Vista Care Limited

Castle House

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**

Overall summary

This unannounced inspection took place on 30 June and 1 July 2015. The home provides support for up to 10 people with Learning Disabilities. At the time of the inspection there were 10 people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they felt safe in the home. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required at the times they needed. We observed that on the day of our inspection there were sufficient staff on duty. The recruitment practice protected people from being cared for by staff that were unsuitable to work at the home

Summary of findings

Care records contained risk assessments to protect people from identified risks and help to keep them safe. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

People were actively involved in decision about their care and support needs There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People felt safe and there were clear lines of reporting safeguarding concerns to appropriate agencies and staff were knowledgeable about safeguarding adults.

Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. People participated in a range of activities both in the home and in the community and received the support they needed to help them do this. People were able to choose where they spent their time and what they did. Pictorial formats of weekly timetables and medical appointments were in place.

Staff had good relationships with the people who lived at the home. Complaints were appropriately investigated and action was taken to make improvements to the service when this was found to be necessary. The registered manager was visible and accessible. Staff and people living in the home were confident that issues would be addressed and that any concerns they had would be listened to.

Summary of findings

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.

People felt safe and comfortable in the home and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised care and support. Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

Peoples physical and mental health needs were kept under regular review.

People were supported relevant health and social care professionals to ensure they receive the care, support and treatment that they needed.

Is the service caring?

Good

The service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people living at the home and staff.

Staff had a good understanding of people's needs and preferences and enabled people through the use of pictorial aids.

Staff promoted peoples independence to ensure people were as involved as possible in the daily running of the home.

Is the service responsive?

Good

This service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

Summary of findings

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a transparent complaints system in place and complaints were responded to appropriately.

Is the service well-led?

Good

This service was well-led.

There were effective systems in place to monitor the quality and safety of the service and actions completed in a timely manner.

A registered manager was in post and they were active and visible in the home. They worked alongside staff and offered regular support and guidance. They monitored the quality and culture of the service and responded swiftly to any concerns or areas for improvement.

People living in the home, their relatives and staff were confident in the management of the home. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 June & 1 July 2015 and was unannounced and was undertaken by one inspector.

Before the inspection we contacted health and social care commissioners who place and monitor the care of people living in the home. We also reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with five people who used the service, three members of care staff and two members of the management team.

We spent some time observing care to help us understand the experience of people who lived in the home.

We reviewed the care records and of four people who used the service and four staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

Good

Is the service safe?

Our findings

People felt safe where they lived. One person said "I'm safe here, everyone knows me well." The home had procedures for ensuring that any concerns about people's safety were appropriately reported. All of the staff we spoke with demonstrated an understanding of the type of abuse that could occur and the signs they would look for. Staff were clear what they would do if they thought someone was at risk of abuse including who they would report any safeguarding concerns to. Staff said they had not needed to report any concerns but would not hesitate to report abuse if they saw or heard anything that put people at risk. Staff had received training on protecting people from abuse and records we saw confirmed this. They were aware of the whistle-blowing procedure for the service and said that they were confident enough to use it if they needed to.

People were enabled to take risks and staff ensured that they understood what the consequences of their actions could be. A range of risks were assessed to minimise the likelihood of people receiving unsafe care. Individual plans of care were reviewed on a regular basis to ensure that risk assessments and care plans were updated regularly or as changes occurred. Staff said "Risk assessments are completed so we can show we have looked at every possible way of supporting people safely but still allowing them to do the things they want to do". When accidents did occur the manager and staff took appropriate action to ensure that people received safe treatment. Training records confirmed that all staff were trained in emergency first aid. Accidents and incidents were regularly reviewed to observe for any incident trends and control measures were put in place to minimise the risks.

Staff had received training on managing behaviour that challenged the service. We saw in training records that this was covered in the induction when people first started working for the home and it was also covered in more detailed training. The home had access to the Community Team for People with Learning Disabilities (CTPLD) where staff can discuss concerns they have in supporting people with behaviour that may challenge and the team also provide specific training on peoples individual needs.

People thought there was sufficient staff available to provide their care and support. One person said "There is always staff around to help you, they help all of us." The manager told us that there was a team of staff who supported the home and covered for annual leave and absence, these staff knew the people well and completed the same training as permanent staff. Throughout the inspection we saw there was enough staff to meet people's needs.

