Castleview House Limited

Castle View 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

Summary of findings

Overall summary

This inspection took place on the 16 February 2016 and was unannounced.

Castle View provides care and accommodation to up to eight adults with enduring mental illness. It has been run as a family business for more than 20 years, with the owners in day-to-day charge of the service. The premises looks and feels like a normal home, is well decorated and tastefully furnished. People were enabled to manage their mental health and recovery if they became unwell by the support provided by staff in the service. There were seven people using the service at the time of our inspection.

The service had a registered manager. 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. A senior member of staff was in day-to-day charge of the service whilst the provider was actively recruiting a new manager.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

There were enough staff with the skills required to meet people's needs. Staff were recruited using procedures designed to protect people from the employment of unsuitable staff.

Staff had been trained to recognise and respond to the signs of abuse. Discussions with them confirmed that they knew the action to take in the event of any suspicion of abuse. Staff understood the whistle blowing policy and how to use it. They were confident they could raise any concerns with the registered provider or outside agencies if this was needed.

Staff were trained to meet people's needs and were supported through regular supervision and an annual appraisal to support them to carry out their roles.

Staff respected people in the way they addressed them and helped them to move around the service.

Staff were long serving, friendly and very knowledgeable about mental health matters and the needs and requirements of people using the service. Staff involved people in planning their own care. Staff supported people in making arrangements to meet their health needs. People had access to health services and referrals for additional support were made when people needed it.

Medicines were managed, stored, disposed of and administered safely. People received their medicines in a safe way when they needed them and as prescribed.

People received the support they needed to eat and drink. They had a choice of meals from a varied menu. Mealtimes were a relaxed and pleasant experience for people.

People's care was planned and delivered in a personalised way. The service had been organised in a way that promoted a personalised approach to people's activities. People were involved in making decisions about their care and treatment and had been supported to decide how they would like to be occupied, for example social activities and going out. People were given individual support to take part in their preferred hobbies and interests.

There were risk assessments in place for the environment, and for each individual person who received care. Assessments identified people's specific needs, and showed how risks could be minimised. The risks to individuals, for example in moving safely around the service, had been assessed and action taken to reduce them. Staff understood how to keep people safe. The registered provider had taken action to ensure the premises were safe and met people's needs.

There were systems in place to review accidents and incidents and make any relevant improvements as a result.

People knew how to make a complaint if they needed to. Complaints were responded to quickly and appropriately and people were given feedback in a way they could understand.

One of the owners is also the registered manager. They have maintained their skills and personal development through their membership of a nationally recognised and high profile mental health charity. There were systems in place to obtain people's views about the quality of the service and the care they received. People were listened to and their views were taken into account in the way the service was run.

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 were protected from abuse by staff who understood the daily challenges they faced and how they communicated their needs. Risks to people's safety and welfare were assessed. The premises were maintained and equipment was checked and serviced regularly.

There were sufficient staff to meet people's needs. Recruitment processes were safe and ensured only suitable staff were employed.

People received their medicines when they needed them and as prescribed. Incidents and accidents were investigated thoroughly and responded to appropriately.

Is the service effective?

Good

The service was effective.

People and their relatives spoke positively about the care they received. The food menus offered variety and choice and provided people with a well-balanced and nutritious diet.

Staff ensured that people's health needs were met. Staff worked to deliver effective care as directed by health and social care professionals who were expert in mental health care.

Staff understood people's individual needs. They had received appropriate training and gained further skills and experience through additional training. Staff were guided by the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards to ensure any decisions were made in the person's best interests.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect. Staff were supportive, patient and caring. The atmosphere in the service

was welcoming.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in their care planning. Changes in care and treatment were discussed with people which ensured their needs were met.

Care plans were comprehensive and records showed staff supported people effectively. People chose what activities they wanted to do and staff supported this.

People were given information on how to make a complaint in a format that met their communication needs. The provider listened and acted on people's comments.

