Care Quality Commission

Newcastle-upon-Tyne City Council

Castle Dene

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?	Requires Improvement
Is the service well-led?	Good

Overall summary

The inspection took place on 19 and 21 November 2014 and was unannounced. This means the provider did not know we were coming on the first day. We last inspected Castle Dene in December 2013. At that inspection we found the service was meeting all the regulations we inspected.

Castle Dene provides respite care for people with physical and learning disabilities. Services were being provided to 35 people. The centre had seven beds, three of which were used to accommodate people who needed emergency placements in times of crisis. At the time of our inspection there were seven people staying at the centre.

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

Summary of findings

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 that care was provided in a safe and clean environment that was well equipped to meet people's needs. Potential risks were assessed and managed to ensure people were kept safe during their care delivery. People were assisted in maintaining their health and taking their medicines safely. A range of food and drinks was offered and people were given appropriate support in meeting their eating and drinking needs.

Thorough recruitment checks were undertaken before new staff started working with vulnerable people. There were enough staff on duty at all times to provide people with safe and consistent support. The staff were well supported in their roles and given training that enabled them to meet people's diverse needs. All staff were aware of their responsibilities to protect people from being harmed or abused and understood how to report any safeguarding concerns.

People and their families were happy with the care and support provided and had good relationships with the staff team. The staff knew people very well and treated them as individuals. People were supported to take part in activities they enjoyed and to access the community to meet their social needs.

Staff were caring and sensitive in their approach and encouraged people to make every day choices about their care. Where people did not have the capacity to make important decisions about their care, the service worked with families and other professionals to uphold their rights under the Mental Capacity Act 2005.

The service had clear aims and objectives and was well managed. The registered manager provided leadership to staff and was accessible and supportive. There was an open culture and people and their families were able to be involved in developing the service. Suitable arrangements were in place to monitor and assure the quality of the service that people received.

Most care records reflected the person centred care provided, but there were omissions in the care planning for people who were staying at the centre longer term. This meant that the personal records for people using the service did not always protect them against the risks of receiving unsafe or inappropriate care. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the revised Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 safe?
The service was safe.

People were cared for by staff who protected their personal safety and understood how to prevent the risks of harm and abuse.

A robust recruitment procedure was followed. Enough staff were employed to meet people's needs in a safe way.

There were appropriate arrangements for making sure people received their prescribed medicines safely.

The environment was well maintained and health and safety checks were carried out to promote the safety of people using the service.

Good

Is the service effective?
The service was effective.

People received care that was tailored to their individual needs and preferences.

People were assisted to meet their nutritional needs and were well supported with eating and drinking, where they were unable to do so independently.

Staff were provided with training and support that gave them the skills to care for people effectively.

The registered manager and staff had a good understanding of mental capacity law and their responsibilities towards people unable to consent to their care.

Good

Is the service caring?
The service was caring.

There were positive relationships and good communication between the staff, people using the service and their families.

Our observations confirmed that people experienced personalised support in meeting their needs.

Staff were kind, attentive and treated people with respect. They worked in an inclusive way and were patient and encouraging when supporting people.

Good

Is the service responsive?
Most aspects of the service were responsive.

A person centred approach was taken in the delivery of care and people received plenty of individual support. But some people's care records did not fully address their current needs and how their rights were protected.

Requires Improvement

Summary of findings

People enjoyed a variety of social activities in the centre and in the community during their stays.

There was a clear complaints procedure that people and their families could use if they were unhappy with the service.

The service responded to people's changing needs and helped young people in their transition to using adult care services.

Is the service well-led?

Good 

The service was well led.

The centre had an open and welcoming culture. People's families and staff felt there was good communication and that they were well supported by the management.

The registered manager and staff took pride in providing a quality service to people with complex needs.

Quality assurance systems were in place to keep checks on standards and develop the service.

Castle Dene

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 was planned to check 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.

The inspection took place on 19 and 21 November 2014 and was unannounced. The inspection team consisted of one adult social care 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.

