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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Castle Dene is a care centre that provides short break services for adults with learning and physical disabilities. It has eight beds, some of which are designated to offer support in times of crisis to people who need an emergency placement. At the time of our inspection there were eight people staying at the centre and 35 people regularly used the service throughout the year.

In February 2016 a change in registration was made for the provider's shared lives scheme to be managed from Castle Dene. This scheme arranges paid carers to support adults with disabilities, on a short or longer term basis, where the person lives with the carer in their home as part of the family. At the time of our inspection there were 22 people using the scheme and 26 approved carers, including support carers.

Castle Dene was last inspected in November 2015 when we had followed up on a breach of legal requirements relating to record-keeping. Prior to this we had carried out a comprehensive inspection in November 2014 and rated the service as 'Good'. At this inspection we found the service remained 'Good' and met each of the fundamental standards we inspected.

We found that people using the service received safe and consistent care from staff and carers who had been robustly recruited. People's vulnerabilities were recognised and measures were taken to reduce risks to their personal safety. There were established processes to protect people from harm and act on any safeguarding allegations.

Staff and carers were trained and given support in their roles to make sure they were equipped in effectively meeting people's needs. People were appropriately assisted in maintaining their health, good nutrition, and, where required, in taking their prescribed medicines.

People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible; the policies and systems of the service supported this practice.

Supportive relationships had been formed and people were involved, wherever possible, in making choices and decisions about their care. People took part in activities they enjoyed, accessed the community, and were encouraged to develop their independent skills.

A personalised approach was taken to planning support that was tailored to the individual's needs and preferences. Feedback about the service was sought from people and their representatives, and any concerns were responded to.

The service was well managed and staff took pride in their work. Various methods were used to monitor people's care experiences and assess the quality of the service.

Further information is in the detailed findings below.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service was responsive. Improvements in record-keeping had been sustained; ensuring people had appropriate and up to date care plans in place for meeting their needs.	**Good**
Is the service well-led? The service remains good.	**Good**

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 was 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 was unannounced and took place on 9 and 10 May 2017. The inspection was carried out by two inspectors 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 provider 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 provider. Notifications are reports of changes, events or incidents the provider is legally obliged to send us within required timescales. We contacted the commissioner of the service and the independent chair of the shared lives scheme panel for their feedback.

During our inspection we talked with four people staying at the centre, the registered manager, the team leader, a shared lives worker and seven care and ancillary staff. We spoke with a relative of a person using the short break service and five of the shared lives carers by telephone to get their views. The inspectors reviewed six people's care plans, training and recruitment records, and other records related to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe staying at the centre and trusted the staff who supported them. Their comments included, "No-one bothers me, and I am safe and sound. I would let staff know if I felt unsafe" and "If I was worried I would say. Compared to where I was before this is like heaven."

The service worked to the local authority's multi-agency safeguarding procedure and trained staff and shared lives (SL) carers in how to recognise, prevent and report abuse. The registered manager and staff were aware of their safeguarding responsibilities. In the last year, two safeguarding concerns had been notified to the relevant authorities and acted upon. The provider had introduced a 'duty of candour' policy that was being disseminated to the staff team. This duty requires providers to be open, honest and transparent with people about their care and treatment and the actions they must take when things go wrong.

Suitable arrangements were in place for the safekeeping of personal finances. Wherever possible, people in shared lives placements handled their own finances and had bank and savings accounts. The level of any support provided by SL carers in managing money and budgeting was agreed with people, documented in their care plans and kept under review. Records were kept of all money deposited, spent and returned to people who stayed at the centre and daily checks of cash were carried out.

Staff working in the centre cared for people with a range of vulnerabilities and understood the importance of maintaining their physical and emotional safety. Measures to reduce risks and protect people from harm were built into their care plans, ensuring staff had detailed guidance on providing safe support. The service also worked in conjunction with other professionals, such as social workers and the police, when people were identified as being at risk of self-neglect or being exploited.

The SL worker we talked with was clear about their role in ensuring people's personal safety. They visited people and their SL carers every three months, as a minimum, to monitor their placements. More frequent visits were conducted if the placement was subject to any issues or concerns. SL carers confirmed that during the visits the SL worker talked separately in private with them and the person they supported. Any issues raised by either party were then discussed.

The independent chair of the SL panel told us, "Throughout my involvement with the SL service, I have always found that scheme staff place the welfare of both the service users and carers as the highest priority. When presenting information to the panel, staff consistently reference work that ensures people are safe and that risks are managed appropriately, particularly in relation to promoting independence. Staff appear to focus on the individual issues pertinent to each service user and/or carer and to work flexibly in order to achieve positive outcomes for all those involved."