Is the service well-led?

Good

The service was well-led.

The registered manager maintained their skills and had a good understanding of meeting their regulatory responsibilities.

The staff were fully aware and practiced the home's ethos of caring for people as individuals.

A system was in place to regularly assess and monitor the quality of the service people received, through a series of audits. The provider sought feedback from people and acted on comments made.

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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 checked 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 16 February 2016, was unannounced and carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). The PIR 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 gathered and reviewed information about the service before the inspection. We examined previous inspection reports and notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

We spoke with two people, and one relative about their experience of the service. We spoke with the provider and one member of staff. We asked two health and social care professionals for their views of the service.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at two people's care files, two staff record files, the staff training programme, the staff rota and medicine records.

At the previous inspection on 28 August 2014, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Good

Is the service safe?

Our findings

People told us they were safe at Castle View. One said, "I understand how to evacuate in an emergency, the staff help me with whatever I need, I am very happy with the owners of the home."

Staff supported people in the right numbers to be able to deliver care safely. People were independent and staff were not required by people all of the time. We could see that the way staff were deployed matched people's needs in their care plans. The staff duty rotas demonstrated how staff were allocated on each shift. We reviewed the rotas, which showed that the required number of staff were consistently deployed. Staff were experienced in caring for people with a mental illness. The rotas supported that there were sufficient staff on shift at all times. If a member of staff telephones in sick, the person in charge would ring around the other staff to find cover. This showed that arrangements were in place to ensure enough staff were made available at short notice. We saw that there were enough staff to supervise people and keep them safe.

People were protected from the risk of receiving care from unsuitable staff. Staff had been through an interview and selection process. The registered manager followed a policy, which addressed all of the things they needed to consider when recruiting a new employee. Applicants for jobs had completed applications and been interviewed for roles within the service. New staff could not be offered positions unless they had proof of identity, written references, and confirmation of previous training and qualifications. All staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

People were safeguarded by staff who were trained and understood their responsibilities to report concerns. Staff followed the provider's policy about safeguarding people and this was up to date with current practice. Staff had access to information so they understood how abuse could occur. Staff understood how they reported concerns in line with the providers safeguarding policy if they suspected or saw abuse taking place. Staff spoke confidently about their understanding of keeping people safe. Staff gave us examples of the tell-tale signs they would look out for that would cause them concern. For example bruising. Staff understood that they could blow-the-whistle to care managers or others about their concerns if they needed to.

People were protected from harm. The registered manager understood how to protect people by reporting concerns they had to the local authority or care managers. People had been assessed to see if they were at any risk from their behaviours and mental illness. The risk and vulnerabilities people faced living with mental illness fluctuated and this was taken into account by the registered manager. As the risks to people increased, the staff interventions increased as well to ensure people's mental health remained as stable as possible. Where risk had been identified, the steps staff needed to follow to keep people safe were well documented in people's care plan files. Additional risks assessments instructed staff how to promote people's safety at times when their mental illness got worse. For example, if people became more vulnerable in their local community due to changes in their behaviours.

There were systems in place to monitor and collate incident and accident data to make sure that responses

were effective and to see if any changes could be made to prevent incidents happening again. Risks were reduced by consensus and with respect to people's independence. The records showed that management were investigating and reviewing the reports and monitoring for any potential concerns. This ensured that risks were minimised across the service and that safe working practices were followed by staff.

Staff followed the provider's policy on the administration of medicines which had been reviewed annually. Staff told us that their medicines administration competences were checked by the registered manager against the medicines policy and that they had no concerns about the management of medicines in the service. We saw discussions from competency checks had been recorded in staff files. Medicines were stored safely and securely in temperature controlled rooms within lockable storage containers. Storage temperatures were kept within recommended ranges and these were recorded. Staff understood how to keep people safe when administering medicines.

