

Castle Home Care Services Ltd

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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

About the service: Castle Home care services limited is a care at home service that was providing personal care to 30 older people at the time of the inspection.

People's experience of using this service: We received consistent positive feedback from people regarding the service and the staff who supported them.

People were supported by a person-centred approach. This was due to the high standard of individualised care planning.

Audits and systems were effective at supporting the registered manager to monitor the service and make improvements.

A quality assurance system was in place and people completed regular surveys.

Comments made by people were acted on. The provider used people's views to improve the quality of the service.

Risk assessments were in place. Staff knew how to keep people safe and were trained in safeguarding.

People spoke positively about the registered manager and told us they were responsive and approachable.

Robust recruitment and selection procedures ensured suitable staff were employed.

Staff received training and support to meet people's individual needs.

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

People were supported to have enough to eat and drink.

Healthcare professionals were involved in people's care and support as and when this was needed.

There were systems in place for communicating with staff, people and relatives to ensure they were kept fully informed.

People were supported to be independent and their rights were respected. Support was provided in a way that put the people and their preferences first. Information was provided for people in the correct format for them.

More information is in the Detailed Findings section below. For more details, please see the full report which is on the Care Quality Commission's (CQC) website at www.cqc.org.uk

Rating at last inspection: This was the first inspection of the service since their registration.

Why we inspected: This inspection was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor information we receive about the service. If any concerning information is received, 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?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

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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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using services. In this instance, they had experience of using and caring for older people who use care at home services.

Service and service type: This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older people and disabled adults. Not everyone using Castle Home care Services limited receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. For people the provider helps with tasks related to personal hygiene and eating, we also consider any wider social care provided.

The service had a registered manager. 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 one days' notice of the inspection site visits because some of the people using it could not consent to a home visit or calls from an inspection team and we needed to make these arrangements appropriately.

Inspection site visit activity started on 11 April 2019 and ended on 12 April 2019. We visited the office location on 11 April 2019 to see the registered manager and office staff and to review care records and policies and procedures. Calls to people took place on 12 April 2019.

What we did: The provider had completed a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The information provided by the provider was used to plan our inspection and was considered when we made judgements in this report.

We looked at other information we had including notifications received from the service and other professionals.

During the inspection we carried out telephone interviews with 12 people, three relatives and four care staff. We spoke with the registered manager, deputy manager and a local authority commissioner.

We reviewed three people's care records and three staff files including recruitment, supervision and training information. We reviewed three medicine administration records and daily notes for people as well as records relating to the management of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely.

- Medicine administration records (MARs) were completed appropriately with no missing signatures.
- The provider completed audits to review MARs and these had identified areas for improvement. These were acted upon by the registered manager with staff.
- Care plans, medicines records and records were being used correctly to support safe use of medicines.
- Medicines records contained information for application of topical medicines when required. One person told us, "They put cream on my back for me. I can't do that, what would I do without them?"

Systems and processes to safeguard people from the risk of abuse.

- Staff received safeguarding training and could raise any concerns appropriately.
- Where safeguarding concerns had been raised, investigations had taken place and appropriate action was taken.
- People were aware of safeguarding and felt safe with the care staff. One person told us; "Oh I do feel safe with them and I tell them so."

Assessing risk, safety monitoring and management.

- People had both general and individualised risk assessments which were regularly reviewed.
- Where risks were identified, care plans showed ways in which staff could reduce these risks.

Staffing and recruitment.

- There were enough staff to meet people's needs individually and safely. One person told us, "I need two workers. They stay a bit longer if necessary. Feel safe? Yes, definitely."
- Safe recruitment procedures were followed.
- People felt safe with their staff and told us they never had a missed call and staff were on time.

Preventing and controlling infection.

- Staff had a plentiful supply of personal protective equipment such as gloves and aprons. People told us staff wore them when helping them with personal care.
- Staff received infection control training and regular hygiene spot checks.

Learning lessons when things go wrong.

- Accidents and incidents were recorded and analysed to look for any patterns or trends to minimise any risk of further incidents.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- Where appropriate people had signed consent forms to say they were happy for care to be provided.
- People were encouraged to make decisions and told us staff always sought their permission. One person told us; "They know what I need, and we have a routine." □
- Health professionals completed capacity assessments. Where necessary the service completed best interests reviews and decisions to ensure people received appropriate care.

