Parkview Society Limited (The)

Castle Road

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

The inspection took place on 14 January 2018 and was unannounced.

Castle Road is a residential home providing care, rehabilitation and support for up to 13 people with mental health needs.

At this inspection there were 13 people living at the service.

At the last inspection in November 2015, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good.

The service had 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.

On the day of the inspection staff were relaxed, and there was a calm, quiet atmosphere. Everybody had a clear role within the service. Information we requested was supplied promptly, records were organised, clear, easy to follow and comprehensive.

People were comfortable with staff supporting them and we observed positive interactions. Care records were in date, personalised and gave people control over aspects of their lives. Staff responded quickly when they noted changes to people's mental or physical well-being contacting the appropriate health professionals for example people's mental health nurses. People or where appropriate those who mattered to them, were involved in discussing people's care needs and how they would like to be supported. People's preferences for care and treatment were identified and respected.

Staff exhibited a kind and compassionate attitude towards people. Positive, caring relationships had been developed and practice was person focused and not task led. Staff had appreciation of how to respect people's individual needs around their privacy and dignity.

People's risks were managed well and monitored. People were promoted and encouraged to live full and active lives as part of their recovery.

People had their medicines managed safely. People received their medicines as prescribed, received them on time and understood what they were for. People were supported to maintain good health through

regular access to health and social care professionals, such as GPs, mental health nurses, social workers and physiotherapists.

People we observed were safe. The environment was uncluttered and clear for people to move freely around the home. All staff had undertaken training on safeguarding vulnerable adults from abuse, they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm, bullying or harrassment.

People were supported by staff that confidently made use of their knowledge of the Mental Capacity Act (2005), to make sure people were involved in decisions about their care and their human and legal rights were respected. The service followed the processes which were in place which protected people's human rights and liberty.

People were supported by a staff team that had received a comprehensive induction programme, training for mental health conditions and ongoing support from the registered manager.

People were protected by the service's safe recruitment practices. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults, before they started their employment.

The service had a policy and procedure in place for dealing with any concerns or complaints.
No written complaints had been made to the service in the past twelve months.

People described the management team to be supportive and approachable. Staff talked positively about their jobs. The registered manager was supported by a deputy manager and senior staff.

There were effective quality assurance systems in place. Incidents were appropriately recorded and analysed for learning. Learning from incidents and issues raised was used to help drive improvements. Inspection feedback was listened to which further enhanced the quality of care.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Castle Road

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.

The inspection was undertaken by one inspector. The inspection took place on the 14 January 2018.

Before the inspection, we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

Prior to the inspection, we asked the provider to complete 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. We reviewed this information as part of the inspection.

During the inspection we spoke with a senior member of staff on duty and following the inspection we spoke with the deputy manager. We met and spoke with ten people at the service.

We looked at three records related to people's individual care needs and discussed the care and support other people at the service received. These included support plans and risk assessments. We also looked at records related to the administration of medicine, staff training and staff and resident meeting minutes. We reviewed the quality assurances processes in place at the service and feedback people had provided.

Following the inspection we requested feedback from three health and social care professionals. One community mental health nurse responded. We also left details for other staff to contact us if they wished as the inspection occurred over a weekend. No staff made further contact.

Good

Is the service safe?

Our findings

The service remained safe.

People were kept safe by staff who understood how to support people to remain safe at Castle Road and within the community. Staff we spoke with were aware of people's vulnerabilities, they told us they closely observed people and monitored people for signs of financial exploitation and bullying and harassment within the service. Staff handovers discussed any concerns and keeping people safe was a regular topic of discussion at staff meetings. Staff had completed safeguarding training and were clear on the internal and external reporting procedures. We noted during the inspection that the safeguarding guidance in place for staff referred to a different local authority and recommended the local safeguarding policy was accessible for staff. The PIR advised the safeguarding policy was to be reviewed in 2018. People we spoke with confirmed they were safe and well treated.

People had their own bank accounts or were supported with their finances through the Court of Protection. The service also helped people to manage their money if they wished. Safe procedures were in place to ensure incoming and outgoing money was recorded.

People were supported by suitable staff. The PIR advised robust recruitment practices were in place and checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service.

People were supported by sufficient numbers of staff to keep them safe. The registered manager regularly reviewed the staffing levels, so that people received reliable and consistent care, and to help ensure staff could be flexible around people's needs, appointments and activities. Staff undertook the cooking and cleaning, encouraging people to support these activities to develop and maintain their skills for living independently.

People were supported by staff who understood and managed risk effectively. Risk management plans recorded concerns and noted actions required to address risk and maintain people's independence. Staff ensured the environment was safe to enable people's safety, for example the front door was kept locked to deter unwanted visitors and staff told us they were considering fencing in the exterior garden as the garden wall was easily accessible to the public. We spoke to staff about risk assessing potential ligature points within the home which might have the potential to harm. They agreed to action this following the inspection.