The medicine administration record (MAR) showed that people received their medicines at the right times as prescribed by their GP. The system of MAR records allowed for the checking of medicines, which showed that the medicine had been administered and signed for by the staff on shift. Medicines were correctly booked in to the service by staff and this was done in line with the service procedures and policy. 'As and when' required medicines (PRN) were administered in line with the PRN policies. This ensured the medicines were available to administer safely to people as prescribed and required. People were asked for their consent before they were given medicines and staff explained what the medicine was for.

The premises had been maintained and suited people's individual needs. Equipment checks and servicing were regularly carried out to ensure the equipment was safe and fit for purpose. There was a contract for servicing mobility equipment. Environmental risk assessments were in place to minimise the risk of harm. Other risk assessments included general welfare, slips trip and falls, and infection control. This showed us that the premises, equipment and work was regularly assessed and protective measures were put in place to support staff carrying out their duties safely.

The registered provider had policies about protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue. There was an out of hours on call system, which enabled serious incidents affecting peoples care to be dealt with at any time. People who faced additional risks if they needed to evacuate had a personal emergency evacuation plan written to meet their needs. People and staff received training in how to respond to emergencies and fire practice drills were in operation. Records showed fire safety equipment was regularly checked and serviced. Therefore people could be evacuated safely.

Good

Is the service effective?

Our findings

People told us that they could make their own decisions about their care and routines. Staff supported people to maintain their mental health by assisting them to attend regular appointments with the community mental health team or GP.

People's general health and wellbeing was monitored by staff. For example, they assisted people to check their blood sugar levels to help them manage their diabetes. Others had their weight monitored and recorded so that they could stay healthy. Records showed that if people reported feeling unwell staff took appropriate action. For example, one person had complained of a painful ankle and staff supported them to A&E to get this checked.

People consented to their care and their rights were protected. People told us that staff asked their consent before entering their rooms or providing care and support. We saw that people had consented to receiving things like dental treatment in their care plans. Care plans included advanced decisions about the care staff should provide if people became mentally unwell and could not make their normal day-to-day decisions.

Staff told us that the training was well planned and provided them with the skills to do their jobs well. Training consistently provided staff with the knowledge and skills to understand people's needs and deliver safe care. The provider had systems in place to ensure staff received regular training, could achieve recognised qualifications and were supported to improve their practice. Training was planned and specialised to enable staff to meet the needs of the people they supported and cared for.

The staff team was very stable and there had been no new staff starting for several years. However, there was a system in place to ensure that any newly recruited staff would receive an induction that followed nationally recognised standards in social care. The training and induction provided to existing staff ensured that they were able to deliver care and support to people to appropriately. Staff were provided with regular one to one supervision meetings as well as staff meetings and annual appraisal. These were planned in advance by the registered manager and fully recorded. Training records confirmed staff had attended training courses after they had been requested in supervision meetings.

Staff were experienced in maintaining safety and reducing the risk of harm from challenging behaviours when people's mental health was unstable. Staff had received training in relation to caring for people with behaviours that may cause harm to themselves or others.

People's health was protected by proper health assessments and the involvement of health and social care professionals. Community psychiatric nurses (CPN) visited people every two or three weeks to assist staff to maintain people's wellness and recovery. We asked staff about their awareness of people's recorded needs and they were able to describe the individual care needs as recorded in people's care plans. This meant that staff understood how to effectively implement people's assessed needs to protect their health and wellbeing.

People were provided with food and drink that enabled them to maintain a healthy diet and stay hydrated. One person said, "I get plenty to eat and drink and go out shopping for food." There was lots of flexibility for people around eating, drinking and meals. People had access to their own chosen foods and they were supported to prepare and eat this whenever they wanted. This helped people maintain their independence and created a person centred culture around meals. People had been asked for their likes and dislikes in respect of food and drink. Staff supported people to avoid foods that contained known allergens people needed to avoid. Food preparation areas were well presented and clean. They were accessible to people at any time. Members of staff were aware of people's dietary needs and food intolerances.

