

# Juniper Manton Limited

# Castlerea House

## 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	

### Overall summary

Castlerea House is a care home in Higher Broughton, Salford and provides 24 hour support to people with mental health difficulties. The service is registered with the Care Quality Commission to provide care and support for up to 10 people.

We carried out our last inspection of Castlerea House in April 2013. At this inspection, we found the service was meeting all standards assessed.

There was a registered manager in day to day charge of the service. 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.

Staff recruitment procedures were safe. We saw appropriate checks were undertaken before staff began work such as seeking written references and undertaking DBS (Disclosure Barring Service). At the time of the inspection, the home employed six regular support workers. The majority of these staff had worked at the

# Summary of findings

home for many years and the manager told us they were in the process of updating the DBS checks for these staff, to ensure it was safe for them to work with vulnerable adults.

We found that people had risk assessments in their support plans about how to keep them safe. These covered areas such as the home environment, accessing the community, mental health state, medication, infection control, nutrition and personal care. Where risks were identified, we saw control measures were in place.

The people we spoke with said they felt safe as a result of the care and support they received and trusted the staff who looked after them.

We found that people's medication was given to them safely. The people we spoke with told us they received their medication at the times they needed them.

We looked at how the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe. We looked at the staff rotas. We found the service had sufficient skilled staff to meet people's needs, with people who lived at the home saying there were enough staff to support them.

The staff we spoke with told us they had enough training available to them, although this was not always clearly recorded in the home's training records. The manager told us they would update this immediately following our inspection to reflect what training staff had completed. This was also the case with supervision records, where we found inconsistencies with how these were recorded.

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. At the time of the inspection, there was nobody living at Castlerea House who was subject to a DoLS.

People said that had enough to eat and drink and were given different choices and alternatives. People, who were able to, were given support by staff to prepare their own meals. There was no set meal for lunch time and people living in the service were able to choose either to dine in or out at a time convenient to them. We were told an evening meal was always prepared by staff and that people who lived at the service were able to contribute where possible.

People told us that there was enough activities to keep them occupied and that they could access the community independently, often without the support from staff.

The service had an appropriate complaints procedure in place. We looked at the complaints log and saw complaints had been responded to appropriately, with a response given to the individual complainant.

There was a system in place to monitor accidents and incidents. Where incidents had occurred we saw that appropriate action had been taken to prevent future occurrences.

There were systems in place to regularly assess and monitor the quality of the service. These included check of medication, emergency lighting, people's finances and emergency lighting. We found that the last survey sent to people, asking for their feedback about the service was in 2012. The manager told us they would look to update this and send it to people living at the home following the inspection.

# Summary of findings

## 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. People told us they felt safe living at the home.

We found that medication was handled safely and that people received their medicines at the times they needed them.

Staff recruitment was safe, although the manager told us she was in the process of updating several DBS checks for staff working at the home, as they had worked there for many years.

Good



### Is the service effective?

The service was effective. Staff said they had enough training and supervision available to them, although this was not always clearly recorded within the homes training records.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and people were able to make safe choices and decisions about their lives.

People spoke positively about the food and said they were offered plenty of different choices and alternatives.

Good



### Is the service caring?

The service was caring. People who used the service were happy with the staff team. Staff were kind, pleasant and friendly and were respectful of people's choices and opinions. Staff displayed good knowledge of the people they supported.

People were able to make choices and were involved in making decisions such as how they spent their day, the meals they ate, activities, room décor, and involvement in household chores.

People told us they were treated with respect and staff listened to them.

Good



### Is the service responsive?

The service was responsive. People received care and support which was personalised to their wishes and responsive to their needs.

People were involved in many interesting activities both inside and outside the service. They were involved in discussions and decisions about the activities they would prefer which helped make sure activities were tailored to each person.

There was a complaints procedure available. People had no complaints about the service, but knew who to speak to if they were unhappy.

Good



### Is the service well-led?

The service was well-led. Staff and people who lived at the home told us that leadership at the service was good.

There were systems in place to monitor the quality of service.

We found that accidents and incidents were monitored closely, with relevant action taken to prevent any future re-occurrences.

Good



# Castlerea 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 inspection took place on 06 November 2015 and was unannounced. This meant the staff and provider did not know we would be visiting. The inspection was carried out by one adult social care inspector from the Care Quality Commission.

Before the inspection we reviewed any information we held about the service in the form of notifications received from the service. We also reviewed any whistleblowing information we had received or any particular complaints about the service. We also liaised with external providers including safeguarding, infection control, environmental health and the social work team at Salford council.

At the time of our inspection there were nine people living at Castlerea House. During the inspection we spoke with four people who lived at the home, two members of staff and the registered manager. We were able to look around the home and at various documentation in relation to how the service was run. This included three support plans, five staff personnel files, five medication records and quality assurance documentation.

