

Mencap in Kirklees

Castle Hall Residential Care Home

Inspection report

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28 July 2020

21 August 2020

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Castle Hall Residential Care Home is a residential care home providing personal and nursing care to people with a learning disability who are aged 18 and over. The service can support up to 16 people in one building. At the time of this inspection the service was supporting 10 people.

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

Improvements had been made following the previous inspection in August 2019. Staff, people and their relatives told us people were safe and well supported at the service.

People were protected from abuse and were treated with respect and dignity. Staff told us staffing levels were good and were at a level where they could meet people's needs.

Risks to people's health and safety were managed well and had significantly improved since the last inspection. Staff had been trained and understood the importance of supporting people to eat healthy options and to drink enough to ensure they remained healthy. Moving and handling care plans had improved, although some further improvements on the completion of the recording of moving and handling risk assessments were required. We have made a recommendation about the recording of moving and handling risk assessments.

There was a new manager in place and a new operational manager to improve the leadership at the service. The new manager was described as approachable and was very proactive to any suggestions made at this inspection. Staff described the atmosphere and culture at the home as positive and a happy place for people to live. Improvements had been made to governance systems.

Audits and monitoring procedures were used effectively to monitor the service and to make improvements. Accidents or incidents were recorded and monitored, and learning was identified to reduce the risk of them happening again. A deeper analysis of some of the incidents was identified but on the whole these were improved from the last inspection.

The manager and staff promoted and encouraged person centred care to ensure people were treated as individuals and staff knew how people preferred to receive their care and support. Activities had been tailored to meet people's needs in the current circumstances of the Covid- 19 pandemic and staff from the provider's day services had been working at the service to ensure people who were unable to take part in their usual activities, were provided with alternative meaningful occupation.

People were supported by staff who had been trained to administer medicines. There had been a change of pharmacy provider since our last inspection and staff reported the new system was easy to follow.

The outcomes for people using the service in some areas reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People had a choice in what they ate and some choice in how they spent their day, but normal routines and some of these choices had been reduced due to the COVID-19 pandemic. The manager fully intended support would be focused on people having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 17 October 2019). At this inspection we found improvements had been made and the provider was no longer in breach of regulations. This service has been in Special Measures since October 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out a comprehensive inspection of this service between 22 and 29 August 2019. Breaches of legal requirements were found. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which refer to those requirements.

The ratings from the previous comprehensive inspection for those key questions, not looked at on this occasion, were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection. This inspection was carried out to follow up on action we told the provider to take at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Castle Hall Residential Care Home on our website at www.cqc.org.uk.

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 not always safe.

Details are in our safe findings below

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our well-led findings below

Requires Improvement ●

Castle Hall Residential Care Home

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 two inspectors. One inspector visited the service and the second inspector contacted staff, people using the service and relatives over the telephone.

Service and service type

Castle Hall Residential Care Home 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. The service did not have 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

This inspection was unannounced. The inspection commenced on 23 July 2020 and ended on 21 August 2020.

What we did before the inspection

Prior to the inspection we reviewed all the information we held about the service. We sought feedback from partner agencies and professionals about the service. We used the information the provider sent us on 13 February 2020 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 undertook this inspection on site and off site and the provider was asked to send us information to show improvements had been made. This included records relating to quality assurance processes and other records to demonstrate leadership at the service had improved. We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with six members of staff including the manager, the operational manager, team leader, and support staff. We sought clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who had visited 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 inadequate. At this inspection this key question has improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly manage the risks relating to the health safety and welfare of people. Risk assessments had not been updated when people's needs had changed which meant the correct level of risk had not been determined. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection and the provider was no longer in breach of regulation 12

- Staff have been trained to undertake risk assessment and have a better understanding of the requirements to assess risk and reduce risks of harm to people using the service. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- Moving and handling practices had improved at the service and care plans were more detailed. Specialist advice had been commissioned to ensure people were supported safely. Further improvements were required to the recording of moving and handling risk assessments to clearly identify specific risks. We recommend the provider seeks guidance in relation to moving and handling risk assessment records to ensure they are working to nationally recognised best practice.

Learning lessons when things go wrong

- Accident and incidents were investigated when they occurred, and a system was in place to ensure management oversight. There had been an improvement since the last inspection and management looked for themes and trends to prevent further incidents.
- There were a few incidents where a deeper analysis could have identified further improvements. The manager was very responsive to ensuring improvements were made.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were sufficient staff with the knowledge, skills and training to support people safely. The lack of sufficient numbers of staff who knew people well, meant people's safety was compromised. There was a high use of agency staff. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection and the provider was no longer in breach of regulation 18

- Staffing levels had improved including the use of staff from the provider's other services to help with any shortfalls.
- The provider had introduced a mentoring service for all new staff to support them to develop into their roles.
- Staff told us they felt supported at work and had been encouraged to take on roles as champions to specialise in a particular area of care.

