

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 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 residential care home providing personal and nursing care to 27 people aged 65 and over at the time of the inspection. The service can support up to 40 people.

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

Systems and processes were in place designed to protect people from abuse. People felt safe and had confidence in staff and the registered manager. There were enough staff to meet people's needs and staff were recruited in a safe way. People's medicines were managed in a safe way so that people received their prescribed medicines at the right time and the right way. Risks were assessed and managed to keep people safe while also upholding their freedom and autonomy.

Care and support was delivered in a line with current legislation and achieved good outcomes for people. Staff received the training and support they required to meet people's needs. People were supported to eat and drink enough and enjoyed the meals provided. People were able to access the healthcare services they required and staff knew how to recognise when people's health had deteriorated.

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 were treated with kindness and compassion. People and staff had developed positive relationships. Staff knew people well and knew how to provide reassurance when this was required. People were actively involved in making decisions about their care and support. Staff respected people's privacy, dignity and independence.

Care and support was person centred and met people's needs. Staff understood and respected people's equality and diversity needs. People were able to follow their interests and hobbies and enjoyed the range of activities provided. People knew how to make a complaint and felt confident doing so. Complaints were taken seriously and used as an opportunity to improve the service.

The culture of the service was open and inclusive. People and staff had confidence in their manager and said they were engaged and listened to. Staff were proud of the care and support they delivered and motivated to achieve good outcomes for people. There were effective quality monitoring systems and audits were used to identify shortfalls and take action to improve. Staff worked with other agencies such as the local authority, clinical commissioning group and other healthcare professionals to ensure people received all of the support they required.

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 21 February 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 two inspectors.

Service and service type

Castle Park is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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 Care Quality Commission. 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

The 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. 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 five people who used the service about their experience of the care provided. We spoke with seven members of staff including registered manager, the administrator, care workers and the chef. We used

the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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

- People told us they felt safe and felt they could speak with staff about any concerns they have. One person said, "It's very pleasant here and I feel safe." Another person said, "I have been here a long time you know. I am happy here and have always felt safe."
- Staff understood their responsibilities to protect people from abuse. They knew how to recognise the signs of abuse and who to report this to.
- A staff member said, "I am confident to challenge people myself and If I saw any unkind caring I would report to the registered manager and I know they would talk to the staff about what had been reported."

Assessing risk, safety monitoring and management

- Risk was assessed and people's safety was monitored and managed. For example, people's risk of developing pressure sores and risk of falling was assessed. Safety and mobility care plans were in place so that staff knew what to do to reduce risk.
- Staff used mobility equipment in a safe way and had received training about safe moving and handling.
- Staff knew how to manage behaviour that was risky or challenging. They worked with community mental health teams and supported people appropriately.

Staffing and recruitment

- People said there were enough staff to meet their needs. One person said, "There is enough staff and I can't see what would be needed to have more staff really." Another person said, "Staff come to me on time when I need help and they help me there and then."
- Staff told us there were enough staff with the right skills to meet people's needs. One staff member said, "Staffing levels are good here. It can sometimes be manic but you get everything done though." Another said, "We don't have many changes in staff here. There is always enough staff. We all get on and it makes the job nicer. If we didn't have this group of staff it wouldn't be this good I don't think."
- Staff were recruited in a safe way.
- Checks were carried out so that as far as possible, only staff with the right skills and experience were employed.

Using medicines safely

- People told us they received their medicines at the right time and in the right way. One person said, "I always get my tablets."
- Medicines were managed by qualified nurses who had received training and had their competency assessed.

- Medicines were stored securely and in line with manufacturers guidelines. Medicine administration records were accurate and up to date.
- Checks were carried out to ensure people received their medicines at the right time and that records were kept up to date
- Staff knew what to do in the event of a medicine error and told us they would always seek medical advice.

Preventing and controlling infection

- The premises were kept clean and hygienic. Separate cleaning staff followed daily cleaning schedules.
- Staff had received training about protecting people from infection and had the protective equipment such as gloves and aprons they required.
- Staff sought advice from the community infection control team when this was required.

Learning lessons when things go wrong

- Accidents and incidents were audited monthly and analysed.
- Action was taken when things went wrong. Changes were made to care plans if people had a fall or accident to reduce the risk of injury.