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. The application procedures for this in care services and hospitals are 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 were being met. Care plans for people with fluctuating capacity due to their mental illness, showed that decisions had been made in their best interests. These decisions included how decisions would be made on people's behalf when their mental health changed. Records showed that relevant people, such as social and health care professionals and people's relatives had been involved.

Records showed that the registered manager understood when an application should be made and how to submit them. Care plan records demonstrated DoLS applications had been made to the local authority supervisory body in line with agreed processes. This ensured that people were not unlawfully restricted.

Good

Is the service caring?

Our findings

People were positive about staff and living at Castle View. People said, "I get on well with my roommate and like my room."

Positive relationships had developed between people who used the service and the staff. People stated that the staff were kind and helpful and were approachable to ask for help and assistance. One person said, "I know I have a care plan and staff speak to me about this."

The staff we spoke with were aware of what was important to people and were knowledgeable about their preferences, hobbies and interests. They had been able to gain information on these from the 'Person centred care plans', which had been developed through talking with people, their relatives and people's named community psychiatric nurse. This information enabled staff to provide care in a way that was appropriate to the person.

We observed good communication between staff and people living at Castle View, and found staff to be friendly and caring. Best interest meetings about important decisions were recorded. People with changing capacity to make day-to-day decisions about their care were still offered choice and provided with information to help them decide what they wanted to do.

The rooms within the service were personalised to a high degree to people's choice and lifestyle. This was a positive aspect of the service during the inspection. We saw examples of how people had negotiated things like the floor coverings and décor. This was in some cases a sensitive negotiation process where staff had been mindful and respectful of people's dignity and self-expression and managing the complexity of people's needs. Staff were able to describe ways in which people's dignity was preserved, such as making sure people's doors were closed when they provided care. Staff explained that all information held about people who lived at the service was confidential and would not be openly discussed to protect people's privacy.

People were encouraged to be as independent as possible. People gave us many examples of things they liked to do themselves. Records showed that people were supported to maintain family relationships. People often went out into their local community and the people we spoke with expressed how important this was for them. Advocacy services were available to people. People living at the service whose first language was not English had accessed translation services for meetings and to explain their care plan.

People and their relatives were asked for feedback about the service. People set their own care goals. Decisions about household routines were taken collectively by people at their house meetings.

Good

Is the service responsive?

Our findings

Staff told us that people received care or treatment when they needed it. People felt confident to make a complaint if they needed to.

People were independent when it came to how they spent their time. This included involvement in household tasks. Staff were responsive and flexible to people's choices and needs. People could change their minds and told us they did not have to do their chosen activity. People had a routine for one to one staff support in the community. This included participating in leisure activities, going to the pub for lunch and personal shopping.

People's needs had been fully assessed and care plans had been developed on an individual basis. Staff completed an assessment with people, their psychiatrist and the community psychiatric nursing (CPN) team or their relatives. Before people moved into the service an assessment of their needs had been completed to confirm that the service was suited to the person's needs. After people moved into the service they and their families where appropriate, were involved in discussing and planning the care and support they received. The assessments of care and care plans were consistent with good practice in community mental health services. There was a heavy emphasis on information and assessment from psychiatrist and the community psychiatric nursing (CPN) teams. Assessments and care plans reflected people's needs and were well written. Care planning happened as a priority when someone moved in. We could see people's involvement in their care planning was fully recorded.

The care people received was person centred and met their most up to date needs. People's life histories and likes and dislikes had been recorded in their care plans. Staff encouraged people to advocate for themselves when possible. This assisted staff with the planning of activities for people. Each person had a named key worker. This was a member of the staff team who worked with individual people, built up trust with the person and met with people to discuss their dreams and aspirations. We saw from care plans that when people had met and chosen activities these had been organised by their key worker and they recorded when they had taken place.

