

Barchester Healthcare Homes Limited

Castle Park

Inspection report

Noddle Hill Way
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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 Park provides care and support for a maximum of 27 people who may live with a physical and/or learning disability. Castle Park is situated in a residential area of Hull and is a detached unit within a large, secure complex with other separated, registered services. All bedrooms offer single room accommodation and there are multiple communal areas, such as lounges and dining rooms.

At the last inspection on 06 and 07 October 2014, the service was rated 'Good'. At this inspection, we found the service remained 'Good'.

People we spoke with told us they felt safe whilst living at Castle Park. The registered manager had good environmental and personal care risk assessments to underpin this. Staff were able to outline what they would do to report concerns should they identify potential abuse, harm or poor practice.

The registered manager had systems to protect people from unsafe management of their medicines. Associated recordkeeping was completed correctly and we found nurses were trained and competency tested.

Records we looked at evidenced the provider followed safe procedures to ensure they recruited suitable staff to support vulnerable people. We found staffing levels were sufficient to meet people's requirements in a timely manner. The provider delivered an extensive training programme, including refresher guidance, to underpin staff knowledge and skills.

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

Care records we looked at contained risk assessment and monitoring documentation to protect people from the risks of malnutrition and dehydration. Those who lived at Castle Park told us staff consistently offered them choice at mealtimes and they enjoyed their meals.

Throughout our inspection, we observed staff approached people with a calm and non-confrontational attitude. They understood the principles of assisting each person to have meaningful and as independent lives as possible. One staff member told us, "I love my job because giving a little TLC to residents goes a long way and makes a difference in their lives."

The registered manager guided staff to support people in line with their requirements and wishes. Care records we looked at were personalised and contained detailed life histories of each person who lived at Castle Park. Documentation was reviewed and updated with people and their representatives. This ensured responsive care planning matched their ongoing needs.

The registered manager completed a wide range of audits to assess quality assurance. To underpin this, we

found the management team was proactive in gaining feedback from staff, people who lived at the home and visitors. We saw evidence of the registered manager taking action to address identified issues and to improve and develop the service.

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 remains good

Is the service effective?

Good ●

The service remains good

Is the service caring?

Good ●

The service remains good

Is the service responsive?

Good ●

The service remains good

Is the service well-led?

Good ●

The service remains good

Castle Park

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 06 June 2017 and was unannounced. The inspection team consisted of an adult social care inspector.

Before our unannounced inspection, we checked the information we held about Castle Park. This included notifications the provider sent us about incidents that affect the health, safety and welfare of people who lived at the home. We also contacted other health and social care organisations such as the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced living at Castle Park.

Additionally, we spoke with a range of individuals about this home. They included six people who lived at Castle Park. We further discussed care with the deputy and area managers and four staff members.

We looked around the building to check environmental safety and cleanliness. We also spent time reviewing records. We checked documents in relation to four people who lived at the home and two staff. We looked at records about staff training and support, as well as those related to the management and safety of Castle Park.

Is the service safe?

Our findings

We asked people if they felt safe at the home and they responded positively. One person said, "I feel very safe. The staff are there straight away when I need them." Another person added, "The managers and staff help me feel safe, which is really important to me because I get very anxious."

Staff were able to describe good practice in relation to protecting people from potential abuse, harm or poor practice. They clearly outlined what they would do to report concerns should they identify possible abuse. One staff member told us, "Any concerns and I would report straight away. I would definitely not hesitate to report to the police and social services."

We reviewed the systems the registered manager had to protect people from an unsafe environment and inappropriate care. Incident forms contained evidence about accidents and actions undertaken. Care planning and risk assessments were updated and the management team analysed all related processes. The purpose of this was to assess control measures successfully reduced the potential of reoccurrence. Additionally, the registered manager completed risk assessments to protect people from potential harm or injury. Assessments covered, for example, falls, nutrition, medication, bedrails and personal care. We noted documents included information to guide staff about the level of risk and actions to reduce this.