Before the inspection, the registered manager had completed a Provider Information Return (PIR). This 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 reviewed the PIR and other information we held about the service prior to our inspection. This included the notifications we had received from the service. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

During the inspection we talked with four people who were staying at the service and observed how staff interacted with and supported people. We telephoned three people's parents to get their views about the service and spoke with the registered manager, the team leader and six support staff. We looked at four people's care records, staff recruitment and training records and other records related to the management of the service.

Good

Is the service safe?

Our findings

The parents of people using the service were confident people were cared for safely at the service. They told us, "X is kept safe there, I've no concerns at all"; "There's a steady group of staff who know Y well, it's good for continuity"; and, "Z gets a lot of one to one support." One person we talked with said they liked coming to the centre and felt safe there.

Records showed that people's personal safety needs had been assessed. Where risks were identified, there was guidance for staff on the ways to keep people safe. This included measures for addressing risks associated with the person's health and well-being, their care delivery, and the safe use of equipment. Detailed behaviour plans were also in place for people whose actions were assessed as being a risk to themselves and others.

All care staff were trained in using techniques when supporting people with behaviour that may become challenging. The staff gave clear accounts of how they managed potentially harmful situations and said they never resorted to using excessive control or restraint. They described having a close working relationship with a specialist behaviour team and told us staff resources were increased when necessary to ensure people's safety.

Staff understood their roles in protecting vulnerable people and knew how to report any concerns about suspected abuse or poor care practice. The registered manager was aware of her responsibilities to act on any allegations of abuse and notify the relevant authorities. She told us there had been no safeguarding referrals in the past year involving staff working at the service.

Steps were taken to ensure the safekeeping of people's money. Individual records were kept of the cash deposited by, spent, and repaid to each person. Wherever possible, receipts for purchases and other personal spending were obtained. All transactions were signed for by two staff to verify they had been witnessed. Regular checks were carried out to make sure balances and cash were correct.

The staff team consisted of the registered manager, a team leader, care service officers, care support assistants and domestic staff. New care staff had recently been recruited to fill vacancies within the team. Records confirmed the applicants were thoroughly checked and vetted before they started working at the service.

The team leader told us the short break service was carefully planned, taking into consideration the compatibility of people staying and the complexity of their needs. They said staffing was organised flexibly in line with the numbers of people staying and the extent of care and support each person required. We saw that a minimum of three care staff were on duty during the day and two care staff at night. Senior care staff were designated on all shifts and an on-call system was operated at night in the event of emergencies or if staff needed advice and support. Staffing was also co-ordinated with care staff from a day centre and other care providers who worked with people staying at the centre.

During our visits we observed that staffing was well organised and enabled people to be given consistent individual support. The staff we talked with felt there was enough staff to safely meet people's needs. One staff member said, "We can bring in extra staff if we need them."

Care was provided in a clean and safe environment. Domestic staff worked to cleaning schedules and all areas of the building were clean, tidy and odour free. Plentiful supplies of disposable gloves, aprons and antibacterial gel were available to reduce the risk of infection. Staff conducted a range of routine checks such as fire safety, water temperatures and food hygiene checks to ensure standards were maintained.

A central department at the council arranged the maintenance of the building and servicing of facilities and equipment. We were told all maintenance issues were responded to promptly, usually within five days. There were robust arrangements in place to report, analyse and learn lessons from accidents and other safety related incidents.

We reviewed how people were supported with their prescribed medicines. There was an established process to request information from relatives about any changes in the person's health and medicine regime before each short stay. Relatives were asked to provide enough medicines for the duration of people's stays, in their original, labelled containers. Staff checked medicines on admission and followed up on any discrepancies if they did not correspond with the information held.

At the time of this inspection no-one who used the service managed their own medicines. Care staff administered all medicines and ordered medicines for people on extended

Good

Is the service safe?

stays to ensure they had sufficient supplies. Records confirmed all care staff were given annual training in the safe handling of medicines. Annual assessments were also conducted to check staff's competency in supporting people with their medicines.

