

ADL Plc

Castle Park

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 well-led?	Good ●

Summary of findings

Overall summary

About the service

Castle Park is a residential care home providing personal and nursing care to people aged 65 and over. The service can support up to 40 people. At the time of our inspection there were 17 people using the service.

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

People were protected from the risk of harm as assessments were undertaken and followed. Staff knew the procedure to follow to report concerns. People were supported safely by staff as records were up to date and completed. This meant staff had guidance to support people safely. The home was cleaned to a good standard and well maintained and free from environmental risks. Medicines were managed safely, and people received their medicines as prescribed. Staff were recruited safely, and there was enough staff deployed at the service.

People were supported by staff that were trained to carry out their roles. People were supported to eat and drink. Where people were at risk of malnutrition and dehydration this was monitored, and referrals made to the relevant healthcare professionals. People were supported to access health care services. 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.

People, relatives, and staff were encouraged to feedback into the running of the service. The provider and registered manager worked alongside partner agencies to enhance the support provided to people. In response to partner agency concerns, improvements required in the governance and oversight of the home had been acted on. Lessons had been learned when things went wrong. This improved people's outcomes.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was good (published 28 January 2020).

Why we inspected

We received concerns in relation to the management oversight, the staffing levels and the infection control and hygiene standards at the home and the lack of capacity assessments. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has not changed following this inspection.

We found no evidence during this inspection that people were at risk of harm as the provider had taken the required action to ensure practices were improved. Please see the safe, effective, and well-led sections of this full report.

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Castle Park

Detailed findings

Background to this inspection

Inspection team

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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors and an expert by experience. This is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience contacted relatives by telephone and did not attend the care home.

Service and service type

Castle Park is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

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 used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection. □

During the inspection

Inspection activity started on 26 April 2023 and ended on 2 May 2023. We visited the home on 26 April 2023.

We spoke with 5 people who used the service and the relatives of 11 people. We spoke with 6 members of staff including the registered manager, the deputy manager who was also a nurse, 2 care assistants, the chef, and a member of housekeeping. We completed observations of communal areas. We reviewed a range of records including 5 people's care records, food and fluid charts and other monitoring records. We also reviewed medication administration records and records relating to the management of 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 our last inspection we rated this key question good. At this inspection this key question has not changed and remains good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- People were protected by staff that understood how to safeguard them from abuse. Staff confirmed and we saw from records they had received training about how to protect people from abuse. Staff understood the signs to look for and who to report to both internally and externally if needed.
- People told us they felt safe at the service. One person said, "I feel safe with all the staff. If I didn't, I would tell the manager." A relative told us, their loved one was safe and said, "It's the quality of care that has kept them alive."

Assessing risk, safety monitoring and management

- People were protected from risk. Information regarding assessed risks were up to date and accurate. Following concerns raised by partner agencies, the registered manager and staff team had taken action to improve the record keeping. Guidance was in place in care plans to support staff to keep people safe.
- People were supported to maintain good skin integrity, as guidance was in place to support staff. People's skin condition was monitored on an ongoing basis. Where people were unable to move independently records were maintained to demonstrate staff had supported them to reposition on a regular basis.
- Referrals were made to external health professionals as needed to manage risks associated with people's assessed risk. For example, a person had been referred to the speech and language therapist due to difficulties with swallowing. From this a specific diet and food and fluids consistency had been recommended which staff supported the person to follow.

Staffing and recruitment

- There were enough staff deployed to support people. Staff were available throughout the day in communal areas and supported people promptly when needed.
- People and their relative's confirmed staff were available to them when needed. One person said, "There are always staff around and they are very helpful." A relative told us, "You always see staff walking around, always somebody about."
- The provider followed safe recruitment practices. Pre-employment checks had been made before staff worked with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported to take their medicines safely. Processes were in place for the timely ordering, recording and supply of medicines.
- We saw people were given time to take their medicine and this was done in their preferred way.
- Records were in place for controlled drugs and for medicines requiring refrigeration. These demonstrated the correct checks were undertaken to ensure these medicines were stored safely and in accordance with manufacturer's instructions.

Preventing and controlling infection including the cleanliness of premises

- Following concerns raised from partner agencies, the registered manager and staff team had taken action to improve the infection control practices at the home. The provider was in the process of updating their infection control policy.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

Visiting in care homes

The service was supporting people to receive visits in line with current government guidance.

Learning lessons when things go wrong

- Lessons had been learnt when things went wrong. Partner agencies had shared areas for improvement with the provider who had taken action to bring about the necessary changes.
- Practices were in place to monitor the improvements made. This ensured any future actions could be identified and addressed promptly.

