

Newcastle-upon-Tyne City Council

Castle Dene

Inspection report

Freeman Road
South Gosforth
Newcastle Upon Tyne
Tyne and Wear
NE3 1SZ

Tel: 01912788164
Website: www.newcastle.gov.uk

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Castle Dene specialises in the care and support of people with learning disabilities and/or autism, as well as additional health care needs.

Castle Dene offers two different types of service. A respite service accommodates up to eight people on short breaks or emergency placements in a care home within a residential area of South Gosforth in Newcastle. At the time of our visit, five people were staying at the respite service.

This care home was a single-floor adapted building, which also housed the offices from which the other part of the service was managed. This is a shared lives scheme which provides people with long-term placements, short breaks and respite care, within shared lives carers (SLC) own homes.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People's experience of using the service and relatives' feedback was overall positive. We took a balance of what people, relatives, staff and shared lives carers told us about the different parts of the service.

We found that some training needed to be updated and made a recommendation regarding the service's awareness of current best practice guidance. Although the service had not been aware of Registering the Right Support, they applied the principles and values of this guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People using the shared lives service told us they felt safe living with their carers. People told us about their individual achievements, as well as activities they had enjoyed together with shared lives carers. One person said, "They look after me when I am not well. I am part of the family and call them mum and dad." Staff support to people in the respite service was respectful, dignified and person-centred. People appeared calm and relaxed in the presence of staff and feedback from relatives confirmed this. One relative summarised, "It is a nice place to go to, they know [name] well and they get on well. If I have any problems, I speak to the

staff they will sort it out. I would recommend it to anyone."

The empowering and inclusive culture of the service was led by a well-respected registered manager. The respite service setting required some updating, refreshment and refurbishment, which the registered manager had highlighted to the provider. They were looking to develop the service's offer of things to provide sensory stimulation and seeking accreditation from the National Autistic Society.

Regular meetings took place for staff and shared lives carer and the registered manager was continuously looking to develop how they engaged and involved everyone with the service. Monitoring visits and other checks were in place to help ensure a safe, quality service. We considered with managers some improvements to ensure the consistency of reviews.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 23 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Castle Dene

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Castle Dene consists of two types of service. The Castle Dene building, where people came to stay for short breaks or emergency placements, is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. We refer to this part as 'respite' or 'respite service' within the report.

The other part of Castle Dene is a shared lives scheme, they recruit, train and support self-employed shared lives carers (SLC) who offer accommodation and support arrangements for vulnerable adults within their own family homes in the community. We refer to this part as 'shared lives service' or 'share lives settings' within the report.

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people and staff available to speak with us.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We visited the Castle Dene building, which houses the respite service and service offices. We also made phone calls to people, relatives and shared lives carers. We spoke with three people who used the service, six shared lives carers and seven relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, team leader, senior care workers and shared lives staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

As this was an inspection to check whether the service had sustained its good rating, we reviewed a smaller number of records. This included people's care and medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training overviews, checks and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff and shared lives carers were aware of safeguarding responsibilities and had confidence in managers to address any concerns. Safeguarding investigations had been carried out when needed.
- People felt safe living with their shared lives carers. One person said, "I feel safe living with [name]. They look after me well."
- People we observed appeared calm and relaxed in the presence of staff.

Assessing risk, safety monitoring and management

- Regular health and safety checks of the service's environment and shared lives accommodation were completed.
- Risks to people's health and safety were assessed on an individual basis, although we discussed need for further development and review.
- We discussed examples of how people were involved in their risk assessments and how the service promoted positive risk-taking.

Staffing and recruitment

- No new external staff had been employed since the last inspection. Shared lives carers had been recruited using appropriate checks and thorough assessments.
- An additional social care assessment officer had been appointed to provide additional support to people and their shared lives carers.
- Respite staff felt there were generally enough of them to keep people safe but considered that flexibility around people's needs could vary. Feedback from relatives was slightly mixed but generally agreed that the service did "the best they can with the resources available".

Using medicines safely

- People were overall safely supported with their medicines. We checked stock levels of people's medicines and found they matched those on records. Staff competencies had been checked but we discussed further updates on this.
- We highlighted some improvement needs to the management of topical applications, such as creams, to ensure they had not passed their 'use by' date.
- Protocols for people's 'as required' medicines were detailed and described how staff could for example recognise signs of if people did not use words to communicate this. Where needed this was supported by a specific protocol if people received medication through a percutaneous endoscopic gastrostomy (PEG) tube into their stomach.

Preventing and controlling infection

- Personal protective equipment (PPE), such as gloves or aprons, was available throughout the service.
- At the most recent relevant inspection, the respite service had been awarded the highest available food safety rating.