We observed the centre was clean, comfortable and suitably equipped for meeting the needs of people with disabilities. Where assistance with moving and handling was needed, we saw this was done safely, with two staff supporting a person and the use of overhead tracking. Any accidents or safety-related incidents which

occurred were reported through the local authority system and analysed to identify any trends. Accidents and incidents were followed up when needed, including referrals to health care professionals.

The SL worker assessed the home environment as part of the SL carers' approval and monitoring processes. They checked for potential hazards, looked at the quality of the setting and, where necessary, arranged adaptations and equipment to help safely meet people's needs.

The service followed thorough recruitment processes. All necessary pre-employment checks had been conducted prior to new staff starting work at the centre. This included interviewing staff who were transferring from other services within the local authority. SL carers were vetted and taken through a rigorous assessment before being recommended for approval. This included a series of home visits to assess the applicant's suitability, caring experience, skills, and attitude. The recommendation reports were scrutinised by the scheme's independent panel and the local authority's assistant director of social services authorised final approval.

The staff team for the short break service consisted of the registered manager, a team leader, health and social care co-ordinators, and health and social care officers. Administrative support was provided and two housekeeping staff were employed. Staffing was flexibly arranged according to the changing numbers and needs of people staying at the centre. Cover for absence was provided by existing staff and care workers from other local authority resources. An on-call system continued to be operated that enabled staff to get advice out of hours or to escalate any emergencies.

The SL scheme currently had one SL worker, who was a qualified social worker. The registered manager told us the vacant posts of SL worker and social care assessment officer were in the process of being recruited to. People supported by the scheme had dedicated SL carers and most had support carers for continuity. The support carers covered breaks taken by the SL carers and were able to step in at short notice, when necessary, to prevent people's care from being disrupted. On occasions, external care services were used for additional support or respite. Outside of office hours, the SL carers were directed to contact the social services emergency duty team if they needed support or to report any concerns.

Support in taking medicines was provided by staff and SL carers who had been trained. Any changes in medicines were checked with people's representatives before each respite stay at the centre. We observed that staff also contacted GPs and hospitals, when needed, to check the accuracy and dosage of medicines prescribed. Medicine routines and the level of support each person needed were set out in their care plans for staff to follow. The administration records we viewed supported that medicines had been given safely to people staying at the centre. Staff also carried out a check of the records following each medicines round.

In SL placements a minority of people took regular prescribed medicines, whilst others had access to 'as required' medicines, such as pain relief. Records of administration maintained by the SL carers were reviewed by the SL worker during their visits to check that medicines were being safely handled.

Good

Is the service effective?

Our findings

People staying at the centre told us they were happy with the care and support provided. Their comments included, "Every member of staff supports me 100%, they know what makes me tick" and "Yes I need help, but that is given by the staff who know what I need. They have all the training and use it to help us all." A relative we talked with also commented on the professionalism and dedication of the management and staff.

New staff and shared lives (SL) carers undertook induction training to prepare them for their roles. This included completing the 'Care Certificate', a standardised approach to training for new staff working in health and social care. A SL carer told us they had felt supported by the SL worker throughout the process of their application and approval. They said, "[Name] carried out the assessment and all the home visits. I knew what I was taking on and it took a while, but I had all the training and support I needed before starting."

Following induction training in safe working practices, such as moving and handling and infection control, and courses specific to people's needs were provided. For example, records showed staff working at the centre had undertaken training in sexual exploitation, oral hygiene, suction techniques and enteral feeding. A member of the housekeeping staff explained the manager had insisted they have all relevant training. They said, "Even though I am not a carer they needed to know I could cope with all the service users and have the confidence to help."

Quarterly group meetings were held for SL carers which included training workshops. SL carers described training as helpful and relevant and said they attended the meetings to share their experience and knowledge. One SL carer said, "I know that some of the other carers have been doing this for a long time so I can ask them for support. It's been a great source of practical and realistic advice and information to me." In some instances, SL carers had been required to undertake further training before a person was placed with them, to make sure they could meet their needs.

There was a delegated system for staff working at the centre to receive individual supervision every two to three months and an annual 'my conversation' to support their personal development. The staff we talked with confirmed this and said they were informed when sessions were due. Staff told us, "I feel well supported, get feedback and can talk to the manager or team leader about any problems or issues" and "Our supervisions are important and we learn from them."