Parents of people using the service were happy with the support they received with taking their medicines. One parent told us, "X has recently developed [medical condition] and is on new medication to control them. I know the staff can meet his health needs and he gets his medication appropriately." Staff followed individualised care plans which specified how people needed to be assisted with their medicines. The plans included special requirements such as giving liquid medicines by syringe and protocols for when and how emergency rescue medicines should be given.

Administration records were well documented with clear directions for medicines. Staff recorded the amount given and the balance left in stock each time medicines were administered. All entries were signed and no gaps were evident in the sample of records viewed. Daily checks were also carried out to ensure records and stocks of medicines were accurate and that people had received their medicines safely.

Good

Is the service effective?

Our findings

Parents of people using the service felt the service was effective in meeting their needs. They told us, “The staff are very capable and dedicated”; “We’re very satisfied with the service”; “We couldn’t do without it, it’s been a life-saver”; and, “I’m absolutely happy with the support, I only wish X could go more often.”

Staff told us they received a good level of training that gave them the skills to care for people effectively. They said they were given core training in safe working practices on an ongoing programme. Training specific to meeting the needs of individuals was provided, such as courses on supporting people with diabetes, epilepsy, and behaviour that challenges the service. Some staff told us training was also at times delivered by health professionals involved in people’s care.

A training matrix was kept that gave an overview of the training undertaken by the staff team and the dates courses were completed. The matrix showed staff were given training required by legislation at yearly or three yearly intervals. This included fire safety, moving and handling, food hygiene, and safe handling of medicines. We noted that a number of staff had not yet been trained or had refresher courses in infection control. The team leader assured us they would follow this up and arrange the training.

We were shown that all staff were given training in, and had access to, the provider’s multi-agency safeguarding procedures. Safeguarding training was provided every three years and courses were booked over the coming months to bring all staff up to date. One member of staff told us, “The training was very good, especially about recognising all the different types of abuse.”

All new staff had their performance and suitability assessed during a six month probationary period. We spoke with a new care support assistant who had just started at the service and was undergoing induction training. They told us, “As part of my induction I’ve read service users’ care plans and risk assessments to understand their care needs and how these should be provided. I’ve also been shadowing staff on shift.” They said they were enjoying working with people at the service and were complimentary about the support they were getting from the registered manager and their colleagues.

The registered manager and team leader provided all staff with annual appraisals and individual supervision sessions every eight to ten weeks. Staff confirmed this and told us they were suitably supported in their personal development.

Most of the staff we spoke with were well experienced and had worked in care for many years. We observed they worked in an inclusive way with people and always sought their permission before carrying out any proposed actions. We heard, for example, staff asking people what they wanted to do, or suggesting an activity, and then waiting for their response. Where people were unable to communicate verbally, staff had a good understanding of how to interpret body language and gestures indicating whether they agreed or not.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. These are safeguards under the MCA which protect people from having their liberty restricted without lawful reason. We found that all staff were given training in MCA and DoLS and those we spoke with understood how the legislation promoted people’s rights and the implications for their practice. For instance, one staff member said in their role as keyworker they had taken part in a meeting with family and other professionals to make decisions in a person’s best interests.

The registered manager told us she was working in conjunction with local authority professionals in assessing whether people who stayed for short breaks had the capacity to consent to receiving their services. She said that DoLS were in place for each of the three people who were staying longer term at the centre. The safeguards had been approved to ensure each person was kept safe and received the care they required. Arrangements had been made to keep the safeguards under review and extend them as necessary.

People using the service were appropriately supported with nutrition and hydration. Staff were trained in nutrition, food hygiene and supporting people who needed specialist feeding techniques. Menus were planned on a weekly basis, taking into account the food preferences and dietary requirements of those people who were planned to stay. A range of alternative meals were also readily available. One

Good

Is the service effective?

staff member said, “People are usually able to tell you what they would like instead.” Another staff member said they always followed the guidelines given by dieticians and speech and language therapists to meet people’s needs.