We observed the home was clean and tidy. Staff received related training and had ample use of personal protective equipment. Window restrictors limited their opening to protect people from potential injury. The service's electrical, gas and legionella safety certification was up-to-date. The registered manager had these checks to maintain everyone's safety and welfare.

The provider followed robust procedures to protect people from the employment of unsuitable staff. We found employees had the skills and experience required to support people with their care needs. Staffing rotas we looked at indicated levels and skill mixes were sufficient to assist each person quickly and ably. One person who lived at Castle Park told us, "There's always lots of staff on duty." Another person added, "There's loads of staff around."

We found medicines had been checked on receipt into the home, given as prescribed and stored and disposed of correctly. We observed the nurse was patient with people and checked they received their medicines. Associated recordkeeping was correct and up-to-date. The registered manager ensured nurses were trained and competent. They completed regular audits to assess medicines procedures were robust. This showed the registered manager had systems to protect people from unsafe management of their medicines.

Is the service effective?

Our findings

When we discussed staff training with people, they told us staff were effective in their duties. One person said, "They know what they are doing to help me." Another person commented, "I think they are very good at doing their jobs."

The provider delivered an extensive training programme, including refresher guidance, to underpin staff knowledge and skills. This included medical conditions, basic life support, fire and environmental safety, food safety, infection control and medication. This was reinforced by regular staff supervision and appraisal, intended to review their personal and professional development. One staff member told us, "We definitely get enough training. I feel confident in my role."

Those who lived at Castle Park or their legal representatives had signed consent to demonstrate their agreement to care. We observed staff checked for people's consent whenever they supported them. A staff member, who was providing one-to-one support for a person who lived at Castle Park explained, "I know [the person] very well. I can tell instantly if he's not happy about something and that's his way of saying I don't like this, so we'll stop the activity."

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people were deprived of their liberty to protect them, we saw correct records were in place. Staff had related training and showed a good understanding of the MCA.

Care records we looked at contained risk assessment and monitoring documentation to protect people from the risks of malnutrition and dehydration. Menus showed a varied programme of meals and choice. People said they enjoyed their food and could choose where to have them. One person said, "I love me food and the meals are great here." Another person added, "The food is really good. I get loads to eat." We found kitchen cleaning records in place and noted the kitchen and food storage areas were clean and tidy.

Staff worked closely with other healthcare professionals in meeting people's changing needs. Care records held information from other services involved, such as GPs, social workers, speech and language therapists, dieticians, specialist consultants and community services. Multidisciplinary meetings were held regularly to check support maintained continuity of care and we found staff updated care planning to any changes. A staff member stated, "Any concerns I'll report to the nurse. We keep the parents in the loop and get the doctor out just to be sure."

We found the environment was designed and adapted to meet each person's different requirements. For example, corridors and rooms were wide and spacious. Two bedrooms contained multiple sensory equipment and tools, such as luminescent lighting and a ceiling sheet with glowing stars. This effective measure provided mental stimulation for those who lived there.

Is the service caring?

Our findings

During our inspection, we observed people were smiling and relaxed. Those we spoke with said staff were caring and kind. One person said, "The staff talk to me in a caring way. I don't feel like I'm stupid when we chat." Another person added, "I'm very happy here." A third person commented, "They are a lovely bunch of people."

Throughout our inspection, we observed staff approached people with a calm and non-confrontational attitude. They engaged in a friendly way and made appropriate use of touch, eye contact and soft tones. People said they always found staff interacted with them in a caring manner and they enjoyed living at the home. One person commented, "The staff are lovely. They are so kind, like my family."

Care records we looked at evidenced people and their representatives were involved in their care planning. Those who lived at the home confirmed support was planned collaboratively. One person told us, "The staff discuss things with me, like my care and what things I like to do." We observed staff explained procedures and checked people's wishes before supporting them.