Mental health support care plans detailed early interventions based on people's individual needs. This enabled staff to intervene early if they saw people's mental health deteriorating based on known patterns of behaviour. Staff understood the recorded behavioural triggers for each person. If people's needs could no longer be met at the service, the registered manager worked with the local care management team to enable people to move to more appropriate services.

The registered manager sought advice from health and social care professionals when people's needs changed. Records of multi-disciplinary team input had been documented in care plans for District Nurses. These gave guidance to staff in response to changes in people's health or treatment plans. This meant that there was continuity in the way people's health and wellbeing were managed.

The registered manager and staff responded quickly to maintain people's health and wellbeing. Staff had

arranged appointment's with GP's when people were unwell. This showed that staff were responsive to maintain people's health and wellbeing.

There was a policy about dealing with complaints that the staff and registered manager followed. This ensured that complaints were responded to. People had one to one meetings with staff on a monthly basis and each week they had a meeting as a group. At these meetings people were encouraged to talk about any concerns or complaints they had about the service. Staff understood that people with mental health issues may not always be able to verbally complain. Staff compensated for this by being aware of any changes in people's mood, routines, behaviours or health.

There were examples of how the registered manager and staff responded to people's request. All people spoken with said they were happy to raise any concerns. The registered manager always tried to improve people's experiences of the service by asking for and responding to feedback.

Good

Is the service well-led?

Our findings

People told us they liked living at the service and were happy there. People were confident to raise concerns about their care and said they could speak to any staff if they were worried about anything.

The service was well led by managers who maintained their skills and understanding in mental health issues. As well as following the most up to date information and research from the mental health charity MIND, the registered manager was a registered mental health nurse and qualified in cognitive behavioural therapy. Cognitive behavioural therapy (CBT) is a talking therapy that can help people manage their problems by changing the way they think and behave. It is most commonly used to treat anxiety and depression, but can be useful for other mental and physical health problems.

Management had a clear vision and set of values. They followed The Social Care Institute for Excellence (SCIE) dignity in care guidance. This is for people who want to make a difference by improving standards of dignity in care. It provides a wealth of resources and practical guidance to help service providers and practitioners in developing their practice, with the aim of ensuring that all people who receive health and social care services are treated with dignity and respect. These were described in the Statement of Purpose, so that people had an understanding of what they could expect from the service. It was clear that staff were committed to caring for people and responded to their individual needs. For example, individual and varied activities, individualised records of support and bedrooms that had been decorated to the individuals taste. The registered provider was making available the required resources to drive improvement in the service. Management promoted an open culture by making themselves accessible to people and visitors and listening to their views. They regularly kept in touch with families.

Staff understood who they were accountable to, and their roles and responsibilities in providing care for people. Staff told us that they work closely with the registered manger and provider who also worked shifts at the service. People and staff told us that these managers were approachable and supportive, and they felt able to discuss any issues with them.

Management worked with the commissioners of the service to review people's needs to ensure the service continued to be able to care for them effectively. Referrals had been made to health professionals for advice and training and staff followed recognised practice for delivering community mental health services.

There were systems in place to review the quality of all aspects of the service. This included infection control, medication, safety of the premises, staff records, training and care planning.

Appropriate and timely action had been taken to protect people from harm and ensure that they received any necessary support or treatment. There were auditing systems in place to identify any shortfalls or areas for development, and action was taken to deal with these for example, refresher training for staff. These checks were carried out to make sure that people were safe.

People were asked for their views about the service in a variety of ways. These included monthly keyworker

meetings, house meetings and 1-1 discussions with people about their care. People were asked about their views and suggestions; events where family and friends were invited; and there was daily contact with management and staff.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service.

Management was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team. Management understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.

Management were kept informed of issues that related to people's health and welfare and they checked to make sure that these issues were being addressed. There were systems in place to escalate serious complaints to the highest levels within the organisation so that they were dealt with to people's satisfaction.

Staff had access to the records they needed to care for people. They completed accurate records of the care delivered each day and ensured that records were stored securely. People knew they could see their care plan if they wished to.