Newcastle-upon-Tyne City Council

Castle Dene

Inspection report

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Ratings

Overall rating for this service	Good
Is the service responsive?	**Requires improvement**

Overall summary

We carried out an unannounced comprehensive inspection of this service on 19 and 21 November 2014. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach concerning record keeping.

We undertook this focused inspection on 13 November 2015 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to this requirement. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Castle Dene on our website at www.cqc.org.uk.

Castle Dene provides respite care for people with physical and learning disabilities. The centre has seven beds, three of which are used to accommodate people who needed emergency placements in times of crisis. At the time of our inspection there were six people using the service.

A registered manager was in post at the time of the inspection. 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.

We found improved measures were now in place to ensure people using the service had appropriate care plans for meeting their needs and upholding their rights.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service responsive?

We found that action had been taken to improve how responsive the service was.

Improvements had been made to the care planning arrangements for people using the service. Records now demonstrated how people's needs were being met and their rights protected.

We could not improve the rating for 'Is the service responsive?' from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires improvement 

Castle Dene

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Castle Dene on 13 November 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider had been made after our comprehensive inspection on 19 and 21 November 2014. We inspected the service against one of the five questions we ask about services: 'Is the service responsive?' This was because the service was not meeting a legal requirement at the time of our comprehensive inspection.

This inspection was undertaken by one adult social care inspector. During the inspection we reviewed two people's care records and discussed our findings with the team leader and a care services officer.

Requires improvement

Is the service responsive?

Our findings

At our comprehensive inspection in November 2014 we found a breach of a legal requirement in relation to record keeping. An accurate and complete record had not been maintained of each person's care and treatment and of decisions taken in relation to the care and treatment provided. This related specifically to the people who were staying at the centre longer term on an emergency basis and who were subject to Deprivation of Liberty Safeguards (DoLS). These are safeguards under the Mental Capacity Act 2005 which protect people from having their liberty restricted without lawful reason.

The provider sent us an action plan following our comprehensive inspection that gave us assurances about the action they were taking to improve record keeping. They told us people's care plans had been updated and discussion had taken place with staff about the importance of timely and accurate care planning. Baseline assessments were being completed on admission to capture essential information about people referred in an emergency. Work was also being undertaken to embed the rights of people subject to DoLS into their care plans and audits were being introduced to keep regular checks on care records.

During this inspection the team leader confirmed that staff had rectified the deficits to records which we had identified at the last inspection. They told us recording standards had been reinforced through meetings and supervisions with the care service officers who were accountable for care planning. They also showed us that recent audits had been carried out which monitored the care records of the people staying at the centre on an emergency basis.

We reviewed care records and found that people's needs had been assessed when they were admitted to the centre. Assessments of people's care and support needs, any associated risks, and details of previous care arrangements had been obtained from social workers. The information from these assessments was used to devise care plans which addressed the ways the individual's needs would be met during their stay.

The care plans guided staff on how each person preferred to be supported with different aspects of their care such as personal hygiene, eating and drinking, independent living skills, and support needed at night. Care plans took account of the individual's abilities and the extent of support they required. For example, one person had a care plan for self managing their medicines and another person had a communication plan that described the methods they used to express their needs and feelings. We noted the care plans were not always evaluated as often as stated and that this had just been highlighted to staff in the last records audit.

Care records contained all relevant documentation of the formal processes that had been followed to assess mental capacity, make best interest decisions, and authorise DoLS. There was evidence in care plans that people's liberty and autonomy were promoted. For instance, one person had a clear agreement of expectations which had been drawn up with them by their key worker. This set out the person's and the service's responsibilities in helping them to stay safe and healthy and the best ways of supporting them during their stay at the centre.

The ways that people exercised control in their lives were also built into care plans. These included maintaining relationships with people who were important to the person and times when they were able to be unsupervised in the community and travelled alone. Another person's care records demonstrated that they were regularly supported to access the community, accompanied by staff, and to take part in activities they enjoyed within the centre. Care plans for people's discharge from the centre were being further developed to specify the time limits of DoLS and the agreed frequency of reviews with the person, their social worker and representatives.

We concluded that the standards of record keeping had improved to reflect people's needs and uphold their rights; and that the provider was no longer in breach of the relevant regulation.