Risk assessments highlighted where people were at risk of behaviours due to their mental health needs. Staff knew the plans in place for each person to mitigate these risks and when to involve people's health and social care professionals. For example staff were aware of those who might have verbal outbursts when unsettled and people who had the potential to display aggressive behaviour. Staff were conscious of the risks of substance misuse and took action to minimise risks when this affected people's and staff safety. Staff knew potential triggers and were skilled at de-escalation and distraction skills because they knew

people well. Where people's physical health had deteriorated, the service weas proactive and considered changes to the environment and equipment to support people's needs.

The equipment in the service was well maintained. Regular, fire alarm checks took place. Staff had received fire training which included fire prevention, escape and the fire drill procedure.

All areas of the home were clean. Staff did the majority of the cleaning in the communal areas. Although people were encouraged to keep their own rooms clean and do their own laundry, staff supported them when they found this difficult.

Medicines were administered consistently and safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicines administration records (MAR) had been correctly completed. The management team and staff confirmed they had a good relationship with their local pharmacy for any advice or support they required. If people wished to be more independent with their medicines; they were prompted and supported by staff to achieve this in a safe way, at their pace. Staff knew those people who were on medicines which required special monitoring and knew potential side effects to be aware of. For example, one person who was prescribed a special medicine for their mental health had developed flu like symptoms and staff sought advice promptly and a blood test was undertaken. We spoke with the deputy manager following the inspection about obtaining pharmacist advice to consider alternative ways to support people to manage their medicine. This would avoid staff needing to "secondary dispense" medicine from blister packs to dosette boxes.

Good

Is the service effective?

Our findings

The service continued to provide effective care which met people's complex needs.

People were supported by staff trained to support their health and social care needs. The provider (Parkview Society Limited (The)) had an essential training programme which staff were required to complete. Additional training was provided for staff by to enable them to support people's complex mental health needs. The registered manager closely monitored staff training to ensure it remained in date. Staff shared with us they were looking for a training provider to deliver breakaway training. Staff told us they had found recent training on personality disorder helpful in supporting people with this disorder. The PIR advised self harm, breakaway, personality disorder, CBT, Schizophrenia and other training would be rolled out in 2018.

Staff received a thorough induction programme, which included shadowing experienced staff when they started with the provider. The management team monitored staff progress through regular supervision and one to one meetings to ensure they were confident in their role. Newly appointed staff where necessary, completed the new care certificate recommended following the 'Cavendish Review'. The outcome of the review was to improve consistency in the sector specific training health care assistants and support workers received in social care settings.

Formal and informal supervision took place to support good practice and support staff. The PIR completed by the registered manager advised they kept up to date with changes in legislation by having regular up dates from CQC, Health and Safety executive, skills for care etc and cascaded this information via staff meetings.

Most people had capacity to make their own decisions at Castle Road. Staff involved people in their care decisions. When people's mental health deteriorated and affected their capacity to make decisions, staff contacted external health care professionals in order for an assessment under the Mental Capacity Act or Mental Health Act 1983.

The Mental Capacity Act (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. Staff displayed an understanding of the requirements of the act, which had been followed in practice.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
The management team understood the processes they were required to follow if required. No one had a DoLS authorisation at Castle Road.

People where appropriate, were supported to have sufficient amounts to eat and drink. People told us they took it in turns to cook the main meal of the day. Staff were on hand for varying degrees of support and guidance dependant upon people's skill in the kitchen. During the inspection people were seen to be enjoying a beef roast. The medication some people were prescribed could make them prone to weight gain. Staff educated and prompted people to follow healthy diets where this was needed, understanding some people chose otherwise.

Records showed how staff either made a referral or advised people to seek relevant healthcare services when changes to health or wellbeing had been identified. Care records evidenced where health and social care professionals had been contacted. People told us they had seen their doctor when physically unwell and that they had contact with mental health nurses. Annual health checks were undertaken by people's doctor and if people wanted advice related to exercise, smoking or weight the service supported them to access the help they needed.

Staff and people told us and showed us the areas of the home which had been refurbished since the previous inspection. We saw people enjoying the newly decorated ground floor lounge. A large garden was accessible for people to enjoy in the warmer months. The service had also made some changes to meet the needs of one person who had mobility needs.

Good

Is the service caring?

Our findings

The service remained caring.

People were well cared for by staff that had a caring attitude and treated them with kindness. Health professionals confirmed staff were kind and compassionate.

Equality and diversity was understood and people's strengths and abilities valued. People who lived at Castle Road had a variety of different backgrounds, experiences and health needs. Staff worked with people in a non-judgmental manner, with respect and with great understanding of their complexities.

Staff had genuine concern for people's wellbeing, they worked together to ensure people received good outcomes and had the best quality of life possible. Staff commented that they cared about the support they gave, and explained the importance of adopting a caring approach and making people feel they mattered. Staff spoke of people with fondness wanting them to receive care like one of their family members.