People's medicines were safely managed. The staff confirmed they had received training on managing medicines, which was refreshed annually and competency assessments were carried out. Records in relation to the administration, storage and disposal of medicines were well maintained and monthly medicines management audits took place. There were detailed one page profiles in place for each person who received medicine detailing any allergies, behaviours that may challenge and how a person takes their medicine. It was the homes policy that two staff administered medicine and we saw this procedure was followed.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care home. The staff recruitment procedures explored gaps in employment histories, obtaining written references and vetting through the government body Disclosure and Barring Service (DBS). Staff we spoke with confirmed that checks were carried out on them before they commenced their employment.

Good

Is the service effective?

Our findings

People received care which was based on best practice, from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively.

New staff received a thorough induction which included classroom based learning and shadowing experienced members of the staff team. The induction was comprehensive and included key topics on learning disability and dementia. The induction was focussed on the whole team approach to support people to achieve the best outcomes for them. One staff member told us "The induction was really good; I got to know the people and read all of their care plans and shadowed other staff before I worked a shift on my own."

Training was delivered by a mixture of face to face and e-learning modules and the providers mandatory training was refreshed annually. Staff were provided with the opportunity to obtain a recognised care qualification through the Qualifications and Credit Framework (QCF). Training was also available from the Community Team for People with Learning Disabilities for individual needs specific to learning disabilities. Staff we spoke with were positive about the training received and confirmed that the training was a combination of online and classroom based training.

People's needs were met by staff that received regular supervision and received an annual appraisal. We saw that supervision meetings were available to all staff employed at the home, including permanent and 'bank' members of staff. The meetings were used to assess staff performance and identify ongoing support and training needs. Staff said "Supervision is important because it gives you time to discuss any concerns or get feedback about how you are doing."

The manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) code of practice. Best interest decisions had been recorded in care plans and people had been included in these decisions. We saw that applications had been made for people who required a DoLS to be in place and they were waiting for the formal assessments to take place.

People were supported to eat a balanced diet that promoted healthy eating. Meals and mealtimes were arranged so that people had time and space to eat in comfort and at their own speed and liking. People were relaxed at shared mealtimes and had made choices about their menu. One person told us "I love the food here; we choose what is on the menu."

The staff team were knowledgeable about people's food preferences and dietary needs, they were aware of good practice in relation to food hygiene and this was promoted by signage around the kitchen. People were referred to the Speech and Language Therapy Team if they had difficulties with swallowing food and if required referrals were made to the NHS Dietician. Care plans contained detailed instructions about people's individual dietary needs, including managing diabetes, dysphagia [swallowing difficulties] and maintaining adequate hydration.

People's healthcare needs were carefully monitored and detailed care planning ensured care could be delivered effectively. Information on health professionals and health procedures were in pictorial format to assist people with understanding the processes. Care Records showed that people had access to community nurses, GP's and were referred to specialist services when required. Care files contained detailed information on visits to health professionals and outcomes of these visits including any follow up appointments.

Good

Is the service caring?

Our findings

People were happy with the care and support they received. They told us they liked the staff and said they were really kind and they were well looked after. Comments included "The staff know me really well and they all spend time with me" and "They [staff] help me with cleaning my room and making it look nice." Relatives said they were very happy with the care and support provided and said staff looked after people well. Comments from the relative's questionnaire included "Staff are always sensitive to [my relatives] needs and choices."

People were treated with kindness, compassion and respect. The staff in the home took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed talking to the staff in the home. Observations showed staff had a caring attitude towards people and a commitment to providing a good standard of care.

People were involved in personalising their own bedroom and living areas so that they had items around them that they treasured and had meaning to them. One person told us "I chose the wallpaper for this room and I like to have all my pictures out on the wall."

Care plans included people's preferences and choices about how they wanted their care to be given and we saw this was respected. Staff understood the importance of respecting people's rights and people were supported to dress in their personal style. We saw that some people had been supported to apply make-up and have their nails painted. People who used the service had pictorial timetables for how they were going to spend their time and this was used to support people to prepare for the day and reduce any anxieties that they may have.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed in a staff communication book which was a confidential document or discussed at staff handovers which were conducted in private.

People's privacy and dignity were respected by the care staff. Care staff made sure bedroom and toilet doors were kept closed when they attended to people's personal care needs. People were assisted to their room whenever they needed support that was inappropriate in a communal area.

There was information on advocacy services which was available for people and their relatives to view. No-one currently living at the home used an independent advocate but staff were knowledgeable about how to refer people to advocacy services and what advocacy services could offer people.

Visitors, such as relatives and people's friends, were encouraged and made welcome. People told us that their families could visit when they want and they could speak with them in the lounge area or their bedrooms. One relative's feedback in a survey said "I think it is lovely that [my relative] can invite her friends for dinner."

