

Vista Care Limited

Castle House

Inspection report

76-78 St. Botolphs Road
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Tel: 01536522565

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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Castle House is a residential care home providing accommodation and personal care. It is registered to support up to 10 people with a learning disability or autistic spectrum disorder. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection there were nine people using the service, seven of these people received personal care.

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

Right Support

People were supported by staff to pursue their interests and to achieve their aspirations and goals. The service made reasonable adjustments for people so they could be fully involved in discussions about how they received support, including support to travel wherever they needed to go.

Staff supported people to take part in activities and pursue their interests in their local area and enabled people to access specialist health and social care support in the community.

People had a choice about their living environment and were able to personalise their rooms.

Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

Right Care

There were not enough permanent staff employed at the time of the inspection. However, the service made sure staffing levels met people's needs and kept them safe. When agency staff were used, disruption was minimised by using the same agency staff members. New staff had been recruited and were due to commence employment at Castle House shortly after the inspection.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to people's individual needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other

agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People could take part in activities and pursue interests that were tailored to them.

Right culture

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.

People and those important to them were involved in planning their care.

The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 19 May 2021).

Why we inspected

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

Castle House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector carried out the inspection. Another inspector from the registrations team visited on the same day to undertake a location check.

Service and service type

Castle House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Castle House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection. This was because the service is small, and people are often out. We wanted to be sure there would be people at home to speak with us.

What we did before inspection

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used information gathered as part of a monitoring activity that took place on 16 March 2022 to help plan the inspection and inform our judgements. During this monitoring activity we spoke with three people and received feedback from four relatives.

We contacted the Local Authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We communicated with five people who used the service and received personal care. We spoke with one person that did not receive personal care that wished to share their care experience with us. We spoke with four relatives about their experience of the care provided.

Some people were not able to fully communicate their experiences of care verbally, but used different ways of communicating such as pictures, gestures and their body language. We used the Short Observational Framework for Inspection (SOFI) and spent time observing people. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with six members of staff including the registered manager, business development manager and four care staff. We spoke with a healthcare professional.

We reviewed a range of records. This included four people's care records, seven people's personal safety plans and three medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including health and safety checks and audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures, training data and quality assurance records. We spoke with one health professional who has frequent involvement with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- We found some surfaces were damaged in the kitchen and the stand the washing machine sat on was rusty. This meant these areas could not be cleaned effectively. Plans were in place to refurbish the kitchen area and the service told us the rusty area in the laundry would be repainted the week after the inspection.
- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements to keep the premises clean and hygienic.
- The service prevented visitors from catching and spreading infections.
- The service followed shielding and social distancing rules.
- The service admitted people safely to the service.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in the staff.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy was up to date.
- The service supported visits for people living in the home in line with current guidance.
- All relevant staff had completed food hygiene training.

Staffing and recruitment

- A combination of permanent and agency staff was used to achieve safe staffing levels. We received positive feedback about the permanent staff and mixed feedback about the agency staff. One person told us, "The agency staff take longer as we don't know them all." Another person told us they were happy with the agency staff. A staff member said, "We have had some good hard-working agency staff and have had the same ones recently." We observed positive interactions between people and the agency staff.
- The service had recruited four additional care staff all due to commence their roles within two weeks of the inspection. The registered manager told us this would reduce the need for agency staffing as there would be only one part time care staff position vacant. People had been kept updated about the recruitment of new staff and were looking forward to new staff supporting them.
- Staff recruitment and induction training processes promoted safety and staff had been safely recruited.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Castle House. People used 'keep safe' cards when they went out without staff, this included important information about them they could show to someone if they needed help.

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- People told us they would speak to staff or the registered manager if they had any worries or didn't feel safe. They confirmed they felt confident that appropriate action would be taken.

Assessing risk, safety monitoring and management

- People's risks had been comprehensively assessed. Their risk assessments instructed staff of the measures they needed to take to keep people safe from harm. One person needed staff support to mobilise, they wore a neck pendant call bell which meant they could request staff support wherever they were. This person confirmed staff responded promptly when they used this to call for help.
- People had a personal emergency evacuation plan (PEEP) to instruct staff how to support them to leave the service safely in the event of an emergency.
- Staff recognised signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.
- Where staff were trained in the use of restrictive interventions, the training was certified as complying with the Restraint Reduction Network Training standards. Systems were in place to undertake post incident reviews, should restrictive practices be utilised to ensure the service had considered what could be done to avoid the need for its use in similar circumstances. There had been no recent use of restrictive practises.

