Mencap in Kirklees

Castle Hall Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This inspection was unannounced and was carried out on 18 June 2015.

Castle Hall Residential Care Home provides personal care and support for up to 16 adults who have a learning disability. At the time of our inspection there were 15 people who used the service. Castle Hall is set over two floors with bedrooms on both floors. The service has three lounges which are open to the people who live at the service. There is a large garden with a patio area which leads from the lounge, and large lawned areas which are open to the people using the service. There is a dining room with an open plan kitchen where people who use the service come together to have their meals.

A registered manager was in post at the service. 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.

The service was last inspected on 16 June 2014, the service was not compliant at this inspection. The concerns at the previous inspection were that the provider had not made suitable provision to ensure that the person's rights were protected in line with the Legislation of the Mental Capacity

Act 2005 and the Deprivation of Liberty Code of Practice and that People who use the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises.

Staff knew how to recognise and report any concerns so that people were kept safe from harm. People were helped to avoid having accidents and their medicines were safely managed. There were enough staff available and background checks had been completed before new staff were appointed.

Management and staff had a positive attitude towards managing risk and keeping people safe. Potential risks of harm to the individual in their daily lives were identified and assessed.

The provider had a thorough recruitment process in place to check that staff were suitable to work with people who used the service. People were supported by sufficient numbers of staff, however there was no staffing in place to manage activities for the people who were using the service, which meant that there were no activities organised during the time of our inspection.

Staff had developed good relationships with people living at the service, and respected their diverse needs. They were caring and respectful and had the required knowledge and skills they needed to meet people's individual needs appropriately and safely. Staff knew each person's individual care and support needs well. People's privacy and dignity was respected and upheld; they were supported to express their views and choices. Staff clearly understood each person's way of communicating their needs and wishes.

Management and staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions in some areas of their care, treatment and support.

People had a choice of balanced, healthy and nutritious meals and were assisted to eat independently, whilst enjoying the company of other people who lived at the service and the staff who ate with them.

People received personalised care specific to their individual needs: their independence was encouraged and they had access to materials which allowed them to enjoy their hobbies and interests.

The provider had arrangements in place to routinely listen to the thoughts and opinions of people living at the service. This was by means of a regular questionnaire, produced in a format which was accessible to the needs of the people who lived in the service.

Quality assurance systems were robust and helped to ensure the service delivered was of a high quality, safe and continued to improve.

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?

Requires improvement

The service was not always safe

People were not always protected from abuse and avoidable harm; there were risks from unsafely stored medication. Some of the medicines were managed properly and administered safely.

Risks associated with people's care and support were not always managed positively and appropriately, there were concerns about people using the garden safely. There was also a concern about a window which was unsafe on our arrival at the service.

There were sufficient numbers of suitable staff to keep people safe and meet all their needs at all times.

Is the service effective?

Good

The service was not always effective.

People's needs were not always met consistently by staff who had the right competencies, knowledge and skills to carry out their role and responsibilities and promote best practice, we had concerns about their being no activities within the service

People's best interests were mostly managed appropriately under the Mental Capacity Act (2005). The Deprivation of Liberty Safeguards (DoLS) were understood and were in most cases implemented to ensure that people who could not make decisions for themselves were protected.

People were provided with a choice of nutritious food at all times.

People were supported to maintain good health; they had access to healthcare services and received on-going healthcare support.

Is the service caring?

Good

The service was caring.

Staff had developed positive caring relationships with people who used the service.

People were treated with respect and their privacy and dignity was promoted.

Staff put into practice effective ways of supporting people to exercise choice, independence and control, wherever possible

Is the service responsive?

Requires improvement

The service was not always responsive.

Summary of findings

There was no evidence that people were supported to participate in any organised meaningful activities within the service or to engage with activities outside of the service or the local community. Staff told us that people did not want to engage in activities, yet this was not what people living at the service told us.