. Therapeutic relationships with people were fostered because staff invested time in people. They nurtured and paid attention to people so they were cared for. Staff also took time to get to know people by reading their care records, talking to their family, health and social care professionals and discussing people within the team. Staff knew people's particular mannerisms which might mean they were distressed, anxious or unwell because they knew them. They took prompt action to address what might be causing someone's anxiety for example by listening carefully to what they were saying so they felt heard.

People's privacy and dignity were respected; people were encouraged to be as independent as possible. People told us staff knocked on their doors and they were able to lock their rooms. People's confidential information was kept securely.

People's independence was valued and encouraged. Staff encouraged people to develop and maintain skills to enhance their abilities to self-care. For example by helping with household chores or being involved in their medicines. We observed one person helping with the washing up after lunch.This helped people's confidence and self-esteem.

People were proactively supported to express their views as far as possible. Staff gave people time, and were skilled at giving people explanations and the information they needed to make decisions, this helped people feel listened too and respected.

Advocacy support services were available for people if needed, for example when considering moving on to different services. Staff at the service would also advocate for people ensuring their views and wishes were listened too.

The service supported people to meet their religious needs. One person we spoke with attended church the morning of the inspection. Another person was involved with meetings with the Jehovah Witnesses.

Good

Is the service responsive?

Our findings

The service remained responsive.

People received consistent personalised care, treatment and support. Once the service agreed to support a person, an initial assessment took place. Staff made every effort to empower the person to be actively involved in the whole process. Evidence was gathered about the person's medical history and life. People were supported to move to Castle Road at a pace which was right for them often starting with short visits and overnight stays to ensure they felt the service was right for them.

People and health professionals where possible, were involved in planning their ongoing care and making regular daily decisions about how their needs were met. Staff told us how they discussed ideas about what would make a positive difference in people's daily lives and supported them to achieve their aims. For example staff had noted when people needed more structure or activity in their lives and encouraged people to try new things.

Each person had individualised care plans that reflected their needs, choices and preferences, and gave detailed guidance to staff on how to make sure personalised care was provided. Preferences were respected regarding what time they liked to wake and we saw people being able to enjoy a late breakfast the morning during the inspection. Staff knew people well and were aware of their likes, dislikes and routines and supported people with these when required.

People's changes in care needs were identified promptly and with the involvement of the individual, family and professionals as required. Review plans were then put into practice by staff and regularly monitored. Regular staff handovers and staff discussions shared important changes to people's care. This meant staff knew what had changed and how to support people as they required. For example staff shared with us how one person's cognitive and personal care needs had changed and they were seeking support to address these changes.

People were protected from the risk of social isolation and staff recognised the importance of companionship and keeping relationships with those who mattered to them. People were supported to see their family and some had made friendships in the service. People were encouraged to maintain hobbies and interests but many people had symptoms which meant they lacked motivation to see plans through. Staff told us they were constantly considering new ideas for people dependent upon their interests. Some people told us about their voluntary work. Staff gave examples of supporting people to get out and about who were less able and going for a drive in the countryside. Other people told us about their college activities and visits to the local town.

The service had a policy and procedure in place for dealing with any concerns or complaints. Complaints were a regular item on the staff meeting agenda. People's behaviour was observed for any changes which might mean they had concerns. People told us they would feel comfortable talking to staff about any complaints. No complaints had been received by the service in the past 12 months.

Good

Is the service well-led?

Our findings

The service remained well-led.

People and staff, without exception, all described the registered manager of the service to be approachable and available for support if required. The day to day running of the service was undertaken by a deputy manager. They were supported by a dedicated staff team. We observed a close knit team who worked well together.

There was a positive culture within the service. Castle Road was warm, welcoming and supportive whilst providing clear boundaries to ensure the service was safe for everyone. The registered manager told us, "I observe all the time to ensure there is a positive culture, open and inclusive."

Feedback was sought from people where possible and those who mattered to them, and staff, in order to enhance the service. Questionnaires had been distributed that encouraged people to be involved and raise ideas that could be implemented into practice.

Staff told us they were continually looking to find ways to enhance the service they provided. Management and staff meetings were held where staff were updated on information within the house such as maintenance, repair and decoration. The PIR shared, "We have a committee/chief officer who visits and check certain criteria. Regular meetings are held, these include staff meetings, supervision, committee meetings etc". Plans for the next 12 months which were shared in the PIR included, "We will ask for more feedback from clients. Policies need revisiting and updating, to update all may take 12 months so these will be done during 2018. We will go back to quarterly unannounced audits as these have slipped a bit."

The service worked in partnership with key organisations to support care provision particularly mental health services and people's funding authorities. Good working relationships had been fostered with local doctors, the local community mental health teams and social workers.

The registered manager and provider created an open, honest culture. They were aware of what they could and could not do, where improvement was needed and learned from feedback and situations they had experienced. This reflected on the Duty of Candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The registered manager and provider inspired staff to provide a quality service that was recovery focused and individualised. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care.

The service had a up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected.

There was a quality assurance system in place to drive continuous improvement within the service. Checks

were carried out to ensure high quality care and support. If areas of concern had been identified, changes were made so that quality of care was not compromised for example learning from a recent medicine error.