Using medicines safely

- Staff made sure people had their medicines at the right time and in their preferred way.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. The registered manager understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. The registered manager told us they planned to change the storage arrangements for medicines to further promote people's independence.
- Protocols were in place to guide staff when to administer medicines prescribed 'as needed'.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. One person told us they had recently tripped on the stairs. They were pleased with how staff responded and told us the accident was reported and that staff had applied ice to the affected area.
- Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned. A staff member told us, if a person fell, they would check for injury before the person was moved, call an ambulance and inform the staff member on call. They told us care plans were reviewed after accidents to reduce risks to people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations. People, those important to them and staff reviewed these plans together.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- Support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person. One person told us how they enjoyed volunteering in a charity role.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have.
- Staff could describe how their training and personal development related to the people they supported. One staff member told us how they found the autism training very helpful. They told us how it helped them to understand how people with autism may "view the world" and to identify where people may experience difficulties and require additional support.
- People benefitted from reasonable adjustments to their care to meet their needs, and their human rights were respected. This was because staff put their learning into practice. The registered manager told us the cycling equipment at a leisure facility had been moved upstairs. They had addressed this with the facility as it impacted people's ability to access the equipment. The facility had confirmed the equipment would be moved to the ground floor.
- Staff received support in the form of supervision and recognition of good practice. One staff member said, "I have just had my supervision, we look at different training that might be helpful, discuss whether I am doing things right and how I might do things another way."

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

- People received support to eat and drink enough to maintain a balanced diet. They were involved in choosing their food, shopping, and planning their meals.
- Staff supported people to be involved in preparing meals in their preferred way. Some people had expressed a desire to be more involved in cooking the evening meal. One person had suggested a cooking rota. This was being considered by people living at Castle House.
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight. One

person told us how staff supported them to make salads and that they had lost weight.

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

- The design, layout and furnishings supported people's individual needs. Improvements were planned to some areas of the service such as replacing a bathroom for a wet room, replacing worn carpets in the hallway and painting some communal areas.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home.

Supporting people to live healthier lives, access healthcare services and support

- People had health action plans which were used by health and social care professionals to support them in the way they needed. They were supported to attend annual health checks, screening and primary care services.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. A healthcare professional said, "Castle House care very much, they are very quick to call if they have any concerns. If we ask them to do things such as to speak with the GP, it is always followed up."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where DoLS authorisations had expired, the service had applied for these to be renewed prior to the authorisation expiring and in line with the MCA.
- Staff had undertaken training about the MCA and empowered people to make their own decisions about their day to day care and support. One staff member said, "I didn't understand MCA when I came here, but because of the training given, I now understand it."
- We observed staff offering people choices throughout the inspection and respecting their decisions. A staff member told us, "I offered [Name] a shower this evening, they said no, I offered again but they did not want a shower, I respect that."
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions. People's preferences and wishes were taken into consideration and relatives and Lasting Power of attorneys (LPA) consulted if appropriate. LPA gives representatives the legal authority to make decisions on a person's behalf when they no longer have capacity to do so.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff saw people as their equal and created a warm and inclusive atmosphere. They were patient and used appropriate styles of interaction with people.
- Staff were mindful of each individual's sensory perception and processing difficulties. We observed staff give one person time to process a request for them to receive support with personal care.
- We observed staff members show warmth and respect when interacting with people. Staff told us they enjoyed their job and spending time with the people at Castle House.

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

- People were empowered to make decisions about their care and support. During the inspection a hairdresser visited to cut a person's hair, the person declined having their hair cut. The service arranged for the hairdresser to return to the following week. The hairdresser told us they may visit three or four times before the person agreed for them to cut their hair.
- Staff supported people to express their views using their preferred method of communication. They took the time to understand people's individual communication styles and develop a rapport with them. They knew what was important to people.
- People were supported to access independent advocacy support when needed.