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 our last inspection we rated this key question good. At this inspection this key question has not changed and remains good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- A holistic assessment of people's needs was completed prior to them moving into the service. Relatives told us they were involved in this process.
- Nationally recognised tools were used to monitor people's health and wellbeing. This included the Malnutrition Universal Screening Tool to assess people's nutritional needs and the Waterlow score to assess people's pressure sore risk. These were used consistently to ensure people's needs were met.

Staff support, training, skills and experience

- People were supported by staff who were trained to carry out their roles. Staff were provided with support and training to be able to meet people's needs effectively. Staff confirmed and records showed they received the training they needed to meet people's needs.
- New staff completed an induction where they worked with experienced staff to understand and gain knowledge about the job role. Staff confirmed they were provided with supervision to monitor their performance and enable them to professionally develop
- People's relatives told us they felt staff were competent. One relative said, "You see how good they are at their job. When people in the day room shout or try and take their clothes off, the staff know what to do and can calm them down."

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

- People at risk of malnutrition and dehydration were monitored and encouraged to eat and drink. Food and fluid records were in place for those identified at risk of malnutrition, or dehydration and referrals to the appropriate health care professionals were made when needed.
- Where food and fluid charts were in place, these demonstrated that people had been offered enough to eat or drink on a regular basis. We observed people being encouraged and supported with drinks and snacks throughout the day.
- People told us they enjoyed the meals provided and we saw they were consulted about their preferences.
- The chef had a good understanding of people's dietary needs and preferences. We observed the chef at the lunch time meal and saw they had a good rapport with people.

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

- Systems in place supported staff to provide consistent care. Records were in place to monitor people's health and well-being and enable the management team to follow up on any concerns.
- Staff worked with a range of visiting healthcare professionals. We saw that actions left by partner agencies had been met. Staff had the relevant information to help support people's health and wellbeing.

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

- We received positive feedback from people and relatives regarding access to healthcare provision. One person told us, "If I need to see the doctor or nurse, they sort it for me." A relative told us, "My relative has never been so well since they have been at Castle Park. They look so much better than when they went in as they were not looking after themselves. They are now glowing."
- People were supported to access health care professionals such as chiropodists, opticians, and dentists. Everyone was registered with a local GP and had access to support from their surgery as needed.
- We saw people were supported to access vaccines to protect them from illness. Referrals were also made as needed to healthcare professionals to support people in maintaining good health.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff had received training in the MCA and understood the principles of the act. Staff had a good understanding of the support people needed to make decisions about their care, and this was reflected in their care plans.
- People were supported to make their own decisions and helped to do so when needed.
- The provider had applied for DoLS where required.

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 our last inspection we rated this key question good. At this inspection this key question has not changed and remains good.

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 service was well-led. The provider had taken action to bring about the necessary changes identified by partner agencies. This meant staff understood the key risks and priorities for the service. This enabled them to support people to achieve good outcomes.
- We received positive feedback about the registered manager from staff, people using the service and their relatives. For example, one relative told us the registered manager was lovely and that nothing was too much trouble. Another one said, the registered manager was, "Easy to talk to and very approachable. There is nothing to improve. It is well-managed, no issues, very clean."
- Staff were positive about working at Castle Park. Feedback from staff about the service and management was positive. Some members of staff had worked at the service for several years. One staff member told us, "I do enjoy working here, I must do I have been here a long time." Another staff member said, "We are like a family, everyone looks out for each other." This was also reflected in comments from relatives. One told us, "It is well led. Staff work well together. Some staff have been there for years and are always jolly."

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 and registered manager was aware of, and there were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

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

- The registered manager understood their role. The management team completed statutory notifications regarding incidents such as safeguarding concerns to CQC and other agencies. This meant external oversight and monitoring was maintained.
- Staff were clear about their roles and responsibilities and felt listened to, valued, and supported.
- Systems were in place to provide oversight of the service. Weekly and monthly audits were carried out. This included people's care records, infection control, and medicines management.

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

- People and their relatives had opportunities to provide feedback through surveys. The feedback we reviewed from recent surveys was positive. The registered manager confirmed she would audit the feedback once all surveys had been returned.
- The management team shared their knowledge with staff through staff meetings, supervisions, handovers, and communications.
- Relatives confirmed they were consulted about issues relating to their loved one's care. One said, "The staff are very good at telling me if my relative is not well."

Continuous learning and improving care; Working in partnership with others

- The registered manager had a positive attitude towards learning and making improvements to achieve good outcomes for people.
- Action plans showed that the provider had taken action to bring about the necessary changes identified by partner agencies and systems were in place to manage and monitor going forward.
- The provider and registered manager worked in partnership with health and social care professionals to achieve good outcomes for people.