# Is the service safe?

## Our findings

During the inspection we spoke with four people who used the service, who all told us that they felt safe as a result of the care and support they received. One person said; “I do feel safe living here. Somebody once tried to get in through my window, but staff immediately put a window restrictor on, which made feel a lot safer”. Another person said; “I definitely do. I feel secure living here”. A third person also added; “I feel safe living here I certainly have no concerns”.

We found there were appropriate safeguarding systems in place, which helped to protect people from the risk of abuse. The staff we spoke with had a clear understanding of what they would do if they had concerns. One member of staff said to us; “In the time I have worked here I have never had to make a safeguarding referral. If I did though I would speak with my manager straight away. I would look for any bruising or changes in behaviour perhaps. I would then complete an incident report and ensure that the person was safe”. In order to further support staff in reporting abuse, the home had an appropriate safeguarding policy and procedure in place. This clearly set out the process staff could follow if they had concerns, as well as the different types of abuse that could occur.

We looked at how the service ensured there were sufficient numbers of staff to meet people’s needs and keep them safe and viewed staff rotas. We found the service had sufficient skilled staff to meet people’s needs. On the day of the inspection there were two support workers available who were supported by the registered manager. We were told any shortfalls, due to sickness or leave, were covered by existing staff, which ensured people were looked after by staff who knew them. Both the staff and the people who lived at the home said that they were happy with the current staffing levels. One member of staff told us; “Two members of staff is definitely enough, because the people living here are very independent and that is what we want”. A person who lived at the home also said to us; “There is always somebody available if I need anything”. A second person also told us; “Oh yes. Always enough around”.

We looked at how the service managed people’s medicines and found the arrangements were

safe. At the time of the inspection, the service used the ‘blister pack’ system, which clearly sets out which medication needs to be given and at which time of the day.

There was also a photograph of the person on medication records to ensure staff gave the correct medication to the correct person. We saw that all medication was stored in a secure cupboard, which was always kept locked when not in use. We were told that only staff responsible for administering medicines would have access to the key. We checked a sample of five people’s medication records and found that accurate records were maintained and medicines were given at the correct times. During the inspection we saw that people who lived at the home presented themselves at the office in anticipation of receiving their medication. One person who lived at the home said; “The staff dispense my medication for me. I need it at night mainly. I always get it”. Another person told us; “They give it to me in the morning and night. We had a trial period where I took my own medication, but unfortunately it didn’t quite work out”. When we asked a third person if they felt their medication was given to them safely, we were told; “I feel that they do”.

Staff recruitment procedures were safe and during the inspection we looked at five staff personnel files. We saw appropriate checks were undertaken before staff began work such as seeking written references and undertaking DBS (Disclosure Barring Service). There was also other documentation such as application forms, photographic identification, job descriptions and employment contracts. At the time of the inspection, the home employed six regular support workers. The majority of these staff had worked at the home for many years and the manager told us they were in the process of updating the DBS checks for these members of staff, to ensure they were safe for them to work with vulnerable adults.

We found that people had risk assessments in their support plan about how to keep them safe. These covered areas such as the home environment, accessing the community, mental health state, medication, infection control, nutrition and personal care. Where risks were identified we saw control measures had been put in place. This meant that staff had appropriate guidance to follow if ever they had concerns about the safety of people who lived at the home.

The people we spoke with said that they felt safe going out into the local community without the support of staff. Next to the front door was a notice board, which people needed to update when they left the building or returned home. This helped keep staff up to date with people’s whereabouts to ensure they were safe. One person told us;

## Is the service safe?

It's secure that's the main thing. I know the area quite well so feel safe venturing out on my own". Another person also said; "I enjoy going to the pub for a couple of pints and I feel safe doing that on my own".

# Is the service effective?

## Our findings

We looked at the staff induction programme, which all staff completed when they first commenced employment at the service. At the time of the inspection, the staff working at Castlerea House had worked there for many years, with the last recruit commencing employment in December 2011. The induction included a review of policies and procedures, initial training to support them with their role, shadowing experienced staff to allow them to develop their role and regular monitoring to make sure they had a good introduction to the role. One member of staff told us; “Although it was a while ago, I did do an induction when I started. It did give me a good introduction, but I had worked in care previously so already had quite good knowledge in most areas”.

The staff we spoke with told us that they had enough training available to them, although this was not always clearly recorded in the home’s training records. According to homes training records, some courses dated back to 2012 and 2013. Some of the courses staff had received training in included safeguarding, food safety, mental capacity act, food hygiene, conflict management and medication. The manager told us other training had been undertaken, but not recorded. The manager said they would update this immediately following our inspection to reflect what training staff had completed. One member of staff said to us; “I would say that I get enough training to help me do the job. First aid and medication are the ones I have done most recently. Updates are usually each year or so”.

