

Vista Care Limited

Castle House

Inspection report

76-78 St. Botolphs Road
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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 House is a residential care home providing personal to ten people with learning disabilities and autism. At the time of inspection, the home was full.

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.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to ten people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People enjoyed living at the home and told us they were treated well by kind and helpful staff. Staff supported people with patience and understanding.

People received safe care, and staff understood safeguarding procedures and how to raise concerns. Risk assessments were in place to manage risks within people's lives, and staff we spoke with felt safe supporting people with a wide range of needs.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out. Medicines were stored safely, and records showed that they were administered correctly.

Staffing support matched the level of assessed needs within the service and staff were trained to support people effectively.

People were supported to have their nutritional needs met. Healthcare needs were met, and people had access to health professionals as required. Care plans outlined any support people required to manage their healthcare needs.

People's consent was gained before any care was provided, and they were supported to have maximum choice and control of their lives. Staff treated people with kindness, dignity and respect and spent time getting to know them. 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.

Care plans reflected peoples' likes, dislikes and preferences. An activities programme was in place, and people were supported to pursue holidays and activities they enjoyed with staff support.

A complaints system was in place and used effectively. The registered manager was keen to ensure people received good care and support and listened to feedback when provided.

Investigations took place into accidents, incidents and any events that could be learnt from. Learning was shared with the team and improvements were made when required.

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.

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 6 July 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?

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.

Castle House

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 completed by one inspector.

Service and service type

Castle House 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 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

This inspection was unannounced.

What we did before the 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 also asked Healthwatch for their feedback on this service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We met seven people who used the service, two members of care staff and the registered manager.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 had completed safeguarding training and knew what signs to look for to keep people safe from harm or abuse. There was a transparent approach to safeguarding and alerts were raised when necessary.

Assessing risk, safety monitoring and management

- People's risks were assessed at regular intervals or as their needs changed. Care plans informed staff how to provide care that mitigated these known risks. Staff were kept up to date with changes in people's care needs.
- People told us they felt safe living at the home. One person said, "I feel safe here, I have my own key."

Staffing and recruitment

- Safe recruitment practices were followed. Staff files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles.
- All employees' Disclosure and Barring Service (DBS) status had been checked. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.
- There were enough staff deployed to provide people with their individual care.

Using medicines safely

- People had their medicines securely stored and staff supported people to take them safely.
- One person said, "If I need paracetamol I ask, and they get it for me. Then they write it down in the file."
- Staff received training in the safe management of medicines and their competencies had been checked.

Preventing and controlling infection

- People were protected from the risks of infection by staff who understood how to maintain hygienic practices. For example, by using disposable aprons or gloves when necessary.
- Shared spaces, furnishings and equipment were kept clean. The home had housekeeping staff and care staff also supported people with daily living tasks to help maintain a hygienic environment.

Learning lessons when things go wrong

- The registered manager took a detailed approach to learning from incidents.
- Investigations were completed, and learning was shared with staff to help prevent 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.

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 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 fully assessed before they came to the service.
- People's life history's wishes and preferences had been identified so people could receive care and support how they wanted. Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs they had.

Staff support: induction, training, skills and experience

- New staff received an induction which ensured they understood how to support each person's needs.
- Staff received additional training to meet people's specific needs, for example understanding autism, diabetes and epilepsy.
- Staff received regular supervision and were well supported by the registered manager.

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

- People were given appropriate support to maintain good nutrition.
- People were involved in making choices about their meals and staff supported them to have meals they enjoyed.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked well with other agencies to provide consistent care. This was particularly crucial as people's care needs changed and additional specialists such as Speech and Language Therapists (SALT) were involved.

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

- The home did not meet the best practice principles of Registering the Right Support, which suggests that learning disability services should usually accommodate six people or less. This home accommodated a maximum of ten people.
- Staff were readily available to support people in the kitchen area and people were supported in line with their abilities and preferences.
- People were able to decorate their bedrooms individually and with all their personal belongings around them.

Supporting people to live healthier lives, access healthcare services and support

- People had the support of healthcare professionals when they needed it. People were able to visit

healthcare professionals with staff when required and felt reassured by this.

- People had healthcare passports which contained essential information if people required immediate medical help. This enabled other professionals an insight into people's healthcare backgrounds, and how to communicate with people.

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.