Good

Is the service responsive?

Our findings

People's care and treatment was planned and delivered in line with people's individual preferences and choices. Information about people's past history, where they lived when they were younger, and what interested them, featured in the care plans that care staff used to guide them when providing person centred care. This information enabled care staff to personalise the care they provided to each individual, particularly for those people who were less able to say how they preferred to receive the care they needed.

Care plans were reviewed on a regular basis to help ensure they were kept up to date and reflected each individual's current needs. The registered manager told us when any changes had been identified this was recorded in the care plan. This was confirmed in the care plans we saw. People also had reviews of the service they received by the local authority and this was documented in their personal files.

The risk of people becoming withdrawn and lonely within the home was minimised by encouraging them to join in with the activities that were regularly organised. Some people had struck up friendships with others they had met; one person had a large television and sofa in their bedroom and invited other people in the home to watch football in their bedroom. Care staff made efforts to engage people's interest in what was happening in the wider world and local community.

Staff were responsive to people's needs. Staff spent time with people and responded quickly if people needed any support. Staff were always on hand to speak and interact with people and we observed staff checking people were comfortable and asking them if they wanted any assistance. Where people required two staff to support them we saw that there was enough staff to facilitate this.

People participated in a range of activities including day centres for people with learning disabilities, community hubs and work based activities. One person told us "I love going to [place of work], I have lots of friends there." Another person told us about a community project they were involved in and said "We don't get paid for the work we do but we get a free meal, it's great." The home also provided in house activities and these were detailed on a pictorial activity board. People who did not want to be involved in an activity still watched others taking part and staff encouraged them to join in with friendly comments and encouragement.

People had been supported to go on holiday, one person told us "I love going on holiday" and showed us some pictures of a recent short break they had been on. There were photographs around the home of recent day trips and outings people had been on and people were excitedly talking about a pub trip they were planning.

When people were admitted to the home they and their representatives, were provided with the information they needed about what do if they had a complaint. One person said "I know how to complain or say if I wasn't happy with something, I could also tell my family." There were appropriate policies and procedures in place for complaints to be dealt with. There were arrangements in place to record complaints that had been raised and what had been done about resolving the issues of concern. Those acting on behalf of people unable to complain or raise concerns on their own behalf were provided with written information about how and who to complain to. In a recent survey all relatives said they knew how to raise a concerns or complaint.

Good

Is the service well-led?

Our findings

People told us the manager and staff were very good and that they could speak with them at any time. One person said "We have a new manager and I like her, she is getting to know me." We saw that people were relaxed around the manager and people and staff were at ease in conversations they had with them.

Communication between people, families and staff was encouraged in an open way. Relative's feedback told us that the staff worked well with people and there was good open communication with staff and management. The registered manager told us they had an open management style and wanted to involve people, relatives and staff in the day to day running of the home as much as possible. Staff said the manager was very approachable and proactive.

People had their say about their experience of using the service. There were systems in place to audit the quality of care provided, such as regular surveys. People using the service and their relatives had regularly received questionnaires asking them to comment on the quality of the service they received. Residents meetings were in place which enabled people to share their views on any aspect of the home and care and support that they received. We also saw that letters and cards had been received from relatives that complimented the standard of care that had been provided.

During the inspection we observed that the staff team worked well together and had the resident's needs as their focus. All the staff said that they worked as a team and they enjoyed supporting people. Staff confirmed they received regular support from the manager. One staff member said "The manager is very approachable, she gives us feedback and lets us know if we need to improve things" Staff meetings took place and minutes of these meetings were kept. Staff said the meetings enabled them to discuss issues openly and was also used as an information sharing session with the manager and the rest of the staff team. The registered manager regularly worked alongside staff so were able to observe their practice and monitor their attitudes, values and behaviour.

Quality assurance audits were completed by designated staff and monitored by the registered manager to help ensure quality standards were maintained and legislation complied with. Where audits had identified shortfalls action had been carried out to address and resolve them.

Other managers from the company conduct a minimum of monthly visits to the home to support the manager and standards within the home. During their visits they reviewed the results of monthly audits specific to a range of service related aspects; including any complaints received and their progress towards resolution and changes to care practice as a result.

Records relating to the day-to-day management of the home were up-to-date and accurate. Care records accurately reflected the level of care received by people. Records relating to staff recruitment, and training were fit for purpose. Training records showed that new staff had completed their induction and staff that had been employed for twelve months or more were scheduled to attend 'refresher' training or were taking a qualification in care work. Where care staff had received training prior to working at the home they were required to provide certificated evidence of this.