People received personalised care and support that was responsive to their individual personal care needs. Their care and support needs were regularly assessed and reviewed, this did not extend to support to take part in activities which would stimulate people living at the service.

The provider had arrangements in place to routinely listen to concerns and complaints.

Is the service well-led?

Requires improvement

The service was not always well led.

The service promoted a positive culture that was person-centred, open and inclusive.

There was a registered manager and staff were well supported to carry out their roles and responsibilities.

There were systems in place to assess the quality and safety of the service however the systems were not used effectively to ensure that potential risks were identified and dealt with.

Castle Hall Residential Care Home

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.

This inspection took place on 18 June 2015 and was unannounced. The inspection team consisted of one adult social care inspector, one bank 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 for people who have a learning disability.

Before the inspection we gathered information from other agencies who work with the provider, these included the local authority contract monitoring team, environmental health services, the local authority safeguarding team and the infection control team, we did not ask the provider to complete a provider information return (PIR). The PIR is a pre-inspection survey completed by the provider to give us information about their service to allow us to plan our inspections.

During our inspection we spoke with the registered manager, one senior care worker, five care workers and the agency cook. We spoke with eight people who live at the service, one family member of a person who lived at the service by telephone and a friend of a person who lived at the service by telephone.

We looked at the care records of five people who lived at the service, including daily records of care, medication records, care plans and risk assessments. We looked at quality assurance processes and records, complaints (including safeguarding issues), concerns and compliment files, health and safety records, fire evacuation plans and DoLS paperwork if applicable.

Requires improvement

Is the service safe?

Our findings

All the people we spoke with who lived at the service told us that they felt safe; they told us there were always enough staff available to help them..

A family member of a person who lived at the service told us that their relative had settled in and they were very happy, they told us that they felt that their relative was safe and that staff were friendly and open.

A friend of one of the people who lived at the service told us that their friend was in a safe place and well protected.

Staff understood how to protect people from abuse and knew what and who to inform if they had any concerns. Staff were confident that any concerns they might raise would be dealt with appropriately, but in the event that they were not, staff also knew who to inform to ensure people were safeguarded.

Senior care staff undertook all aspects of the medication management. We observed the administration of medication to people who lived at the home and saw that it was effective. People were supported in accordance with their preferences, in a manner that was person centred and ensured compliance. The medicine administration records (MAR) were signed when people had taken their medication.

Staff told us they had received medicine management training and we saw evidence that senior staff had had training in the last year. Staff were knowledgeable about the drugs used but we saw no evidence of the manager undertaking an annual staff competency reassessment. We saw evidence of recent training undertaken with the supplying pharmacy and were told by staff that they had undertaken online retraining. The provider may want to ensure that they keep a copy and record staff's online competency training programme.

Medicines were supplied in blister packs that were stored in a locked trolley. There was a photographic record of the people who were prescribed medicines and were saw good use of protocols related to how the drugs were to be administered.

We had some concerns about the stock control and management of some medicines. Whilst tablets and some solutions were kept in a locked trolley in the medical room which was air conditioned; we found that the majority of prescription creams were stored in a cabinet in the managers office which was not air conditioned, there was no thermometer to measure the temperature at which the creams were stored. In addition the key to this was stored on a hook accessible to anyone who entered their room. We recommended the manager move the cabinet to the air conditioned medical room, and for the key to remain attached to the other drug keys held by the senior carer. This is a breach of Regulation 12(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw evidence in the care plans that people had their risks assessed appropriately and these were updated regularly and where necessary revised. For example, there were detailed assessments for using a specialist chair and a falls risk assessment.

Despite the home having an emergency evacuation policy, there was no evidence that people had individual fire evacuation plans, the manager confirmed this was the case. We asked the manager to ensure that one was provided for each person. We saw evidence of the records of fire and alarm testing.

