

Compassionate Care & Support LTD

Castle Hill Court

Inspection report

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Date of inspection visit:
10 February 2020

Date of publication:
21 February 2020

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 Hill Court is a supported living service that currently provides personal care for people who may be living with mental health conditions and/or a learning disability. At the time of the inspection the service was supporting 6 people who received support with personal care and lived in two domestic houses. Staff are available to support people 24 hours a day and a member of staff is available at night at the houses. The office of the service is based near Manchester with parking available.

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 were protected from avoidable harm. Staff carried out risk assessments and care documentation recorded the actions required to minimise risks. Staff had completed safeguarding training and told us they would report any concerns to the registered manager, nominated individual or external authorities to ensure people were protected from avoidable harm. Safe recruitment practices were followed, and staff were deployed effectively, so they could meet people's needs. Medicines were managed safely, and staff received training and practical assessment to check their competency in this area.

People were cared for by staff who were competent and knowledgeable about people's needs. Training and supervision was arranged to ensure staff had the skills to carry out their role. Staff supported people to see healthcare professionals if this was needed. People's nutrition and hydration was addressed to promote well-being. 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.

The service applied the principles and values of Registering the Right Support and other best practice 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.

Staff treated people with dignity and respect. Staff told us how they respected people and ensured their privacy and dignity was maintained. Care was person centred, met people's individual needs and achieved good outcomes. Wherever possible, people and their relatives were involved in discussions about their care.

People were encouraged to pursue their own interests and staff knew people well. Staff sought feedback from people on an informal basis and supported people to raise any comments with them. A complaints procedure was available, and staff told us they viewed complaints as an opportunity to learn.

The registered manager and management team had promoted an open and transparent culture within the home and an ethos of teamwork to support people to live happily and safely. Staff, the registered manager and management team worked closely together, and with external health professionals, to help enable people to have the best outcomes possible. The registered manager carried out regular checks on areas such as medicines, infection control, accidents and incidents and the environment to ensure shortfalls were identified and actioned and successes celebrated.

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

Rating at last inspection

This service was registered with us on 27 February 2019 and this is the first inspection. The last rating for this service was good (published 09 June 2018). Since this rating was awarded the provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on our published methodology.

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 effective.

Details are in our effective findings below.

Good ●

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 Hill Court

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

This inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in two 'supported living' settings, so that they can 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.

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 a short period notice of the inspection. This was because the provider and registered manager work closely with staff and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 10 February 2020 and ended on 12 February 2020. We visited the office location on 10 February 2020.

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. 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 spoke with one person who used the service and one relative about their experience of the care provided. We spoke with 10 members of staff. This included a director, the registered manager, the nominated individual and seven staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We visited one person in their home and observed the interactions between them and staff. We reviewed a range of records. This included three people's care records and one person's medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- The provider had processes to ensure medicines were managed safely. Staff received training and practical assessment to ensure they were competent to administer medicines.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received training in safeguarding awareness and could explain the signs and possible indicators of abuse. Staff told us they would act to protect people by reporting concerns to the registered manager, the provider and external bodies. One relative said, "[My family member is safe and protected.]"

Assessing risk, safety monitoring and management

- People were protected from the risk of avoidable harm. The management team completed individual and environmental risk assessments. Documentation contained guidance on how risks could be managed, and staff were aware of the actions required to help maintain people's safety.
- The provider considered the risk of fire. Individual evacuation plans were in place, so people could be evacuated in the event of an emergency.

Staffing and recruitment

- The registered manager carried out checks to ensure prospective employees were suitable to work with vulnerable people. Records showed references and Disclosure and Barring checks were completed prior to a prospective employee starting work.
- The registered manager deployed staff effectively. Staff told us they had time to support people and did not feel the need to rush. One staff member told us there was a stable staff team at the service and commented, "We're sufficiently staffed."

Preventing and controlling infection

- The provider minimised the risk and spread of infection by providing training to staff. Staff were given personal protective equipment such as gloves and these were readily available.

Learning lessons when things go wrong

- The provider and registered manager shared information to ensure lessons were learned. For example, investigations were carried out and actions taken to minimise the risk of 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. This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed, and care delivered to meet those needs. The management team carried out individual assessments identify the help people needed and wanted. Care plans were developed to meet individual's needs and preferences.
- Staff could explain the needs and preferences of people they supported, and we saw records were updated if people's wishes changed.
- The management team used best practice guidance to inform care planning and care delivery. For example, best practice information on a person's health condition was in their care record to provide information to staff.