Learning lessons when things go wrong

- Accidents and incidents were analysed to learn lessons and identify actions to prevent reoccurrence.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and was inconsistent.

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

- The service needed to update their knowledge of best practice standards, such as guidance by the National Institute for Health and Care Excellence (NICE) regarding oral health. The service had also not been aware of Registering The Right Support. This is guidance published by the Care Quality Commission (CQC), to which providers must have due regard. However, we found principles of this guidance reflected in people's care and support.

We recommend the service researches, keeps up to date with and implements best practice guidance from reputable source, including regarding oral health care and the support to people with learning disabilities and/or autism.

- Behaviour support plans described de-escalation and reactive approaches. These plans were part of people's wider care and support plans, which recognised the need for a whole approach to proactive working. This included for example effective support to people's communication and promotion of their quality of life, in line with Positive Behaviour Support (PBS) principles.
- Desired outcomes of support were identified at assessments and when people started using the service, then reviewed regularly.
- A matching process helped to ensure people were placed with carers appropriately, based for example on shared backgrounds and interests.

Staff support: induction, training, skills and experience

- Staff and shared lives carers had attended a variety of training to guide them in their role. However, completion of refresher sessions needed to be improved across different topics. The registered manager explained their action plan to address this.
- Staff and shared lives carers felt well supported. They received an induction which included enrolment onto the Care Certificate programme. This is a recognised standard for those working in health and social care.
- Staff received supervision and appraisals. Shared lives carers had an annual review.

Supporting people to eat and drink enough to maintain a balanced diet

- A detailed file explained people's dietary needs and support to eat and drink well. Staff and shared lives carers supported people's specific diets, including vegetarian or halal. One person summarised this by saying, "They make sure I am fed and watered."

- People were involved in food preparation.
- Some learning had been required to support people with specific links between health conditions and diet. The registered manager explained how they had worked with health professionals to address this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked with a variety of professionals to promote and maintain people's health and wellbeing. One person told us, "They do look after me when I am not well."
- People's care plans described some personalised approaches to maintaining oral health. Most staff had attended oral health training in 2017. However, training regarding this needed to be updated to ensure knowledge of current best practice was kept up to date.
- Feedback regarding communication with the service was slightly mixed. Some relatives felt the service kept them well informed, while others stated at times the consistency of this could be improved.
- The service supported different kinds of transitions effectively. Transitions for people who planned to start using the respite service were planned step-by-step. Shared lives staff also supported transitions for foster carers to become shared lives carers and a thorough matching process between people and shared lives carers was further supported through introductory visits.

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

- The respite premises required some updating, refurbishment and redecorating. The registered manager was aware of this and had raised it with the provider.
- Some items were available in the respite service to provide sensory stimulation. We considered with the registered manager the support of sensory differences based on individual preferences. The registered manager was knowledgeable of possible differences in people's sensory perceptions and thinking. They were exploring additional items, such as specific swings, to support people who might experience balance and motion differently.
- The service was seeking to obtain accreditation from the National Autistic Society.

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

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 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met. We found that they were.

- Staff understood the principles of the MCA and sought people's consent before offering care.
- People were supported to make decisions as much as possible. Mental capacity assessments and appropriate applications to deprive people of their liberty had been completed. We discussed some areas for further personalisation

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were supportive and treated people and shared lives carers with kindness and respect.
- People at the respite service appeared calm and relaxed in the presence of staff. People in shared lives services told us how much living with their carers meant to them. One person said, "I am part of the family, I call them mum and dad."
- Shared lives carers told us how much they loved what they did. Their comments included, "I would have a whole house full of [people using the service] if I could" and "I get an absolute buzz out of [name] doing so well. I love it so much and the satisfaction it gives me, too."
- Relatives felt people generally enjoyed staying at Castle Dene respite service or with shared lives carers. Relatives' comments included, "Staff are very good, [name] loves it. It is a good place", "[Name] does like going, it is a nice environment to go to" and "Castle Dene are very supportive, they always get back to us if we have any queries. The shared lives carer my [relative] is with regularly is really good, they get on well."

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

- Staff interactions with people using the respite service were supportive, warm and engaging. Staff ensured they involved people in conversations, through knowledge of people's individual ways to communicate, for example through facial expressions and gestures.
- People, relatives and shared lives carers were involved in the planning of and decision over care.
- When people needed someone to speak up on their behalf, they were supported and represented by an independent advocate.