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

- People's preferences and care and health needs were assessed before they used the service.
- Changes to people's needs were reviewed with them and reflected in their care plan.

Staff support: induction, training, skills and experience.

- People were supported by staff who were trained and had the right skills and knowledge necessary to meet people's needs. Their essential training was up to date. one person told us, "They are trained as much as they can be. They know what they are doing."
- Staff had regular supervision meetings and appraisals to support their personal development.
- New employees completed an induction programme.

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

- People's dietary needs were met. Staff were aware of people's needs and kept up to date records.
- People were helped by staff with shopping and preparing meals.
- People told us they were happy with how the staff helped them with their food and drinks.

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

- Staff worked regularly with external professionals to support and maintain people's health, for example GPs and community nurses.
- Staff supported people to attend health appointments.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff treated people with kindness and respect.
- There was a positive rapport between people, support staff and management.
- People were supported to maintain relationships.
- Positive feedback was given about staff's caring attitudes. One person told us, "Fabulous! The best carers ever. They are more like friends than carers."

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

- No one using the service had an advocate, but information was available to people and staff. People were supported to exercise their rights.
- Staff supported people to make decisions. They knew the people they cared for very well and were able to give many examples of how they achieved this.
- People told us they were involved in their care. One person told us, "They are very good at involving me, for example, more training for my condition. They have responded immediately and have made every effort to accommodate me. They had a training session at my house! I cannot complain at all."

Respecting and promoting people's privacy, dignity and independence.

- People were encouraged to remain as independent as possible. One person told us; "They never rush me to do things; they wouldn't do that."
- Staff engaged with people in a dignified way. Private conversations and care were conducted respectfully. One person told us; "Absolutely! Yes, they are so good."
- Staff respected people's privacy when visiting them at home and offering personal care." One person told us; "They treat me with friendship. I don't feel embarrassed at all."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- The support people received was individual to their needs and delivered in a person-centred way. One person told us, "I have an annual review once a year, it is sufficient."
- Care plans were of a very high standard. They were personalised and included people's choices, preferences and history. An excellent insight was given into the person and how they wished to be supported.
- Where people had specific health care needs, these were clearly identified and showed how people should be supported.

Improving care quality in response to complaints or concerns.

- A complaints procedure was in place. The registered manager was responsive to concerns received and records showed any outcome. People knew who to go to if they had any concerns or a complaint to make. One person told us, "I'm happy. They try to rectify issues. I feel listened to. Not ignored at all."
- People could ring the office to raise any issues at any time. These were recorded and monitored by the registered manager and were responded to effectively. One person told us, "I am quite verbal, so I will say something if I don't feel right."
- Information was available to people in different formats if needed to ensure people could access information in the most convenient way.

End of life care and support.

- People were supported to discuss any choices they wanted to make. Person-centred end of life care plans was available for people.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The provider had a plan to ensure minimal disruption to care in case of an emergency.
- Policies and procedures were current and in line with best practice.
- Feedback from people regarding the management of the service was positive. One person told us, "Oh yes, they are the best agency. I will certainly use them again if I need to."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The registered manager adhered to company policy, risk assessments and monitored incidents.
- Analysis of incidents reduced the risk of similar incidents happening.
- Records were kept secure and were maintained and used in accordance with the Data Protection Act 2018.
- The provider had made timely notifications to CQC about significant events that had occurred.

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

- There was a good system of communication to keep staff, people and their families informed of what was happening within the service.
- The registered manager held regular staff meetings to discuss relevant information and policy updates. Staff told us they valued these meetings.
- People told us they were asked for their views on the service regularly. Comments included, "Yes, I can talk to management, she will always say, 'I'll sort it'. They are very hands on."

Continuous learning and improving care.

- People spoke positively about how the registered manager took on board people's opinions and views to make improvements.

Working in partnership with others.

- Effective partnerships with other organisations were in place. For example, the local authority commissioners told us they had a positive working relationship and that the service was responsive.