The SL worker had access to the registered manager and a local authority social work team manager for supervision and support. We noted that records of their supervision were not always taken or stored. The registered manager agreed to reinstate regular and recorded supervision, in line with the provider's policy. SL carers were supervised and supported as part of their visits from the SL worker. This included discussion about the needs of the person they supported, as well as their own needs as a carer and individual. A SL carer told us, "I can talk to [SL worker] about anything, how [person] is doing at the day centre, through to my own health issues. We have an open and frank discussion and then look at anything I need to do, or they

need to do."

All SL carers were reapproved on an annual basis to make sure they were suitable to continue in their roles. The independent chair of the SL panel told us, "The effectiveness of the scheme is demonstrated to panel members through the annual reviews of each carer. These reviews show how carers have met, and continue to meet, service users' needs and how carers' skills and experiences have been developed. It is clear from these reviews that the service, via its' carers, provides many service users with a good quality of life and a range of valuable opportunities."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA).The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the service worked within the principles of the MCA and trained staff and SL carers in the MCA and DoLS to help them understand the implications for their practice. Mental capacity assessments had been carried out and some people staying at the centre had decisions made in their best interests relating to specific areas of their care. The short break service had also been allocated and worked with an assessor, to determine those people who needed DoLS to be authorised.

The service did not use restrictive practices or restraint with people with distressed or challenging behaviours. Staff worked with a specialist behaviour team, psychologists and were trained in using strategies which prevented people's actions from being harmful. Training in positive behaviour support was also being arranged.

People supported by the SL scheme had their mental capacity assessed to determine whether they were able to give consent to their placement agreement and the care they received. The SL worker had also supported carers in adjusting their relationships where people transitioned to the scheme from foster placements when they reached adulthood. This had included helping carers to recognise legal changes and support people with, for example, decisions around their finances and relationships with other adults.

Nutritional needs, including any special dietary requirements, and associated risks were assessed and care planned. Choices of meals and drinks were offered and some people at the centre made drinks and snacks independently or with staff support. People told us, "Sometimes I need help with my food and choices, but as the staff know me they help me all the time" and "I love being involved with the cooking I did some training before this so like to use it". One person, referring to the evening meal, commented, "Mince and dumplings, what a treat!" People living in SL placements were supported by their carers to have a well-balanced diet, with weight management, where necessary, and to develop their skills in food preparation and cooking.

Each person's food and fluid intake was monitored, though we noted the records were not always being completed in a timely way. During lunch at the centre we observed a person being supported with their meal by a staff member in a manner that was not appropriate or dignified. We raised these points with the registered manager who assured us this not usual practice and confirmed they would take immediate action to address our observations. On the second day of our inspection we were informed practical training around mealtime assistance had been arranged. Mealtimes were also being more closely supervised and completion of intake records was being reinforced with the staff team.

Before each respite stay, staff checked with people's representatives about whether there had been any changes in their health and welfare. Care plans addressed the person's medical conditions and health needs, such as support needed with epilepsy, skin integrity and continence management. Support to access

health care services was mainly reactive, due to people staying at the centre for short periods. When people stayed longer on an emergency basis, contact with health care professionals involved in their care was maintained. Arrangements could be made for people to temporarily register with a local GP practice. SL carers supported people to access a range of health care services, including accompanying them to appointments, to maintain their physical and mental well-being.

Good

Is the service caring?

Our findings

People staying at the centre described having good, supportive relationships with the staff who provided their care. They told us, "The staff here care about me more than anyone has done for a long, long time - that says it all", "I like the staff because I trust them totally in all things" and "The staff care about me and they mean it." A relative we talked with said they were, "Confident that the care is exceptional" and had, "Absolute trust in the delivery of care to my [family member]."

There was a relaxed atmosphere in the centre and people told us they were free to choose where and how they spent their time. One person told us, "They [staff] always knock before coming into my room and respect my privacy, which I value above everything." We observed that staff ensured people were adequately supervised and engaged with them in a caring way. For instance, explaining what they were doing when adjusting a person's clothing and having a chat about clothes and cosmetics with a person who was going out to meet their friends. We observed staff worked inclusively, offering choices in everyday living, including visual choices where people had limited communication.

People we talked with said they appreciated the open approach of the staff and felt they were listened to and could confide in them. They told us, "If I ask for something, or say I don't like something, whatever it is they listen. I am not used to that" and "All the staff are great. I can talk to any of them and know they will not talk about me."

