

## North Yorkshire County Council

# Castle House

### Inspection report

10-14 Elders Street  
Scarborough  
YO11 1DZ

Date of inspection visit:  
04 November 2019  
15 November 2019

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16 December 2019

#### 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

### About the service

Castle House is a domiciliary care agency. It provides personal care to people living in their own houses and flats to predominantly older people through a short-term assessment and reablement program. This offers short-term support to help people regain their independence after an accident or ill health, or to help those with a disability to remain independent. At the time of this inspection, 30 people were using the service.

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.

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

People told us they were happy and felt safe. People were supported by consistent staff who had been recruited safely. Staff were provided with sufficient training and support to ensure they had the skills and knowledge to carry out their roles.

People received their medication as prescribed. Risks were assessed and control measures put in place where required. People's nutritional needs were met and staff had formed positive relationships with people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were involved in making decisions and their choices were respected.

People were treated with dignity and respect and their independence was promoted. Staff spent time getting to know people and their goals. Staff understood the importance of understanding people's abilities and working with them to achieve positive outcomes.

People and staff spoke positively of the management team. The registered managers were passionate about ensuring people received the support they required. Regular feedback on the service provided was requested from people and action was taken when shortfalls were found.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 16 August 2016). Since this rating was awarded the service has moved premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

### Why we inspected

This was a planned inspection based on the date of registration.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# 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.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had two 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. Both registered managers were allocated different geographical areas to manage and had an allocated team of reablement staff.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 4 November 2019 and ended on 15 November 2019. We visited the office location on 4 November 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who worked with the service. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the

service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with seven members of staff, which included care staff, an independent living facilitator and the two registered managers.

We viewed a range of documents and records. This included three people's care records and medication records. We looked at two staff recruitment and induction files, two staff training and supervision files and a selection of records used to monitor the quality and safety of the service.

#### After the inspection

We contacted five people who used the service via telephone to gain their views on the service provided. We continued to seek clarification from the provider to validate evidence found. We contacted two professionals to ask for feedback on the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "Staff make me feel safe" and "Without the support I have had from staff I would not feel safe. Staff have helped build my confidence back up."
- People were kept safe by staff who had been trained to identify and respond to safeguarding concerns.
- Systems and processes were in place to ensure safeguarding concerns were appropriately recorded and responded to.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments guided staff on how to safely meet people's needs; this information had been reviewed weekly and was updated when required.
- The environment and any equipment had been assessed for safety.
- Accidents and incidents were recorded and discussed with senior management. When near miss incidents occurred, lessons learnt were shared with all staff and senior management to promote continuous learning.

Staffing and recruitment

- People were supported by safely recruited staff; new staff were interviewed and completed recruitment checks to help make sure they were suitable to work with people who may be vulnerable.
- There were enough staff on duty to provide the support people needed.
- Consistent staff arrived to support people on time. One person said, "The carers come at the same time each day. I know all the staff quite well now."

Using medicines safely

- People were supported to take their prescribed medicines; staff had been trained and their competency checked to make sure they followed good practice guidance.
- Regular audits were used to check medicines were administered safely and to address minor mistakes or recording errors.

Preventing and controlling infection

- Staff followed good infection control practices; they used aprons, gloves and hand sanitiser to help prevent the spread of infection.
- Staff's infection and prevention control knowledge was assessed by management during observations of their practice.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 received effective support following a thorough assessment of their needs; expected outcomes to help people gain independence were identified and closely monitored.
- People were assessed weekly to monitor progress being made towards their expected outcomes. Any additional support needed was arranged.
- People were involved in making decisions and choices about how they wanted to live their lives. One person told us, "I choose what I want to wear and eat, things like that. Staff encourage me to make decisions. I am always asked."