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

- People had their needs assessed before moving into the service. This meant the registered manager checked people's needs could be met. For example, a person was moving into the service on the day of our inspection. Staff had arranged a specialist air mattress because the person was at risk of developing pressure sores.
- Assessed needs were reviewed at least monthly and changes were made to care plans accordingly.
- Staff kept up to date with current guidance and best practice standards through ongoing training and through visiting healthcare professionals.
- Qualified nurses had opportunities to maintain their professional registration through training and revalidation. Checks were carried out to ensure nurse registrations were current and in date.

Staff support: induction, training, skills and experience

- People praised the staff and said they were well trained.
- Staff received induction and ongoing training. The majority of care staff had achieved nationally recognised qualifications in care.
- Staff told us the training was good. One staff member said, "We're always training, we get lots of it. I recently did a moving and handling course,"
- Staff also received supervision with their manager. This meant they were given opportunities to discuss and plan for their learning and development needs. A staff member said, "The registered manager has offered extra training about dementia care."

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

- People liked the meals provided and said they had enough to eat and drink. One person said, "I like my porridge in the morning and there is always a jug of juice in my room. Another person said, "The food is good and you get plenty of choice and you always get a drink when you want one."
- Staff offered people choices and mealtimes were flexible to meet people's needs. People were consulted about and involved in developing the menu. People could ask for meals that were not on the menu and where possible, this was provided.
- Meals were well presented and plentiful. Staff supported people in a sensitive and appropriate way and gave people the time they required.
- The chef knew people well and knew about their likes and dislikes and dietary needs. Some people were at risk of malnutrition. The chef prepared fresh fortified milkshakes made with milk, honey, sugar and bananas each day.

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

- The service provided nursing care so there was a qualified nurse on duty at all times.
- People had access to healthcare services. Staff knew how to recognise changes to people's health and sought advice from appropriate healthcare professionals such as doctors and speech and language therapists.
- The registered manager had arranged additional staff training about falls management and had sought advice from the community falls team.

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

- The service was being refurbished and redecorated at the time of our inspection.
- Changes had been made and were planned to meet people's needs. For example, the kitchen was moved to make more space for the dining area and to allow staff to give better supervision to people.
- A separate kitchenette had been developed for people to use and maintain their independence.
- New patio doors with a ramp for wheelchair access had been fitted so that people had easier access to the rooftop garden.
- The refurbishment was ongoing and people had been consulted about the changes and asked for their feedback and input.

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. We found that they were.
- People had their capacity assessed and best interest decisions were made where this was required.
- Staff had received training and understood their responsibility to ensure consent was sought in line with the MCA and DoLS.

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

- People were treated with kindness and compassion. One person told us, "The staff are nice, they create a good atmosphere."
- Interactions between people and staff were positive and respectful. Staff were attentive, engaging people in conversation and people responded well.
- Staff knew people well. They knew how to offer reassurance and recognised when people were distressed or in pain even when people could not verbally communicate this.
- Staff were passionate about treating people well and proud of the care at the service. A staff member said, "I think of people here like grandparents. I look after them like I do mine. I would be happy for them to live here."

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

- People were consulted about changes and encouraged to be involved in decisions about their care. People or their relatives were involved in developing and reviewing their care plan. This meant care and support could be delivered in the way people preferred.
- One person said, "The staff will come and help you if you need them, You can make your own mind up and decisions. I love it here, I don't want to go home, I've got people to talk to. People are my friends." Another person said, "The staff listen to me and that's what I want."
- Staff gave us examples of how they involved people and gave people choices. A staff member said "We respect people's wishes. If someone wants to stay in bed for example then they can, why not?"

Respecting and promoting people's privacy, dignity and independence

- People had their privacy, dignity and independence respected. One person told us, "I am independent with washing and dressing and showering. They (staff) respect my privacy, they are well trained."
- A staff member told us, "We treat people as individuals, talk to people whilst giving personal care. Let's face it we wouldn't choose for someone to do our own personal care. We make sure doors and curtains are closed and support people how they choose to be supported."
- Staff had received training about privacy and dignity and some staff had become 'dignity champions'. This meant they had attended training with the local authority about promoting dignity and would challenge other staff if people were not offered choices.
- The registered manager told us they intended to apply to the local authority for a dignity award.