When we spoke to staff, they all knew what to do in the event of an accident or an incident and the procedure for reporting and recording any occurrences. Staff also knew the fire assembly area and told us told us that fire alarms were tested weekly and there had been a recent fire evacuation test to show the people who lived at the service what to do if an alarm was raised.

On our arrival to the home we saw a window on the second floor was wide open creating a potentially serious safety risk for people who lived at the home. On investigation it was a landing window that had no retainer fitted, we would expect all windows in the service which are above ground floor to be restricted in their opening to reduce the risk to people from falling out of the windows. When we raised our immediate concerns to the manager, they did not take the appropriate action to close this window. This is a breach of regulation 15 (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We intervened to locate the key and ensure the window was locked before asking the manager to organise the fitting of retainers. We checked that the windows in people's rooms were secure and noted that the other windows were all fitted with retainers.

Requires improvement

Is the service safe?

We spoke to a new member of the care staff who told us they had applied for a post at the home and had undertaken a company induction programme following an uptake of references, interview and Disclosure and Barring Services check. They were an experienced carer with a nationally recognised qualification in care. On commencing work at the home they had shadowed other carers before working and whilst we found they had a good understanding about some people's care they had 'not looked at all' the care plans. We asked the manager to ensure that they were confident that new carers had the opportunity to read all the care plans so that they ensured people were looked after by staff who understood everyone's risks.

We looked at the bathrooms and general cleanliness. We found that whilst the bathrooms were in need of updating, they were clean, there were regular checks made of the temperature of the hot water, there was hand washing equipment in every bathroom and toilet, including soap, hand gel and paper towels. The service was very clean throughout and had no odours.

We saw evidence of detailed moving and handling plans in people's care records. We observed moving and handling practice throughout the day and saw evidence of good practice throughout.

A number of residents used walking frames and were supported and escorted appropriately when moving around.

We had some concerns about the security of the garden, there was a central patio area with a retaining fence, this had a gate at each side which was secured with a single bolt, this lead onto a large grassed area, this was predominantly enclosed by hedging, however there was a small gate which lead onto a passageway to a main road, this gate was secured by a bolt and was not locked. The other direction led to the side and front of the property, this had access to refuse and clinical waste bins; there was also a very low wall to a residential property. We checked the records of the people who were fully mobile and using the garden, we saw that risk assessments were in place for risk of them being a missing person, in both cases we looked at the risk was assessed as medium. We asked one of the people about using the garden and they said they were not allowed to go out of the gate, although there was nothing to stop them from doing so.

Good

Is the service effective?

Our findings

A family member said their relative was always clean and well-presented and was supported to make choices. They told us they believed the staff were well trained and knowledgeable.

During our inspection we spoke to five carers, a senior carer and an agency cook. They all told us they enjoyed working at the home; one told us they had 'always wanted to do this' work, another said they "liked it here". One carer said there had been a number of changes and another said they had been working hard to improve the service. Staff felt there were enough staff to enable them to undertake their work. The manager told us that agency staff were being used to cover absences and they had recently recruited some new staff which would mean they no longer needed to use agency staff. Staff had handovers three times a day where they discussed and were updated on people's needs.

Staff told us they had been supported to undertake a variety additional training including national qualifications and recently challenging behaviour management, they also told us they completed mandatory updates in relation to moving and handling, food hygiene, health and safety at work and infection control each year. This ensured that people continued to be cared for by staff who had maintained their skills.

Care staff told us they had regular supervision by the manager and those who had been employed for a year or more received an annual appraisal.

We saw evidence in the care plans that people or their relatives where appropriate had given consent for their photograph to be taken and we saw these used during medication management and to identify people's rooms. During our visit we also observed staff gaining permission before they performed any personal care or intervention.

All the residents asked said they had had a shower that morning. Residents said staff assisted them appropriately with activities such as showering.

A family member of one of the people who lived at the service explained that their relative regularly refused baths/showers, this had been discussed and the family had asked that staff encourage them more if they refused for three days, this encouragement normally resulted in the person agreeing to shower and they were happy with this arrangement.