Staff recognised the importance of helping people to develop their independence. A staff member told us, "It's about support and not just doing things (for the person). We have a responsibility to help people progress, wherever possible." This was confirmed by a person who said, "The staff support me and don't tell me what to do, just guide me and stop me doing anything silly." Where a person was reluctant to be supported, we saw their care plans detailed the best approaches for staff to take to gain their co-operation.

Care was taken to look at the compatibility of the people staying at the centre, such as arranging for younger people to stay at the same times. Information was provided about what people could expect from using the service, including a leaflet with photographs and quotes from relatives about their experiences. Within the centre, information was displayed, such as activities and a board with staff photographs and names. We were told photographs of people staying at the centre were being added to the board, at their request. Staff working at the centre maintained communication and sought feedback from relatives who advocated on behalf of their family members.

The shared lives (SL) worker played a key role in ensuring relationships between people and their SL carers were productive and that people's rights and choices were respected. They told us the placing process ensured people were placed with carers who were compatible and understood their needs. If they were unable to find a suitable match for a person they declined the placement. SL carers said they cared for people as part of their extended family. One carer told us other family members had been approved as support carers, enabling the person to have continuity of care from people they knew and trusted.

There was a phased introduction to placements and the SL worker carried out additional visits to the family home to provide support in the early months. A SL carer told us, "They were flexible and supportive of me and [name of person supported]. They spent time with us both, together and separately to ensure we knew what was happening and explained how it would work. It was very thorough, but they also thought about our emotional needs as well."

The SL worker liaised with external professionals when required and was aware of the range of advocacy services that people may need to access. Specialist advocacy services were supporting people with issues such as a permanent change in accommodation and financial matters.

Records showed people using the SL scheme were offered choices and supported to make decisions at all stages of their service. Each person had a placement agreement which they were consulted about and included their views and comments. The agreement set out the responsibilities of all parties and clarified what the person could expect from their placement. People were involved in assessments, reviews of their service and in agreeing the content of their care plans.
The independent chair of the SL panel told us, "Staff in the scheme consistently speak of service users and carers very positively and with respect to an individual's dignity and privacy. I am also aware of them showing concern and support for people where difficulties arise; examples would include loss, bereavement, health or family issues. It is clear from discussions that the staff consider the well-being of all connected to the scheme with compassion."

Good

Is the service responsive?

Our findings

At our last inspection of Castle Dene we found that action had been taken to improve care records. The records we reviewed at this visit showed standards were being maintained. The care and support of people staying at the centre was appropriately planned and kept up to date. Care plans were tailored to the individual, specifying their abilities, communication and the extent of support required to meet their needs. There was also a good level of information that gave staff a real sense of the person, their personality, what they liked to do and how best to support them.

Some people staying at the centre were aware of their care plans. They told us, "My care plan is discussed with me and I trust them (staff) to do the best for me" and "I want my care plan to work in my favour. I know the staff will do the right thing by me so that I have a future."

Any changes in people's well-being was checked with their representatives before each respite stay and, when necessary, used to amend their care plans. Staff kept daily records of the support given to each person, evaluated care plans at the end of their break, and provided relatives with a written summary following each stay.

Reviews of people's care were carried out in conjunction with other local authority services, such as day centres. A senior staff member told us they were attending a multi-disciplinary review, in their capacity as keyworker for a person staying at the centre. Work was also undertaken with other care providers, particularly in co-ordinating the future support for people who had been admitted on an emergency basis.

Handovers took place between shift changes in the centre, where we observed staff were given an update about each person and discussed their support. We saw staff were attentive and spent time socialising with people in communal areas. A staff member told us, "We have a system on during the night where we can talk to people in their rooms and if they are distressed we can go to them."

The care and support of people using the shared lives (SL) scheme was well planned and personalised. Care plans were detailed, addressing the person's needs, wishes and the support they required as an individual. This included self-care and independent living skills, communication, relationships, physical and mental health, and religion and culture. The plans placed emphasis on people having a supportive lifestyle where they could develop their independence and enjoy social and leisure time. Care plans were evaluated to check progress and were updated, or rewritten when necessary, to ensure they continued to reflect the person's current support needs.

The SL worker we spoke with demonstrated a good knowledge of the processes for assessing carers, planning and monitoring people's care placements. Each person's SL service was routinely monitored and reviews of placements were conducted, usually on an annual basis. Records of the SL worker's contact visits showed prompt action was taken in response to any points raised.