Respecting and promoting people's privacy, dignity and independence

- We discussed different examples of how the service empowered people, helped them increase their self-worth and promoted their right to make choices. The registered manager was clear about their view and summarised this by saying, "For me, it is a privilege to work with the people we work with."
- People in shared lives settings told us how they were progressing in their life, for example through studying.
- Shared lives carers had received praise and recognition for the difference they had made to people living with them. Shared lives carers also proudly shared with us people's individual achievements towards a better quality of life, for example through greater social inclusion.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff and shared lives carers knew people they supported well. When people did not use words to communicate, staff read facial expressions gestures and body language of people at the respite service and offered support when needed.
- Relatives gave positive feedback about the responsiveness of shared live carers and respite staff to their family members' needs. Relatives told us, "The staff know [name] well, they treat them well", "Staff were fantastic, they listened to [name's] needs and our needs. We let them know everything and their likes dislikes" and "The staff are very accommodating, great when we have a crisis."
- When necessary, people's support and placements were changed to meet their needs more appropriately. Shared lives carers also praised the support from their staff and one summarised, "I can ring them about anything."
- Care and support plans for people using shared lives services provided a basic summary of needs, goals and arrangements. People's respite care plans provided individualised information about their needs, preferences and backgrounds, as well as aspirations.
- Relatives were contacted for updates before and after people's stays at the respite service. At times this, as well as review of care plans, needed to be more consistent. We considered with the registered manager how reviews could better reflect people's progress and all the things staff had learned about people.
- Assessments and care plans provided information regarding people's individual communication needs. Around the service, information was available in different formats, including Makaton. Makaton supports people's understanding and communication through the use of signs and symbols.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Reducing risk of social isolation and reduced contact with key family members and friends was a focus of support for people in shared lives settings. There were positive examples of the service improving people's self-esteem and quality of life.
- People in shared lives told us with pride about studying to develop their independent living skills and careers, including through higher education. People and shared lives carers told us together, with excitement and positivity, about individual activities, as well as trips they had very much enjoyed.

- People usually stayed at the respite service over the weekend or from Monday to Friday. During this time, the registered manager and staff were continuously looking to promote involvement with others and the wider community, on people's own terms. Relatives gave us examples and one said, "[Name] goes out into the community with staff, goes for a meals, likes relaxing and likes to interact with other people."

Improving care quality in response to complaints or concerns

- Plain English information for people and relatives about how to make a complaint was included in an 'All About Castle Dene'.
- The registered manager gave us an example of a complaint investigation. Although there was slightly mixed feedback, overall relatives echoed one who said, "If I have any concerns I can speak to them. They are very nice staff and always help you."
- We discussed some recurring issues with the registered manager and they explained their action plans to make improvements.

End of life care and support

- End of life care was not currently being provided and there were no related care plans in place.
- The registered manager explained local authority policies regarding Do Not Attempt Resuscitation forms.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The service supported people with different diverse needs and promoted their equality and inclusion.
- The person-centred and empowering culture of the service was led by a well-respected registered manager. They had a clear philosophy and understanding that to promote people's quality of life and inclusion, their experiences needed to extend beyond the learning disabilities community.
- Staff enjoyed working at the service praised the registered manager. Staff comments included, "I feel I could talk to [registered manager] about anything" and "She is good, because she tries to treat everybody the same and bends over backwards to be fair to everyone."
- Relatives praised the service's support and endeavours to develop. One told us, "They try their best. We inject new ideas if something is not working, they keep us informed." High praise in one relative's compliments praised the staff team and stated, "It was a great relief to see that [name] was in a warm, friendly place and was receiving exceptional quality of care."
- The registered managers and staff connected with others via networks, to access and share learning.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Notifications about specific events had been sent to the Care Quality Commission (CQC) and ratings from our last inspection were displayed within the service in line with legal obligations.
- The registered manager was aware of regulatory requirements; however, we discussed the need to improve awareness of current guidance as part of this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A long-standing staff team was in place, which promoted consistency in the support for people. Staff told us they enjoyed working at the service and felt there was a good, supportive team atmosphere. One said, "There are some people like [names], they have come here for many years and you build up a relationship." This was clear from interactions we observed.
- Regular meetings took place for shared lives carers and staff, to share information and constantly develop learning. We received positive feedback about this from shared lives carers and one said, "We get to meet up in relaxed settings, it is amazing that they offer that. Not just the shared lives workers coming to your home, but you get to go to another venue to meet everyone."

- The registered manager explained how they were continuously looking to develop how they involved people, relatives and shared lives carers. Examples of this were a charitable coffee morning a recent Christmas party, which shared lives carers had taken the lead on organising.
- A micro website and videos had been produced, to capture and share the experience of people using the shared lives service.

Continuous learning and improving care

- A variety of checks and audits were completed, to help ensure the safety and quality of people's care. These included monitoring visits to people using the shared lives service and their carers. An additional shared lives worker had been employed, to develop these visits further.
- We discussed some considerations with managers, to help improve the consistency and quality of care plan checks.