

Vista Care Limited

Castle House

Inspection report

76-78 St. Botolphs Road
Barton Seagrave
Kettering
Northamptonshire
NN15 6SS

Tel: 01536522565

Date of inspection visit:
16 June 2017
18 June 2017

Date of publication:
06 July 2017

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 House is a residential care home for 10 people with learning disabilities. The accommodation is set over two floors with one self-contained flat on the first floor of the home.

At the last inspection, the service was rated Good. At this inspection we found that the service remained Good.

People continued to receive safe care and support. People had plans of care that were followed by the staff providing their care to mitigate their known risks. Appropriate action was taken when people were identified as being at risk of harm. People could be assured that they would receive their prescribed medicines and that staff had been subject to robust recruitment procedures.

People received care from staff that had received the appropriate training, supervision and support that they needed to work effectively in their role. People were supported to maintain good nutrition and to access healthcare services.

People were supported to have 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.

People received care from staff that knew them well and consistently treated people with respect and dignity.

People were involved in developing their plans of care which enabled people to receive care and support in line with their preferences. People knew how to complain and could have confidence that their complaints would be managed appropriately.

There was a system of quality assurance in place overseen by the provider, regional manager and registered manager which was successful at ensuring people consistently received good quality care and support. There was an on-going programme of refurbishment of the home.

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 remains Good.	Good ●
Is the service well-led? The service remains Good	Good ●

Castle House

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 checked 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 unannounced comprehensive inspection took place over two days on the 16 and 19 June 2017.

Before the inspection we checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted and met the health and social care commissioners who monitor the care and support of people living in their own home.

During this inspection we spoke with four people living in the home and four members of staff including the registered manager and area manager.

We reviewed the care records of three people that used the service and the recruitment records for three members of staff. We also reviewed records relating to the management and quality assurance of the service.

Is the service safe?

Our findings

People continued to receive safe care; people told us they felt safe in the home. One person told us "It's nice here. It's my home and I do feel safe." People received care from staff that knew them well and were knowledgeable about the steps to take to maintain their safety.

Risks to people had been assessed and people had detailed plans of care in place to provide guidance for staff in maintaining people's safety. One member of staff told us "People's care plans always tell us what we need to do to keep them safe. For example, [Person] needs us to go with them when they access the community on a one to one basis to make sure they are safe. They are at risk because of the roads."

People could be assured that they would receive their prescribed medicines safely. One person told us "The staff give me my tablets every morning before I go to work." We observed staff administering medicines and saw that they checked people's Medicine Administration Record (MAR) charts to ensure that they were administering the correct medicine at the correct time. Staff had received training in how to administer medicines safely. Senior staff checked staff's knowledge and skills for administering people's medicines independently to ensure that they were competent to do so safely.

People were safeguarded from the risk of harm because staff had been subject to robust recruitment procedures before working in the home and were confident in the steps to take if they were concerned people were at risk of harm. One member of staff told us "If I was ever worried someone was at risk or had been harmed I would tell the on-call manager. I also know to contact the Council or CQC." The registered manager had made safeguarding alerts to the local authority where appropriate and worked openly with the local authority safeguarding team where investigations or information had been requested.

Is the service effective?

Our findings

People continued to receive care from staff that had received the training, supervision and support that they needed to work effectively in their role. Since our last inspection the provider had recognised that the care and support needs of people living at Castle House were changing as people grew older. In response to this staff had accessed formal training and qualifications in supporting people living with dementia. Staff told us that they were able to access training that was relevant to their role. One member of staff told us "The training is good here; we refresh the important courses annually and I am thinking about starting my Diploma Level Three in Health and Social Care."

Staff had received regular supervision and support from the registered manager. One member of staff told us "The manager is very supportive and we have formal supervision where we talk about [the care we provide for] each person living in the home and training regularly."

People were asked to give consent for their care and support and staff were knowledgeable about their responsibilities in relation to the Mental Capacity Act 2005. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met. We found that the manager had made appropriate DoLS applications to the local authority where people had been assessed as lacking capacity to be able to consent to their care.