We found staff consistently maintained people's dignity and privacy. For example, they knocked on bedroom doors before entering. When we discussed this with a staff member they said, "It's about treating people as human beings. You've got to have the utmost respect for residents. Dignity and respect is the biggest thing." Additionally, staff demonstrated an in-depth knowledge of people's human rights, diverse backgrounds and personal requirements. On discussing this with one staff member, they commented, "We really try hard to make sure the residents have their own personal styles." Care records contained information about each person's cultural and spiritual needs and people told us they were supported to attend religious centres.

Is the service responsive?

Our findings

People told us staff were responsive to their needs and assisted them with an individualised approach. One person who lived at Castle Park told us, "I feel like the staff know me and my problems. They help me very well." Another person commented, "The staff do their best to help me improve my life."

People's care records were based around their pre-assessment information, ongoing details and personalised support. The registered manager guided staff to the person's goals and agreed actions. Staff had signed and dated records we reviewed to evidence who had completed them and when. Our observations demonstrated staff had a good knowledge of those who lived at the home and assisted them in ways that reflected their care plans.

The registered manager completed detailed life histories of each person who lived at Castle Park. They strived to understand what was important to the individual, who they were and matched this to their support planning. Areas covered included people's preferred names, their backgrounds, activities, food likes/dislikes, family traditions and important relationships in their lives. This was good practice to guide staff to help individuals in line with their requirements and wishes.

The staff and management team developed a person-centred approach to people's interests and activities. Specific, individual assessments and care plans checked what each person enjoyed. Staff regularly reviewed these to check people continued to be as occupied as much as possible in things they liked. To underpin this, the designated activities co-ordinator met with those who lived at the home to discuss the activity programme. This provided people with the opportunity of looking at alternatives. We saw the programme was pictorial in format and consisted of three separate events each day. These included trips out, garden parties, movie nights with a chocolate fountain, home baking, arts and crafts, exercises, relaxation and pet therapy. One person told us, "There's always things going on and I have my own hobbies they help me with." Another person said, "I really like [the activities co-ordinator]. She does things we enjoy and have fun with."

The management team told us they had not received any complaints in the last 12 months. Information was made available to people and relatives about how to complain, which included timescales and the various stages taken. Those who lived at the home said they knew how to comment about their care and felt confident these would be dealt with robustly. One person stated, "[The management team] listen if I have any concerns, which helps me to feel less anxious."

Is the service well-led?

Our findings

A registered manager was in place. 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.

Those who lived at Castle Park and visitors stated they felt it was led and organised well. One person said, "The staff are supported well by the nurse-in-charge." Another person told us, "The bosses are good people."

We observed the management team had a good understanding of people who lived at the home. They showed a kind, caring approach when they engaged with relatives and their family members. One person said, "The managers are very kind and they spend time just chatting with us." Staff told us they felt the registered manager was supportive to them and worked with them as part of the team. One staff member commented, "[The registered manager] is very approachable. I've had a couple of issues and they've been dealt with. They're all good managers."

The registered manager strengthened their leadership with 'resident' meetings and satisfaction surveys to gain everyone's feedback. We saw minutes from meetings evidenced the areas explored included facilities, activities and general wellbeing. A specific survey had been sent to check what people thought of their meals. Comments seen included, 'Tasted and smelt good,' and, 'It tasted very good.' The provider analysed findings from the general, more in-depth survey from 2016. The management team also held meetings to review how they could improve on feedback received. Comments on thank-you cards were, for example, 'I am so very grateful to you all,' and, 'Thank you for having me here because I like it here always.'

The registered manager completed a wide range of audits to assess quality assurance. These included checks of staff and care files, training and supervision, environmental and fire safety, activities, infection control and medication. We checked a sample of audits and found the registered manager had taken action to address identified issues. For example, a gap in training was found and this was quickly addressed. We saw evidence the management team discussed issues in various meetings, including with staff and those who lived at the home. This meant the provider monitored people's safety and welfare and involved everyone in their drive to improve.

The management team said they were in contact with other health and social care organisations, including the local authority and Clinical Commissioning Groups. They added they did this to review practice and as part of their quality assurance processes.

The service had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.