Respecting and promoting people's privacy, dignity and independence

- Staff knew when people needed their space and privacy and respected this. We observed staff knock on people's doors and await permission to enter, people confirmed staff always did this. Regular dignity audits were undertaken by the registered manager to ensure people received dignified care in line with their support plans.
- People were supported to be as independent as they could be. A staff member said, "We are supporting people to become more independent." They gave an example of, "Encouraging people to make breakfast in the morning even if it creates a mess."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations. A staff member said, "The registered manager is very thorough with the care plans. They definitely have enough information."
- Staff discussed ways of ensuring people's goals were meaningful and spent time with people understanding how they could be achieved. They offered choices tailored to individual people using a communication method appropriate to the person
- Staff spoke knowledgeably about tailoring the level of support to individual's needs and people were in control of how they lived their life. One person said, "I go to bed when I want." A staff member told us how at the weekend two people had watched movies together with accompanying snacks until 2am.
- Positive behaviour support plans were in place to ensure staff offered people the right support at the right time, to reduce any distress they may experience. We observed staff implementing the strategies detailed in these plans. The service had liaised with the community team for people with a learning disability for advice and support for one person. This resulted in the successful introduction of breathing exercises to reduce their anxiety.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff ensured people had access to information in formats they could understand.
- There were visual structures, including photographs which helped people know what was likely to happen during the day.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to stay in regular contact with friends and family via visits and, telephone calls.
- People were supported to participate in their chosen social and leisure interests on a regular basis. These included bowling, swimming, accessing the gym, voluntary work, day services and social clubs. One person

accessed a leisure facility independently supported by a personal trainer. The service supported people to use public transport independently where they were able and to develop their confidence and independence to go out without staff support.

- Most people living at Castle House had lived together for many years and had developed strong friendships together, they told us they liked to go out for meals and spend time together.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. A relative said, "I have in the past raised concerns, they are normally sorted and have never got as far as a complaint." The service treated all concerns and complaints seriously, investigated them and learned lessons from the results. We saw a complaint from a person living at the service that had been resolved to their satisfaction.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.

End of life care and support

- Whilst the service was not providing support to people at the end of their life at the time of inspection, they had supported people to remain at Castle House at the end of their life the year prior to the inspection. We saw positive feedback regarding the personalised end of life care that was provided.
- People had been supported to complete a 'My future wishes' plan. This was easy read and enabled people to express their preferences and wishes about end of life care should their needs change.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. Templates for checking water temperatures and fire doors required some improvements to evidence all the required checks had been completed. We discussed this with the registered manager who made these amendments.
- The registered manager had the skills, knowledge and experience required for their role and a clear understanding of people's needs. A staff member said, "[Registered Manager] is approachable, the door is always open for you." Staff were clear about their roles. A staff member said, "All staff have things to do, someone does fire drills, someone does water checks. They all have to be done, checked and signed."
- Staff we spoke with were able to explain their role in respect of individual people without having to refer to documentation.

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

- The provider had applied for Castle House to become a supported living service. Consultation meetings had been undertaken with people and relatives. However, relatives expressed dissatisfaction they were not consulted earlier in the process.
- Meetings were held with people living at Castle House to get feedback from them to improve their experience of receiving care at Castle House. At a recent meeting people had said they were excited to meet new staff. People said they wanted to be more involved in meal preparation and discussed options as to how to achieve this.
- Staff meetings gave staff the opportunity to discuss what worked well and what needed improving for people. At a recent meeting staff were informed of changes to government guidance regarding COVID-19. Staff made suggestions of improvements that could be made to people's care. Changes to people's support plans were discussed such as introducing a 'now and next' pictorial schedule to support one person to prepare for personal care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Management were visible in the service, approachable and took a genuine interest in what people, staff,

family and other professionals had to say. They promoted equality and diversity in all aspects of the running of the service.

- Management and staff put people's needs and wishes at the heart of everything they did.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service apologised to people, and those important to them, when things went wrong.
- There had been no notifiable incidents under duty of candour.

Continuous learning and improving care

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible and to promote people's independence. They had liaised with commissioners regarding the proposed changes to the service.
- The provider had implemented a recruitment strategy to fill staff vacancies. This had resulted in the successful appointment of four new care staff and a maintenance person. The provider was committed to ensuring people received consistent care from staff that knew them well.

Working in partnership with others

- The service worked well in partnership with health and social care organisations, which helped people using the service to improve their wellbeing. We received positive feedback from two healthcare professionals in relation to the services responsiveness to people's needs and engagement with the multi-disciplinary team.
- The registered manager attended local management meetings to share best practice and learning.