Staff support: induction, training, skills and experience

- The provider had accessed training to ensure staff were suitably trained. Staff told us they had received a thorough induction which included face to face training and practical assessment.
- People were supported by staff who received feedback on their performance. Staff took part in supervisions with their line manager and action plans were recorded to support staff performance and skills.

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

- Staff considered people's nutritional needs when this was part of the agreed package of care. Care plans reflected the help people needed to maintain a healthy diet and fluid intake and personal preferences were recorded.

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

- Staff worked closely with other health professionals to ensure people's needs were assessed and effectively met. The service worked with other professionals such as GP's to ensure people's needs were met effectively.
- In the event of people going to hospital, essential information was provided to support decision making .

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. When people receive care and treatment in their own homes

an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People's rights were protected, and restrictions were legally authorised. The provider had policies to guide staff if they believed people lacked mental capacity.
- Documentation showed mental capacity assessments were completed if required and staff were knowledgeable about the rights of people to make their own decisions whenever possible

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. This is the first inspection for this newly registered service. This key question has been rated good. 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; Supporting people to express their views and be involved in making decisions about their care

- Staff supported people with dignity and respect and had a caring approach. Staff spoke in a caring way about people they supported and of the importance of building trusting and positive relationships with people. One staff member said, "We're always building relationships."
- Staff could give examples of how they upheld people's rights. For example, how they followed individual care plans to ensure care given was person centred. One staff member commented, "They're all individuals who do their own thing."
- The management team supported people to access advocacy services if this was required. An advocate is an independent person, who will support people in making decisions, to ensure these are made in their best interests
- People were supported to plan their care needs. Care records showed engagement with people and where appropriate, discussions with relatives took place to arrange and decide people's care needs.
- Relatives told us they were involved in discussions about their family members care and they were invited to express their views. One relative shared, "I've been involved in discussions about [Family member's] care."

Respecting and promoting people's privacy, dignity and independence

- The provider upheld people's right to privacy. Care records were stored securely, and staff ensured conversations about people's needs and wishes were held in a private area.
- Staff supported people to maintain their independence. For example, a staff member explained how they helped a person do this. They said, "I know I've done right when I see [person] achieving what they want to achieve."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. This is the first inspection for this newly registered service. This key question has been rated good. 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

- Staff recorded people's individual care needs, wishes and preferences to promote the delivery of person-centred care.
- Staff delivered care to meet people's needs and preferences and were responsive to changes in care needs. We observed a person telling a staff member how they had agreed a change in their support needs.

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.

- The provider met people's communication needs. These were considered prior to the service being delivered and documented. Communication passports were used to support communication and staff were aware of people's individual communication needs.

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

- People were able to follow their own interests when this was part of the planned package of care. For example, a person was able to go to a social event with staff support.
- People were supported to maintain friendships. One person had cooked Christmas lunch for another person as they did not want to eat lunch with only staff.

Improving care quality in response to complaints or concerns

- The provider had a process to ensure complaints were dealt with properly and was accessible to people who used the service. Complaints were investigated, and the outcome shared with the person making the complaint.
- A relative we spoke with told us they were happy with the service provided and they were aware of the complaint's procedure. At the time of the inspection no-one raised any complaints with us.

End of life care and support

- Staff offered people the opportunity to discuss their end of life wishes. At the time of our inspection, the service was not supporting anyone at the end of their life. There was a policy in place to guide staff and we were told training would be arranged as needed.

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. This is the first inspection for this newly registered service. This key question has been rated good. This meant 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; Continuous learning and improving care

- The registered manager and management team carried out audits and checks to identify where improvements in the service were required. Audits were carried out in areas such as accidents and incidents, care records and medicines.
- The management team shared the results of audits with staff. Audits reviewed showed areas of improvement were identified and action was taken when required.
- The registered manager had notified the Care Quality Commission about events that occurred at the service. This was required by regulation.

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

- There was an open culture in the service. The management team spoke passionately about the importance of creating a transparent culture to help ensure the provision of high-quality care.
- Staff told us they were committed to enabling people to live their 'best life' and people were placed at the centre of their care. A staff member said, "We help them live their lives the way they want to."
- The management team sought and shared best practice information to ensure care delivery met best practice standards.
- The management team carried out investigations when needed, and documentation showed apologies were offered if things could have been done differently.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The management team engaged with people and others acting on their behalf to enable them to influence the service provided. People were asked to contribute their views through regular face to face meetings and discussions in their own home. The provider explained they were also planning to introduce an annual survey.
- The provider and registered manager held staff meetings to gain staff views and pass on information regarding the service. Staff told us the management team wanted them to share their views and asked for ideas on how the service could improve.
- The management team maintained relationships with external agencies. This included working with external health and social care professionals to ensure a collaborative approach to care.