We saw evidence in the care plans of assessments of Mental Capacity for those people who lived at the service. Staff we interviewed told us they had received training in relation to The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. We found them knowledgeable and able to explain how the legislation applied to the people who lived at the service.

We observed food and drinks being provided to people throughout the day. We inspected the kitchen records and audits and found that they were satisfactory; we also saw that the home had been awarded a 4 star food hygiene rating by the Local Authority. We spoke with the agency cook who had been employed to cover holiday leave of the permanent cook. They told us they had no formal catering qualifications but they had previous experience working in catering at local pubs. We spoke to one person about their lunch. We were told they had enjoyed the fish but also had the choice of sausages; they told us they had enjoyed the bread and butter pudding. Everyone we spoke with said the food was OK or good.

Lunch was served at 12 noon with all residents sitting down together in the dining room. We observed two choices of hot meal being cooked and served that day (salmon or sausage meals), there was also a choice of drinks and pudding offered. Staff were all in the dining room throughout the meal service and staff ate with people at the same time, to ensure they were on hand to offer support.

We observed that people had specialist plates, cups and cutlery to support their independence at meal times and that staff gave appropriate support for them to achieve this.

People were shown the food or asked verbally to choose which meal they preferred. There was no menu displayed. When we asked about other choices we were shown three photo albums with pictures of foods and meals. This was for people to choose an alternative meal if they did not want the main meals on offer. We observed one person who did not want the meals was given free choice and was supplied with the alternative they chose.

Good

Is the service effective?

The provider may want to consider displaying picture menus in the dining room, so that people could be helped to make their food choices more independently.

People we spoke with told us they had regular visits from GP's opticians, chiropodists and hairdressers visited at the service.

During our visit we saw that people had freedom to access the garden and the lounges and dining rooms as well as their own rooms. One person was a cigarette smoker; they had free access to their cigarettes and the garden throughout our visit.

The service is in a large two storey building, which was in need of some modernisation. The manager told us that the service is due to be completely modernised within the next 12 months, although we did not see any plans for the refurbishment.

Good

Is the service caring?

Our findings

All the people we asked told us that the staff were friendly and supported them well. All the people we asked told us staff treated them with appropriate dignity and gave them privacy and acted in a respectful way towards them.

A friend of a person who lived at the service told us staff were discreet and 'treated residents with respect'.

A friend of a person who lived at the service said that their friend was 'always clean and well presented'.

We observed interactions between staff and people who lived at the service to be unhurried, friendly, cheerful and sensitive. At lunchtime we saw that staff took the time to offer choice, they cut up food appropriately and after asking if the person wanted help. We saw staff taking time out to have a chat with people as they passed and to take an interest in what they were doing for example one person was cutting out shapes and gluing them to another sheet of paper, a member of staff came over and admired the work being done, and complimented the person on their choice of clothing.

Staff told us they provided support with people's various medical treatments as well as transporting them to their appointments, day centres and accompanying them on holidays. Staff also supported people to plan events, buy clothes, and greetings cards for special occasions. They ensured people maintained contact and involvement with their relatives by planning and facilitating home visits and regular telephone calls. We saw in one care plan that a person had wanted to speak in private to their relatives when they visited, staff told us that this person was given the use of a quiet lounge for their family visits.

One staff member described the people who lived at the home as 'a happy bunch' who were all 'well looked after'.

Staff told us and we saw evidence in the care plans that people who lived in the home were encouraged to be self-caring. For example one person's care plan included 'I am able to put my own sock on' and another said 'hand me the phone when my sister phones'. People were supported to make decisions not only about their care but also about the outings and the holidays they undertook.