- Care plans contained mental capacity assessments when people had had been unable to make decisions about their care.
- When people did not have capacity to make their own decisions, and a DoLS was required, this had been requested. At the time of inspection, no DoLS had been authorised or assessed by the local authority. Staff promoted people to have as much independence and freedom as 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.

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

- People were supported with kindness and care from staff. During our inspection we saw staff interact with people in a warm and friendly manner and engage with people throughout the day. One person told us, "The staff are very nice. They are good to us."
- Staff and the registered manager clearly knew the people using the service well. They understood the way in which they wanted to be cared for and respected them as individuals.

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

- Care plans included details of people's life history, and about the people that were important to them. This information was used by staff to ensure they provided care which met people's needs, in the way they wanted.
- Staff understood people's different communication requirements and provided different ways to support people to express their views and choices. For example, by talking slowly and in a way people could understand.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. Staff ensured people were encouraged to do as much as they could for themselves to great effect. The registered manager went to great efforts to improve and support people's independence as much as possible. For example, a stair climber had been purchased to enable one person to get to their bedroom whilst remaining in their wheelchair to avoid any further distress on days when they needed support with their mobility.
- During our inspection, we observed staff treating people with dignity and respect.

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

- People had comprehensive care plans in place which reflected their care needs, likes and preferences.
- Care plans were reviewed and updated when changes had been identified.
- People's care was personalised to meet their preferences and choices. The registered manager and staffing team were alert to people's changing needs and adjusted their care to ensure each person received the support they required, at each moment. One member of staff said, "People's needs keep changing [due to their health and abilities] so we support them how they like or need it."

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.

- During the assessment process people's communication needs were assessed and discussed and a care plan was completed which supported people's requirements.
- People were supported to access information in a format they could understand.

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 supported to spend their time in ways they enjoyed. We met three people who were heading out to a local day centre they enjoyed using.
- The registered manager told us some people enjoyed attending day centres that focused on social and leisure activities, others enjoyed work-based activities. People also enjoyed going on holiday and completing activities within the home.
- People were able to maintain relationships that were important to them. They could have visitors at the home and spend time with people important to them.

Improving care quality in response to complaints or concerns

- People were able to raise complaints and concerns and were supported to do so.
- Staff had regular meetings with people to give them frequent opportunities to provide feedback on an informal basis.
- Complaints were investigated and responded to appropriately.

End of life care and support

- Systems were in place for people to express their end of life care wishes.
- People had care plans in place which recorded their wishes for the end of their life.
- At the time of inspection, nobody was receiving end of life care.

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 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

- The registered manager was forward thinking and planned for people's future.
- The culture within the service was empowering and focussed on supporting people to have fulfilled lives they enjoyed.
- The registered manager was committed to learning from incident and developing staff to be the best they could be.

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 registered manager had a good understanding of the duty of candour and showed a transparent approach to learning from incidents.
- The registered manager understood and welcomed the approach of honesty and integrity, and understood the need to apologise if people's care had failed. There had been no duty of candour incidents at the time of the inspection.

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

- Staff were clear about their responsibilities and were positive about the leadership structure in place. One staff member said, "I love working here. The manager helps us and we all work together. We help each other out."
- The staff and management team worked together to ensure people received a good service and people's risks were well managed.

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

- Staff were supported to share their views about people's care directly with the registered manager and in staff meetings. They were comfortable with the registered manager and felt able to share ideas to further improve the service and address any issues.
- Questionnaires were also sent out to people, their relatives and other professionals involved in the service. Questionnaires asked for feedback on the quality of care being received and if any changes were required. Feedback was reviewed by management and was very positive.

Continuous learning and improving care

- There were effective systems in place to monitor the quality of the service. Audits were undertaken by management and senior staff, and the systems in place to monitor the standards and quality of the service were being managed effectively.
- We saw that all aspects of the service were looked at, including health and safety, maintenance and medication. We saw that when errors were discovered, improvements were actioned.

Working in partnership with others

- The management team identified where improvements could be made to working relationships with other agencies. They had formulated a strategy to ensure people could receive the healthcare support they required and were able to see good outcomes as a result of this.
- Connections were made with outside agencies to provide activities and support within the service. For example, people were supported to attend day centres they enjoyed, and the registered manager fostered relationships with staff that supported people in these services.