “I wish I could be a bit more active. I would like to go out a bit more”. Staff told us there was always staff available to take people out or chat with them if they wanted to. They said it could be difficult to motivate people and that though some people said they wanted to do more, when given the opportunity, they declined.

The home had a leisure room with a pool table and there was also table tennis available. The room also had art and craft facilities which one person was seen using.

The deputy manager took note of, and investigated any concerns raised. Records showed no recent complaints had been raised. The complaints that had been raised in the past had been dealt with appropriately. People told us they knew how to make a complaint if they needed to. Comments included “If I ever needed to complain, I would tell the staff. They would listen”, “I think it is marvellous the way staff put up with us. I have no complaints about staff. Staff are very good” and “Staff do listen and act”. One person who had lived at Castle Road for 19 years, said “I’ve never needed to make a complaint, (deputy manager) is very nice and is one of those people who gets things done. She’s helped me a lot”.

Is the service responsive?

One person told us there has been a recurrent problem with the toilets not being sufficiently clean and that this

had not been dealt with despite their complaints. We discussed this with the deputy manager who said the person had not made a formal complaint about this matter. They assured us this matter was being addressed.

Is the service well-led?

Our findings

There was a registered manager employed by the provider, who managed three different locations. A deputy manager was employed to oversee the day to day running of the home and had worked there many years. Staff and people living at the home spoke highly of the deputy manager and there was obvious affection between everyone. The deputy manager was seen chatting and interacting with people and it was clear that relations were warm, caring and respectful on both sides. One person said “(deputy manager) is very, very good. She’s excellent - she’s very friendly, she’s lovely. She’s very straight and direct, but she’s very fair”.

Staff said they felt well supported by the deputy manager, one member of staff told us “(deputy manager) is a very good manager, good at organizing. She’s very efficient. She is very approachable. She puts your mind at ease if you’re worried about anything”. Asked if they would change anything, they said “No, I think we do quite well”.

There was a positive and welcoming atmosphere at the home. Castle Road is operated by the Parkview Society, whose website states the aim of Castle Road is “To provide high quality, 24-hour residential care for people with mental health issues, supporting individuals to live as independent a life as possible with, where appropriate, rehabilitation into the community by encouraging independence and a sense of personal responsibility within a communal setting”. Staff told us they thought there was an open and positive culture in the home that reflected these aims.

People told us how happy they were living at the service. One said “The house is well-run. The strong point is the support one gets. I feel safe and it is clean and tidy. Staff are kind and respectful. I have not needed to complain but I think I would be listened to”.

There were systems in place to assess, monitor, and improve the quality and safety of care. Care plans and medicines were audited monthly. There were monthly visits from a member of the Parkview Society committee who spoke with people living at the home, and reviewed the service provision. The last visit made in November 2015 indicated that people were happy living at the home.

There was an annual development plan that set out improvements needed to the home. These had included redecoration of the ground floor and some bedrooms during the early part of 2015. The kitchen was due for redecoration early in 2016.

Annual questionnaires were sent to people living at the home and their relatives. One person living at the home had written on their completed questionnaire “Thank you for what you all do”. One relative had written that they were happy with everything. Another relative had indicated they were unhappy with the level of activities available for their relative. The deputy manager told us they had discussed this with the relative and the person living at the home.

Accidents and incidents were analysed to look for any patterns to minimise the risk of reoccurrence. However, CQC had not been notified of all incidents that had been reported to the police. Following the inspection we discussed this with the registered manager. They told us they had not reported all incidents reported to the police as they had previously been advised by CQC this was not always necessary. They had agreed that in future they would ensure CQC were notified of all incidents that were reported to the police.

Care records were accurate and complete and recorded the care provided. All records we asked for were kept securely but easily accessible.