Eating and drinking needs were assessed and support was recorded in ‘mealtime assistance’ care plans. The plans were detailed and gave staff precise instructions to follow. For example, one person had an extensive plan setting out their requirements. This included safe seating position; the aids to be used; when and what they liked to eat and drink; consistency of food; foods to avoid; and specific instructions such as ‘I like to wear a tabard over my clothes when I eat’. Other plans seen were also personalised and stated where people needed special types of diet. A file of information was kept for staff to refer to, with guidance on nutrition, swallowing difficulties, and the mealtime assistance plan for each person staying. Food and fluid charts were also completed for people, where necessary, to monitor their intake.

Records showed that people had care plans addressing their health care needs and contact details for their own health professionals. The registered manager told us that health care support was usually reactive as most people stayed only for short periods of time. However, if a person was unwell, staff would contact their families and health care professionals. Where needed, people staying longer term were able to be temporarily registered with a local GP practice.

The centre was purpose built, and all areas, including outdoor space, were accessible to people with disabilities and who used wheelchairs. Patio doors led straight into the garden and there were plenty of outdoor seating areas. A parent of a person using the service commented positively on the building, telling us, “The environment is good, spacious and well-equipped.”

Features in the building included wide doorways, walk-in showers, alarmed bedroom doors, interactive technology, and overhead tracking and hoists for moving and handling. The registered manager told us she sourced specialist equipment to meet people’s needs. For example, she was currently looking at different designs of multi-positional beds suitable for people who needed to be cared for at floor level.

Good

Is the service caring?

Our findings

Parents of people who used the service were very pleased with the care and support provided. They told us, "I know they meet his needs and he has a good time there"; "We're over the moon with the support X gets"; and, "She definitely enjoys going, she gets involved in activities and staff take her out at the weekends."

We observed there was a positive atmosphere in the service and people actively engaged with one another and with the staff. In the main lounge one person was lying on a beanbag and staff told us they enjoyed this position as it enabled them to stretch out and spend time out of their wheelchair. The person looked happy and comfortable and was interacting and laughing with another person.

Staff were attentive, spoke politely to people and were caring in their approach. We saw, for instance, that a staff member comforted a person who was unwell. They sat with their arm around the person and discreetly checked on how they were feeling and if they needed anything.

There was a quiet lounge for people to use if they wanted time alone or privacy. Staff respected people's privacy and knocked on doors before entering rooms. A privacy screen was used in the bathroom to maintain people's dignity whilst undressed.

We had lunch with people in the dining room and saw they were offered choices of food and drinks. Staff sat and ate their lunch with people, or helped them with their meals and drinks where needed. This was done in a sensitive way and wherever possible people were encouraged to be independent. For example, one person was asked to go into the kitchen with a staff member to make their own drink. The mealtime was a relaxed experience and people we talked with indicated they had enjoyed their meals.

The registered manager told us the service worked closely with people and their families to make sure they were fully involved in making decisions about their care and support. She said care managers would arrange advocacy services if people did not have family who were able to act in their best interests.

It was clear from our observations and speaking with staff that they treated people as individuals. Staff told us most people had used the service for a number of years and they had formed good relationships with them and with their families. This was confirmed by the parents we talked to. They said staff knew people well and always contacted them before each stay to check on the person's well-being and any changes affecting their support. Parents also said they received a written summary at the end of each stay that told them about the person's care and how they had spent their time. One parent said, "X has a keyworker who is very good at keeping us up to date."

The team leader said there was regular two way communication with people's families and they were asked for feedback following each short break stay. We saw comments recorded included, "X really enjoys it", and, "Very happy, she loves coming." 'Thank you' cards and letters had also been received from families praising staff for the care people had received.

Requires Improvement

Is the service responsive?

Our findings

Parents told us the service was responsive to people's needs and to their own needs as carers. One parent said they had initially been concerned about how their family member would adjust to using the service, as they were an only child and used to being at home. They told us the person had adjusted quickly and they felt they really enjoyed their stays at the centre. Another parent told us the service always tried to accommodate their requests for short breaks to coincide with their own holidays.

Staff told us that people's stays were structured enabling them to continue with their usual routines and to do activities they enjoyed or may not have the opportunity to do whilst at home. Staff said that they supported individuals to go out to the cinema and bowling and other places they liked. Information had been gathered about people's interests and preferred activities and this was recorded and followed. For example, one person's records stated they liked to go out locally and during our visit we saw they went out with staff to a local park and café.