At our last inspection the provider had failed to ensure people were eating and drinking the right amounts. This was a breach of regulation 14 (meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection and the provider was no longer in breach of regulation 14

- Staff had been trained to support people to eat and drink enough. They recognised how a healthy diet impacted on people's overall wellbeing. Healthy options were available, and the management team were working with the new cook to ensure improvements that had been made were continued.
- Staff monitored what people had to eat and drink. The manager assured us records were written at the time and were accurate. People's daily fluid intake requirements were measured when required to ensure people had the right amount to drink.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding and understood how to identify abuse and report concerns. They said they would have no hesitation in reporting any abuse or neglect and were aware of the provider's whistleblowing procedures.
- All safeguarding procedures had been followed in line with the provider's safeguarding policy and referrals were appropriate.

Using medicines safely

- Systems were in place to ensure that medicines had been ordered, received, stored, administered and disposed of appropriately. The provider had changed their supplier since the last inspection and the new system was easier for staff to follow.
- Staff had been trained to administer medicines, including the night staff. Staff practice in administering medicines was regularly observed and the outcome of the observations recorded.

Preventing and controlling infection

- Systems and processes were in place to help prevent and control infections. Risk assessments had been updated to help manage the service during the COVID-19 pandemic and enhanced cleaning schedules were in place to ensure the cleaning of frequent touch points.
- The service sought support and guidance from the local authority infection control team when required to ensure they followed the latest guidance and practice in infection prevention and control.
- Personal protective equipment (PPE) stations had been put in place at key areas to ensure staff had a supply of equipment to keep them and the people they cared for safe.

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 inadequate. At this inspection this key question has now improved to requires improvement. Improvements had been made, but it was too short a period from the last inspection to be assured these improvements were embedded.

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

At our last inspection the provider had failed to robustly manage the risks relating to the health safety and welfare of people because accurate records were not kept. In addition, the provider did not have effective systems in place to assess, monitor and improve the quality of service provided. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection and the provider was no longer in breach of regulation 17

- Care records were person centred and were recorded in a way to help staff care for people safely.
- Risks to people's health and well-being was regularly discussed at handover, at supervision and at team meetings to ensure all staff acted on known risks.
- The manager and team leader held a monthly risk meeting to discuss risks at the service and how they planned to ensure risks of harm were reduced.
 - A new Operations Manager had been appointed since the last inspection and had been supporting improvement to the effectiveness of the quality assurance systems and processes.
 - The new manager supported by the Operations Manager was making positive changes to how people were cared for safely and had introduced new ideas for improvements. A member of staff said, "The manager is very uplifting. She is very approachable, really good, always looking for new ways to change stuff and do stuff."

Continuous learning and improving care

- Work was ongoing to improve various aspects of the service. This included a programme of refurbishment and many areas had been completed since the last inspection. People had been involved in choosing colour schemes for communal areas such as the dining room.
- The service was developing a subject champion role to have staff who actively promoted key subjects within the home and some staff had already taken up their roles whilst others were planned.

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

- All the staff we spoke with described the improved atmosphere at the home and described the service in

their view as a happy place for people to live. Professionals we spoke with told us the rapport between staff and service users was positive and staff knew people very well.

- Management described how the pandemic had brought the team together and all staff went above and beyond to ensure staffing levels were maintained throughout.
- Staff from the provider's day centre had supported the home by providing group and one to one activities to ensure people were provided with meaningful occupation during the pandemic.
- The operations manager described how they had strengthened activities at the home. "We have given [name of activities coordinator] her own budget, a monthly plan, a pathway for people and their ambitions and goals. How do they want their life to be." They described a person-centred service where people are put at the centre.

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

- The provider has been open and honest and met their duty of candour. They have notified us of incidents that have happened and the service in line with their legal responsibility.

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

- A new manager had been appointed since our last inspection and is in the process of applying to register with CQC. The provider had put in a mentoring programme to assist in their development and was supporting them to attain the relevant management qualification to gain the required knowledge.

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

- During the COVID-19 pandemic, people had been supported to keep in touch with relatives remotely and the service had purchased equipment to support this. They had not yet finalised plans for commencing face to face visits but had identified a room and were waiting for guidance from the local authority before introducing visits.
- Staff told us they could make suggestions for improvement at the service and felt listened to. They were supported through group, and face to face supervision sessions. Information was also shared at a daily handover meeting.

Working in partnership with others

- There was evidence which demonstrated the service worked in partnership with health and local authority partners to ensure people's needs were met in a timely way.