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

- People had a care plan which reflected their physical, mental, emotional and social needs. People's care plans were detailed and instructed staff about people's routines, interests, social and cultural needs
- Staff had recorded information about people's past lives and the things that were important to them. This meant staff got to know people well and could better understand their needs and protected characteristics under the Equality Act, even when verbal communication was difficult.
- People told us staff met their individual needs.
- Staff understood people's needs. For example, they knew how a person with complex mental health needs required support in a certain way so they would feel safe.

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.

- Information was available in accessible formats such as pictures and large print.
- People's communication needs were identified as part of the assessment process.

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

- People told us their relatives were made welcome at the service. We were given examples of how staff involved people's relatives and encouraged people to maintain important relationships.
 - People were able to follow their hobbies and interest. One person was able to carry out tasks they had done as part of their previous occupation. This made them feel valued and fulfilled.
- An activities organiser was employed. We saw staff hosting a game of bingo. People enjoyed this and were supported to participate as much as they wanted to. In the afternoon an entertainer sang to people in the communal lounge and people reacted to this in a positive way.
- People had access to nail care manicures. One person showed us their nails and was really impressed with them and said they felt pampered.
- Staff took into account people's culture and values. People were supported to follow their chosen religion.
- As part of 'national dignity day' staff asked each person what they would like as a treat. People chose cream cakes or activities such as dancing. One person had a Chinese meal and was taken to a museum.

Improving care quality in response to complaints or concerns

- Complaints were investigated and used as an opportunity to improve. We were given examples of action being taken in response to a complaint.
- The policy for staff using mobile phones had been changed in response to a concern.

End of life care and support

- Staff had received training about end of life care. All of the qualified nurses had received training about symptom control and end of life care planning.
- People's end of life wishes were explored recorded. This supported people to have a dignified and pain free death.
- Training had also been provided by a local undertaker. This had supported staff to say goodbye to people and to deal with loss.

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 requires improvement. At this inspection this key question has now improved to 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 person centred, open and inclusive. People and staff told us they were supported and people's needs were met.
- There was a low turnover of staff and many staff had worked at the service for a long time. The registered manager and staff were proud of the service and said that staff worked well as a team.
- A member of staff said about the manager. "She asks us how we are, is interested in our personal circumstances which I am comfortable sharing with them."
- People and staff were complimentary about the registered manager. Staff felt supported. "A staff member said "The manager is good at their job. They are always on the floor and can support the nursing shifts too." Another said, "The manager helps with shift changes when you have personal issues."
- The registered manager explained that working with the staff enabled them to monitor the culture at the service and staff performance.

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 registered manager understood their duty to be open and honest when things went wrong. They sent us notifications about events that occurred at the service as they were required to.

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

- There were quality monitoring processes in place. Audits were carried out and when shortfalls were identified action was taken to improve. For example, health and safety audits identified new flooring was not robust enough so this was replaced.
- The registered manager also welcomed external audits and took action where required. Changes had been made to medicine protocols so that staff were clear about when 'as required' medicines should be given.
- Since our last inspection, changes had been made to improve how information gathered through audits was used. The analyses and recording of information was improved to show clear audit trails of action required and action taken.

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

- Residents meetings were held and people were asked to give their feedback and opinions about the service. People were invited to choose colours for decorating and soft furnishings. They were asked about the menu and activities provided.
- People said they didn't want a big pudding at tea-time so this was changed to cake instead. People had asked for pictures of Derby in past times to be included in the new décor so the registered manager was arranging for these to be put on to canvases.
- Satisfaction surveys were sent out annually. There had been a low return rate, but action was taken where people had asked for this. One person had identified they were not sure how to make a complaint so a copy of the complaints procedure was sent to them.
- Staff were engaged and involved in the development of the service. Staff meetings were held and staff were invited to give their feedback and make suggestions for improvements. Staff had suggested a change to the layout of the lounge and said this would make it easier for people to access the toilets. This was implemented and improved outcomes for people.
- Staff told us there was a good team ethic and they were listened to.

Continuous learning and improving care

- The registered manager and staff were committed to continuous improvement and attended training and made changes to achieve this.
- The service was being refurbished and this was due to be completed early 2020.

Working in partnership with others

- Staff worked with other authorities and healthcare professionals to ensure that people received joined up care and support. We received positive feedback from the clinical commissioning group about the registered manager.