Reviews by social workers were also carried out, which were very complimentary about the SL service and

included people's feedback. One record stated, "[Name] told the meeting they were very happy with the support from [carer] and felt there was nowhere better to be." Where a carer was planning to retire, the SL worker and another professional were working closely with them to seek a long term, stable future for the person in an alternative placement.
The independent chair of the SL panel told us, "Through discussions at panel, staff have shown that they are mindful of changing needs in both service users and carers. Where possible, they seek to be prepared for potential changes and have plans in place. However, where an emergency has arisen they appear to act quickly and effectively to ensure a safe and positive outcome. Where a carer has developed a sudden illness, for example, alternative carers have been arranged immediately."

The short break service aimed to keep to the individual's routine during their stay whilst offering social opportunities. People staying at the centre confirmed they took part in activities they liked, either independently or with staff support. They told us, "I am out a lot of the week with friends and hobbies", One of the staff is a craft fanatic and comes in on days off to get us all doing things and we love it" and "I can still go out to my clubs and meet my friends, just like being at home, and they sort out my carer and taxis for me." A relative also said they felt their family member enjoyed the time they spent at the centre.

People using the SL scheme took part in a variety of community based activities according to their interests, for example, going swimming and to a diet support group. Some people also went on holidays with their carers. The SL carers kept a diary or record of the activities and events people attended and these were discussed at contact visits. A recently approved carer told us about a number of new activities that the people they supported were now accessing since they had become a full-time carer. They told us advice and information about potential activities had come from the SL worker and the carer support group.

One complaint had been made in the last year in relation to the short break service, which had led to the safeguarding procedure being invoked. There had been no complaints about the SL scheme in the same period. At each review the SL worker asked people for their comments and if they had any complaints. The SL carers confirmed they had been directed to report any complaints raised to the SL office.

Good

Is the service well-led?

Our findings

The service had a registered manager who was responsible for managing the short break service and the shared lives (SL) scheme. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The CQC's rating of the service had been displayed in the centre and on the provider's website, as required, following the publication of the last inspection report. The registered manager had continued to keep the CQC notified of events or changes affecting the service. They told us they took gatekeeping of the service seriously, ensuring admission criteria was adhered to and not accepting people who would pose a known risk to others accessing the service.

The registered manager was supported in their role by senior management within the local authority. Within the centre they worked closely with the team leader and health and social care co-ordinators who led shifts. New staff members were being recruited to bring the SL team back to full complement and there was a well-established system for the independent panel to have oversight of the SL scheme.

Staff working in the centre told us they took pride in and gained satisfaction from their work and felt well supported. Their comments included, "Every day is memorable and special", "I am so lucky to work here", "The manager and team leader are very approachable" and "The manager is always available and will stop and talk, so different to where I was before." SL carers also told us they were well supported by the service. One carer told us, "I just call and they come back to me. They visit regularly and give me feedback about anything I need to know and I have faith in them to help me when I need it."

A range of internal audits and safety checks were regularly carried out to assess the standards in the centre. These included checking equipment, fire safety, medicines, and the accountability of staff in task structures and handover records. Newly developed surveys were also being sent out to people and their families to rate their satisfaction and obtain their views about any improvements to the service.

The service manager visited the centre at least monthly and conducted audits which were based on the CQC standards of quality and safety. The latest audits indicated they had reviewed records, observed how staff interacted with and treated people, and spent time talking with people at the service about their experiences. A summary of their findings, along with any actions required, was provided to the registered manager and checked at the next visit.

The registered manager and team leader told us about proposed developments for the service over the next year. They were looking at reciprocal arrangements with another local authority resource centre, with staff shadowing and learning from one another's care practices. There were plans to review equipment, revamp the main lounge area and introduce wireless internet access and a gaming system to benefit the people using the service. The service was also in the early stages of working towards accreditation in supporting

people with autism.

The SL scheme was accredited with the 'shared lives plus' organisation at national and regional levels. The SL worker told us they also got support from other networks of similar practitioners, for example through an internet-based 'google group'. The scheme had been subject to an independent review in 2016 and an action plan was drawn up in response to the issues this had raised. A number of changes to the service were highlighted and we saw consideration had been given to ensure the service was in line with current best practice. The registered manager told us that planned changes would take place once the team of workers was back to full strength.

The SL panel had a regular agenda including reviewing carer assessment reports and looked at business issues including recruitment and support to carers. Records showed the panel made comments and suggestions which were considered when reviewing and improving the service. The independent chair of the SL panel told us, "It is very positive that there appears to be a renewed focus and drive to the service, including reviews of the assessment format used, the panel membership and plans for developing the scheme."