We saw that there had been improvements made since our last inspection in how people's privacy and dignity was respected. For example, there were now signs on the bathrooms and toilets to indicate when they were vacant or in use, which had not been present previously. We saw entries in the care plans giving consent for staff to hold the key to people's rooms. We saw evidence in the care plans that people had discussed and had their preferences recorded as well as made arrangements for their end of life.

Requires improvement

Is the service responsive?

Our findings

The people who lived at the service had complex medical, emotional and communication needs. A key worker system was in place with designated staff responsible for named people. Staff told us that they had assessed, planned and reviewed the health needs of their key people. We discussed people's care plans with their key staff. We found staff were not knowledgeable about the person, but they demonstrated they had formed a positive relationship with them.

Despite the home having three lounges the majority of residents were encouraged to spend their time in the one lounge that was linked to the dining room, this meant people were not given choice about where they spent their time. We only saw one resident use one of the other lounges, this was to watch a film, when we spoke to this person they told us they liked peace and quiet, which was why they went in there on their own, staff told us this was because they become agitated if they are around other people all the time.

During our visit we had concerns about the lack of planned activities taking place in the service. We observed no planned activities on the day of our visit however; we did see evidence of people finding activities to keep themselves occupied. For example we saw people colouring in and using puzzle books; these were however self-directed solo activities. There was no activities coordinator in post at the service and we did not see any evidence of a calendar of planned activities.

We asked people about activities, some residents talked about gardening, some residents said that they were picked up twice a week and taken to a day service; some residents said they listened to the radio in their room. A staff member told us they sometimes played dominoes or bingo in the afternoon. Some people mentioned that they went on shopping trips, but there was no evidence that this was a regular planned activity. There was a mini bus parked outside the service, although, it was not mentioned by the people we spoke to as part of their normal routines. The manager told us that the mini bus was there to take people out, however there were no plans in place for people to be taken out.

We observed in the morning three residents spent two hours in their chair in the lounge. The television was on in the background, but nobody was actively watching it. After lunch seven people spent the majority of the afternoon in the lounge with five of them sleeping. A small number of people did spend time outside on the patio. One resident did word puzzles in the morning and knitting in the afternoon. One resident spent time cutting/glueing paper during the afternoon supported by a member of staff. We saw a dominoes game between three people who lived at the service and one member of staff in the late morning.

This is breach of Regulation 9 (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with one person in the garden. They talked about there having been summer fairs in the past and, they said this didn't happen anymore. We spoke with staff who confirmed this was the case. When we asked why, the staff told us the people who lived in the service were getting older and they weren't interested in getting involved. Staff also said, as an example of people's reluctance to go outdoors, that they had cooked on a BBQ outside in the past but had to bring food inside because residents did not want to go out. The patio area had a large patio door from one of the lounges; this was not open on the day we visited despite the weather being warm and sunny. The door was not accessible to all as it had a raised threshold which did not have a ramp for wheelchair use, and there was a large television placed in front of the door.

There were photographs around the service of community based events which had taken place in the past. When we asked people about these they told us they enjoyed them and would like to do more of them.

We examined two care plans and found that they were person centred in relation to their physical care needs. They were completed using the format of what, who, when and where to plan interventions. For example in one care plan we saw a person's behaviour was assessed as requiring 'help when upset' wanting all staff to 'come and talk to me when I am upset'. We saw evidence in records that support had been given as per the plan. In another care plan we found under mobility that all 'staff to talk to me in a calm manner' whilst being hoisted by two people at all times. They were reassessed at three monthly intervals. We also saw that there were entries recording visits from a variety of health care professionals such as general practitioners, district nurses and opticians. When discussing changes in need, one person told us about their

Requires improvement

Is the service responsive?

new electric arm chair to assist them getting up. They also told us about the alarm in their room that alerted staff if they had a seizure. All the people we asked said they felt their care needs were met.