We reviewed care records to see how people's care was assessed and planned. Person centred records were completed which helped staff get to know and understand the person. They included profiles about the person's history; their routines and preferences; what was important to them; their communication needs; and how they wished to be supported. Personalised care plans had been developed for the support each person needed during the day and at night. The plans were recorded in detail and gave staff precise directions on how to meet all aspects of people's needs. All care plans were evaluated at the end of each person's short break. This information was then used to provide parents with a summary giving an overview of their family member's physical and psychological welfare during their stay.

However we found that the care and support for people who were staying at the centre longer term were not always appropriately planned. One person had been at the centre for six months and did not have any care plans drawn up. Another person had previously used the respite service but their care plans had not been adapted to reflect their change in circumstances and plan for their future discharge. We also noted that people subject to deprivation of liberty safeguards had no care plan in relation to these safeguards to demonstrate how their rights were being protected. We concluded that record keeping was not always accurate and could put people at risk of receiving unsafe or inappropriate care. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the revised Regulations 2014.

The complaints procedure was given to people using the service and their families. None of the people and parents we spoke with expressed any concerns about their care or the quality of the service. The registered manager confirmed there had been no complaints received over the past year. She told us any complaints made would be taken seriously and thoroughly investigated.

The registered manager and staff were currently working with young people to introduce them to the centre as part of planning their transition from children's to adult care services. This was being done on a phased basis, including meeting people and their families to discuss how best to support their introduction, assigning keyworkers and arranging visits to the centre.

Good

Is the service well-led?

Our findings

The service had an established registered manager. We asked people using the service if they knew who the manager was. One person told us they did and another person, who does not use words, indicated they did by clapping their hands and nodding their head. Parents told us they knew the registered manager well and felt they had good communication with her. They said, "I can always speak with the manager", and, "She's been very supportive of us as parents." One parent said they had been involved in a support group and helped promote the service when it was previously threatened with closure. Some families had also taken part in a meeting earlier in the year to discuss the development of the service.

The registered manager was supported in her role by a team leader and senior staff who acted as shift co-ordinators each day. The staff we talked with told us that the registered manager and team leader were approachable, communicated openly and often worked 'on the floor' alongside them. One staff member, who was on temporary secondment, said, "The management and staff have been very supportive." Another staff member described being injured during the course of their work and said they had received good support from management and from within the organisation.

Staff confirmed regular staff meetings were held, where they discussed care practices and felt able to express their views. They also told us that a team building and social event had been arranged for them following an intensive period of work over a number of months.

The service was aimed at caring for people with learning and physical disabilities with complex needs. We were shown that guidance was in place setting out admission criteria and the planned outcomes of the service. These included enabling people to remain at home, supporting their informal carers, and preventing admissions to hospital and residential care. We saw that there were well established systems for meeting the outcomes of the short break service. However the registered manager acknowledged that a review of the crisis service was needed to ensure robust care planning and discharge planning arrangements were put in place at an early stage. The registered manager told us she also intended to update the guide to the service and was looking at providing this in different formats to suit people's communication needs.

Staff spoke positively about the quality of the service provided at the centre. They told us, "I've been impressed by the quality"; "It's excellent. Our priority is the service users and giving person centred care"; and, "It's brilliant." One staff member commented that they would have no problems in reporting poor practice from any of their colleagues.

Audits were carried out to check and assure the quality of the service people received. These included audits of medicines, health and safety checks such as fire safety, temperature checks and equipment safety. Checks were made to ensure that all tasks allocated to shift co-ordinators had been signed off on completion. Audits of care records were planned to be reintroduced.

The provider's representative visited the service at least monthly to check the quality of the service. A written report was made of these visits. Examples seen included issues relating to people using the service, staff issues, informal carer issues, complaints and compliments. Any remedial actions required to improve the service were set out in an action plan for the registered manager to address.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider had not maintained an accurate and complete record of each service user's care and treatment and of decisions taken in relation to the care and treatment provided. Regulation 17 (2) (c).