Staff support: induction, training, skills and experience

- People received effective care and support from well trained staff.
- Staff praised the support provided which helped them learn and develop; new staff had a comprehensive induction to the service and completed a range of training to learn how to meet people's needs.
- Regular supervision meetings, competency checks, and annual appraisals were used to monitor staff's performance. These also provided an opportunity to develop staff to progress within their roles.

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

- Where required, people were supported with their meals, in a way which ensured they used and developed their skills as much as possible to improve their independence. Healthy, balanced meals were promoted by staff.
- Adapted cutlery was used by people to help them remain independent.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People received support to access healthcare service; staff monitored people's wellbeing and were quick to identify if people's needs changed.
- Information about people's health needs was recorded in their care plan.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. None were required for the people supported by the service when we inspected.

- The registered manager was clear of the process to follow if they had concerns about a person's capacity.
- People signed to show they had consented to the support provided.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People were supported by a consistent team of staff. Positive, caring relationships had been developed. One person said, "I have built really good relationships with the staff that come here. I will miss them when I am back on my feet again and they don't need to come."
- Staff were kind and caring in their approach. One person told us, "I cannot fault any of the staff to be honest. They have all been very nice."
- Staff applied their equality and diversity training to their role and the support they provided to people.

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

- People were fully involved in the development of the care plan and support put in place.
- Staff encouraged and supported people to make their own decisions. One person told us, "I am in full control. Staff discuss my progress regularly and make sure I understand what is going on."
- Nobody required the support of an advocate at the time of inspection. Staff supported people to access advocacy if required.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person said, "Staff are very respectful when providing support. I have never been made to feel uncomfortable."
- People were valued as individuals. People's diverse need were explored at assessment to ensure these were respected.
- Independence coordinators completed assessments before reablement commenced to make sure people had access to equipment they needed to regain their independence.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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; End of life care and support.

- People's needs were assessed, and achievable goals set to encourage and promote people to regain their independence.
- Care plans contained some person-centred information. These could be further adapted to details exactly what support was required and how goals would be met. We discussed this with the registered managers who said they would address this.
- Feedback from people who used the service indicated staff were responsive to their needs and preferences. One person said, "I started with more visits than I have now. They have been reduced as I am beginning to get back to my old self again."
- Additional support had been sourced when people were unwell, or their care and support needs increased which meant they could not regain their independence.
- End of life care was not provided by this service.

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.

- The registered manager understood their responsibility to provide accessible information to meet people's communication needs.
- People's communication needs were assessed and information was available in accessible formats, for example to meet the needs of people with a visual impairment.

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's social interests and hobbies were recorded. People were kept informed by staff about events happening within the community to encourage social interaction.

Improving care quality in response to complaints or concerns

- People felt confident raising issues or concerns and told us these would be dealt with, were listened to, investigated and addressed to improve the service.

## 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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 registered managers promoted a positive culture. There was mutual respect between the registered managers and staff team. One staff member said, "I really do feel respected and part of a great team. Good staff morale contributes to the quality of care provided."
- The registered managers understood their responsibilities to act in an open and transparent way by being honest with people when any incident occurred.
- People and relatives were encouraged to provide feedback on the service through quality assurance surveys. Action was taken when any areas of improvement were identified.
- Information leaflet had been created by the registered managers to ensure the purpose of the service provided was promoted and fully understood by people, relatives, professionals and the community.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered managers were clear about their roles and responsibilities. They kept up-to-date with best practice and had submitted information about events that occurred to CQC as required.
- Staff at all levels understood their roles and responsibilities. Regular meetings took place to ensure all staff understood their job description and what was expected of them.
- Effective quality assurance systems were in place. The quality of the service provided was continuously monitored and timely action was taken when shortfalls were found.

Working in partnership with others

- Staff shared good relationships with professionals and worked with them collaboratively to implement good practice guidance.
- Independence coordinators worked as part of the team to ensure people received the support and aids they needed in a timely way to avoid delays.
- The registered managers recognised the importance of community involvement and the positive impact this had on people. They provided information on events in the local community and encouraged people to attend.