Staff told us they had not dealt with any complaints but they knew how to report any concerns. We saw the satisfaction questionnaire completed by those who lived at the service in the care plans we reviewed. It was an easy read format and staff told us they had helped people to complete them. Whilst the results from the questionnaire were very positive, if people had not understood the question there was a comment to that effect but no other explanation. Most people asked said they would talk to a member of staff or the manager if they want to complain or raise a concern, however all the people we asked said they have not needed to complain. A family member told us they had not needed to make any complaints but was clear on what the process would be should they need to make a complaint. A friend of a person who lived at the service told us that they have not needed to raise any complaints but knew they would speak with the manager in the first instance.

People told us they made choices. There were a number of residents with limited communication skills and staff told us choices were made by for instance showing the person two jumpers and asking them to choose which one to wear. A number of people who lived at the service had low level verbal communication skills. Apart from a picture book of foods in the kitchen there was no use of structured picture exchange systems, pictorial timetables or technologies to support non-verbal communication. Staff confirmed this was the case.

Requires improvement

Is the service well-led?

Our findings

All the people who live at the service we spoke with knew who the manager was and said they saw them regularly and could talk to them when they wanted. The manager operated an open door policy, whereby people could go and see her when they needed to without any barriers. They said the manager was friendly and approachable

A family member told us they believed the home was well led. A friend of a person who lived at the service said the manager was always available to talk to us and was friendly.

We saw a new comprehensive quarterly medication audit that had been completed; which recorded a high compliance with quality standards for ordering, storage and control of stock, administration and safe disposal of medication. We also saw a monthly medication management audit had been implemented. It was in the form of a short check list which had been used to review the medication management for all the people who lived at the home.

We saw there were processes in place and being followed for auditing of the environment which was carried out daily, for the review of care plans and risk assessments, and equipment was regularly tested and certified as being in working order. We were concerned that the daily environmental audits had not picked up the unrestricted window on the first floor.

On the day we visited the staff were welcoming however the home was quiet with most people not actively involved or engaged in meaningful interactions. There were no organised activities and we saw people were having to make their own entertainment. There was no auditing of this aspect of people's care, and the culture within the service was that the people who lived there were not interested in taking part, this was not what the people we spoke to told us. This means that the thoughts of the people who live at the service are not being sought or listened to.

Staff told us they had regular meetings about once a month and had three handovers every day to discuss people's changing needs.

The staff told us they 'had never had a problem with the manager' and that they were 'very approachable'. The manager was friendly and open when asked questions, however they remained reactive rather than proactive when we raised concerns on the day. We were told by the senior care worker that they had been working really hard to make improvements to the service, they told us that the bathrooms had been improved and there were plans for the service to be upgraded in the near future.

There was a complaints and concerns file which was up to date and included details of any safeguarding concerns, there was no analysis of the information from this file to show that complaints information was used to inform improvements to the service.

We saw evidence and were told by staff that there were regular meetings to keep them informed, there was a staff forum scheduled for July 2015, and the staff had a representative at the focus group which was run at Mencap's head office periodically.

The service had a pleasant atmosphere and the staff and service users felt that they had an open transparent relationship. The manager was available and interacted with people who lived at the service when she was in communal areas and with the staff team throughout the day of our visit: the manager did not take any action to rectify the lack of activity which was evident throughout the service.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment **Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment** **Regulation 12 (g) – The proper and safe handling of medicines. The provider had failed to establish a safe method of storing some medicines, the medicines were not stored securely or in line with manufacturers storage instructions.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment **Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment** **Regulation 15 (b) secure. The provider failed to ensure that all windows above ground floor were suitably restrained to prevent people from falling out of them. The provider also failed to take immediate action when we raised this concern.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **Regulation 9 HSCA (RA) Regulations 2014 Person-centred care.** **Regulation 9 (b) – Designing care and treatment with a view to achieving service user's preferences and ensuring**

This section is primarily information for the provider

Action we have told the provider to take

their needs are met. The provider has failed to provide any activities for the people who live at the service, nor have they listened to their preferences in relation to regular activities.