People were supported to maintain a healthy diet and to be as independent as possible in preparing their meals. One person told us "The food is nice. There is a menu so we know what the planned meal is. Sometimes I help do the cooking but I like the staff to cook really."

Staff monitored people's health and wellbeing closely and promptly referred people to health professionals if changes were identified. We observed staff supporting one person to prepare for an appointment with their GP. Staff provided this person with reassurance and explained what the appointment was for and took their most up to date Health Action Plan to provide important information for the person's GP. The service worked closely with the Community Team for People With Learning Disabilities to ensure that people received the support they needed in relation to behaviours that may challenge people in services, dementia and in maintaining their mobility.

Is the service caring?

Our findings

People had developed positive, supportive relationships with staff that knew them well. We observed that people were relaxed in the presence of staff and that staff took a genuine interest in people's day when they returned to the home from their day services. We saw that staff engaged people in activities such as puzzles to ensure that they were occupied and enabled people to access the community to attend clubs and events that were important to them. One person told us "I go to a club every week that the staff take me to."

People were supported to celebrate important events in the home. One person told us "I am having a birthday party soon; a disco. I have invited my friends and family." Staff had supported this person to plan their birthday party and to invite people that were important to them from clubs, day services and their family to join their party within the home.

People were involved in planning and reviewing their plans of care. The registered manager facilitated annual person centred reviews for each person to ensure that staff were working with people to achieve their wishes and aspirations. For example one person was supported to plan a holiday in Brighton because they had identified this as one of their aims.

People were supported to maintain relationships that were important to them. People were encouraged to invite visitors to their home. People were also able to invite friends and visitors to any area of the home and see people in private should they wish.

Is the service responsive?

Our findings

People's needs were assessed prior to moving into the home to ensure that the service was able to meet their care and support needs. The registered manager completed assessments that considered people's care needs, interests, life history and compatibility with other people living in the home.

People's plans of care continued to be detailed and reflective of their care and support needs. One member of staff told us "People's care plans are regularly updated and we can always check them if we are unsure of anything because they [the plans] are accurate." Staff worked in partnership with other professionals involved in people's care to ensure that people received consistent care and support. For example, we saw that staff had worked with one person's day services to develop a positive behavioural support plan to ensure that all staff involved in the person's care were working consistently across both services.

The care and support that people received was reflective of their individual preferences. People were encouraged to contribute to their plans of care during reviews that were completed in a person centred format. One person told us "The staff know what I need help with. I like them all."

People were encouraged to take part in activities both within the home and in the local community to lead fulfilled lives. One person told us "We often go out in the evening. I like to go to the pub on a Friday; it's fun."

People knew how to make a complaint and had confidence that if they did complain this would be managed appropriately. There had not been any complaints made to the service. The registered manager was aware of the provider's policy in relation to managing complaints and encouraged people and their relatives to provide feedback about the home.

Is the service well-led?

Our findings

The service continued to be managed by a registered manager who was aware of the responsibilities of this role and accessible to staff and people living at Castle House. A registered manager is a person who has registered with the Care Quality Commission 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 registered manager knew the people living at Castle House well and we observed that people were confident in approaching the registered manager and they engaged positively with people. Staff told us "The manager is very good. We can always talk to her and the people living here like her." The registered manager was a positive advocate for the people living at castle House and liaised closely with other professionals involved in their care to ensure that people were receiving the right support from services.

There continued to be a strong system of quality assurance that was overseen by the registered manager, regional manager and the provider. A programme of refurbishment was on-going and people had been encouraged to choose new paint, furnishings and carpet for their bedrooms.

The provider had an effective quality assurance system which included regular audits completed by the registered manager, regional manager and the provider. Audits covered key areas such as the environment, health and safety, staff training and people's plans of care. When areas for improvement had been identified these were targeted, actions set and the subsequent improvements were monitored.

People's views about the service were used to make improvements that people wanted. Regular residents meetings were held with people using the service. Minutes from these meetings showed people were given an opportunity to give ideas and suggestions about improvements they would like to see made. Staff had taken appropriate action. For example, where people had expressed a wish to go on holidays or outings, staff supported people to make arrangements to do this