

Barchester Healthcare Homes Limited

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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Castle Park is a care home providing personal and nursing care to 24 people who may live with a physical and/or learning disability at the time of the inspection. The service can support up to 27 people.

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

There was a warm and welcoming atmosphere in the home. There were enough well-trained staff to meet people's needs and keep people safe.

Many staff had worked at the service for a long time and knew people very well. Staff spent meaningful time with people and arranged activities they enjoyed.

Staff supported people to eat and drink well and meal times were a pleasant and relaxed experience. People with more complex needs received the help they needed to maintain a well-balanced diet.

Staff spoke highly of the support they received from the registered manager and the provider to develop their skills and knowledge.

There were systems and processes in place to support learning and continuous improvement in the service.

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.

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 24 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 Park

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 carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 both were looked at during this inspection.

The service had a manager registered with the CQC. 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 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and one relative about their experience of the care provided. We spoke with six members of staff including the registered manager, assistant manager, senior

care workers, care workers and activities co-ordinator.

We reviewed a range of records. This included three people's care records and a variety of records relating to the management of the service, including policies and procedures and meeting minutes.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at care records and quality assurance records.

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

- There were systems and processes in place to protect people from the risk of abuse and ill-treatment.
- Staff had received training in the safeguarding of vulnerable adults and knew when and how to report any concerns.
- The registered manager addressed issues proactively and followed local safeguarding procedures whenever necessary.

Assessing risk, safety monitoring and management

- Staff took measures to protect people from avoidable harm.
- Risk assessments were thorough, person-centred, and least restrictive. One person told us, "Yes, I feel safe, [Staff] take care of me. I couldn't ask for more."

Staffing and recruitment

- There were enough staff with the right skills to keep people safe.
- Staff responded to people in a timely manner. One person told us, "If I need assistance there is usually somebody close by." A relative told us, "There is enough staff always someone handy if I need them."
- The provider carried out robust recruitment checks to ensure only appropriate people were employed at the service.

Using medicines safely

- People received their medicines on time and as prescribed.
- Staff received training and were assessed as competent in the safe handling of medicines.

Preventing and controlling infection

- Staff maintained good hygiene standards to prevent the spread of infection.
- There were dedicated staff champions in this area who promoted best practice. A relative told us, "The cleaners are right on the ball, [Name's] room is spotless."

Learning lessons when things go wrong

- The registered manager took every opportunity to learn lessons and make improvements to safety.
- Staff understood their responsibilities to raise concerns and report incidents and managers carried out thorough investigations.

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

- Care and support was based on a thorough assessment of people's needs and preferences.
- Staff involved people, their families and carers in this process.
- Staff applied their learning effectively and followed best practice which led to good outcomes for people. One person told us, "My health has improved tremendously over the last few years."

Staff support: induction, training, skills and experience

- People benefitted from the support of well-trained staff.
- Staff received a thorough induction before they started working at the home and ongoing training to support them in their roles. One person told us, "[Staff] know how to deal with anything."
- The provider afforded staff opportunities for professional development. One staff member spoke highly of the support they had received to develop as a care practitioner.

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

- People had genuine choice and received the support they needed to eat and drink well. One person told us, "I like an English breakfast and I get it if I want it."
- Meal times were a relaxed and a pleasant experience. Tables in the dining room were nicely set with linen and condiments and a variety of drinks were available including lager and non-alcoholic wine.
- People ate at their own pace and staff provided support where needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- There were clear systems and processes in place for referring people to external health services.
- People's care plans outlined when medical advice should be sought. One person told us, "If I'm ever ill, [staff] know. They get the nurse and decide if I need a GP or to go to hospital."
- Health passports had been created and were shared with other health professionals to ensure people continued to receive the right support when they attended hospital.

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

- People lived in warm, homely environment.
- Rooms were decorated to suit people's individual tastes.
- Several people kept pets including birds and a rabbit.
- People benefitted from free access to a large, secure and accessible garden. One member of staff told us

people had helped to paint the garden furniture.

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.

- Staff had a good understanding of MCA and DoLS and were confident about using the Act. They followed the correct procedures in assessing people's capacity and best interest decisions were always made in accordance with legislation and people's wishes.

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

- Staff treated everyone with equal kindness and compassion.
- Staff demonstrated genuine passion for providing high-quality person-centred care. One staff member told us they looked after people as they would care for a member of their own family.
- People appeared relaxed and comfortable in the company of staff. People told us, "[Staff] are caring" and "[Staff are] very friendly."

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

- Staff gave people the information they needed to make decisions about their care and support, and they did this in a way people understood.
- Staff communicated with people in a variety of ways to gain their views. For example, one person chose what they wanted to wear each day by signalling 'thumbs-up' to staff.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to be as independent as possible. They allowed people to do what they could for themselves and offered help when it was needed.
- Staff respected people's right to privacy and stored confidential information securely.

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; 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

- Care was tailored to meet people's individual needs and preferences.
- Staff knew people very well, including their likes and dislikes and used this information to care for people in a way they preferred.
- The registered manager had supported people to decide which members of staff they wanted to support them. One person told us, "I'm going to be going out on [Date] with [Name] to the shopping centre. I went last week with [Name]."
- The home benefitted from a dedicated activities coordinator who planned a range of activities to suit people's different interests, including pamper sessions, movie nights and days out. One person regularly went swimming, which they really enjoyed.

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.

- People's communication needs were identified, and staff understood them.
- Information was available in different formats for people to use.
- Staff used various personalised communication aids to support people. One person communicated with staff by typing on an electronic tablet.

Improving care quality in response to complaints or concerns

- People knew how to give feedback about their experiences of care and support.
- The registered manager welcomed and acted on feedback received. Complaints investigations were thorough; lessons were learnt, and improvements made where possible.

End of life care and support

- Staff were aware of good practice and guidance in end of life care and knew to respect people's religious beliefs and preferences.
- People's care plans included their preferences for 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;

- There was a warm and welcoming atmosphere in the home.
- People benefitted from a dedicated, consistent and passionate team of staff. Many staff had worked at the service for a long time and told us how much they enjoyed it.

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

- There were clear and effective governance arrangements in place to ensure the quality and safety of the service.
- Staff held daily meetings to ensure important information was passed over between teams.
- Regular checks were carried out by the registered manager and the provider to measure the quality and safety of the service.
- The registered manager worked in an open and transparent way.
- The registered manager demonstrated a commitment to furthering their own knowledge and skills as well as the experiences of their staff team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager was a visible presence in the home and routinely engaged with people and staff about the running of the service.
- People attended monthly resident's meetings which were centred around their experience of care and support.
- Managers had a good relationship with the local authority and took on board any feedback about how improvements could be made in the service.