We saw that there was a system in place to ensure that staff received regular supervision and appraisal. Although we saw that some supervision records had been completed, these were not always consistently recorded for each member of staff, as we were told these took place every three months. Some of the topics for discussion during supervision included current work issues, progress towards specific goals, actions from previous supervisions and training/development. The manager said they would ensure that supervisions were accurately recorded following the inspection.

We looked at the systems in place to ensure that people were asked for their consent from staff before care or support was provided. We saw that people had been able to provide written consent in relation to involvement with

their care/support, people reading their care plan and having their photograph taken. When we asked people who lived at the home if staff sought their consent before providing care or support, one person told; “They do ask me for my consent, but I like to be as independent as I can”. Another person said; “I would say so”.

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. At the time of our inspection, there was nobody living at Castlerea House who was subject to a DoLS. We saw that some staff had received training in this area in 2012, although other training records did not support that all staff had received this training.

We looked at how people were protected from poor nutrition and supported with eating and drinking. People living in the service told us they were involved in the planning of the weekly shopping list, with the products delivered by Tesco home delivery. Some of the people told us that there was a co-ordinated approach to unpacking the shopping when it was delivered to the home, with each person having a role with what they carried. People, who were able to, would be given support by staff to prepare their own meals, although the majority were prepared by staff, with input from people who lived at the home. There was a menu for the week in place and we saw that people had specific nutritional care plans in place, along with any associated risk assessments. When we first arrived at the home, breakfast was in progress and we saw that people had access to a variety of food such as crumpets, pancakes, cereal, yoghurt and fruit. One person said to us; “The food is not bad. Not bad at all. They will usually make me something else if I don’t like something”. Another person said; “It’s pretty good. There is a reasonable variety I would say”.

We looked at how people were supported with their health. We saw that each person’s support plan provided an overview of their current health care needs. This included communication, current medication, mobility, eyesight/hearing and any current dietary requirements. Additionally, there were records of regular visits to chiropodists, doctors,

## Is the service effective?

dentists and opticians within people's support plans. One person said to us; "I like to try and go to my appointments on my own, but the staff will come with me if I want them to".

# Is the service caring?

## Our findings

During the inspection we spoke with four people who used the service and asked them for their opinions of the care and support they received. One person said to us; “Yes I like it here. You can do what you want, which I like”. Another person said; “I do like it here. It is easy going and you are not hassled. No problems”. Another person told us; “It’s nice. I enjoy watching TV and playing on my computer”. A fourth person also added; “It’s fairly secure, which is what I need and that helps me to focus on what is important in my life”.

The people we spoke with said that they were happy with the staff team that supported them. One person said to us; “The staff here aren’t too bad. They are always cheerful”. Another person said; “They are nice. I find them caring. If I ever have any problems or am feeling worried and down then I know I can ask staff for advice”. Another person told us; “The staff are very good and very nice”. A fourth person also added; “I would say that the staff are very pleasant individuals”.

It was clear from our discussions, observations and from looking at records that people were able to make choices and were involved in decisions about their day, which were respected by staff. Examples included decisions and choices about how they spent their day, the meals they ate, room décor, clothing choices and involvement in household chores. We saw that people had been able to personalise their own bedrooms with memorabilia of their choice and decorate it with specific colours of their choice.

People living at the home said that staff made every effort to promote their independence as much as possible. We also spoke with staff about how they allowed people

independence when providing care and support. One member of staff said; “We need to encourage one person to get involved with the preparation of food. We know she can do it herself, but we need to encourage her so that she keeps that independence”. One person living at the home also said; “The staff let me go out for a walk and also do my own washing. That way I keep my independence”. Another person also told us; “I can have a shower and go to the shops on my own without the support of staff”. During the inspection we saw that people were able to undertake tasks independently such as going into the kitchen and making themselves a drink or helping themselves to the breakfast buffet that was available in the dining room.

People told us that their privacy was respected. Staff also displayed a good knowledge of how to treat people with dignity and respect. People had a single room, which was fitted with a lock. People could have a key to their room if they wished. One member of staff said to us; “We always knock on door before entering people’s bedrooms. I assist a few people with personal care and rather than stay in the room with them, I will wait outside to give them privacy”. One person who lived at the home also said; “The staff let you have your freedom, which I think shows respect if you ask me”. Another person said; “They knock on my door if I am in my room”. A third person also told us; “Of course. Staff would never treat me dishonourably”.

There was an advocacy services and corporate appointee ship available to people if they wanted it. This service could be used when people wanted support and advice from someone other than staff, friends or family members. Corporate appointee ship enabled somebody externally to monitor their finances on their behalf if they did not have a good understanding of their money and what to do with it.

# Is the service responsive?

## Our findings

People that we spoke with during the inspection felt that the service was responsive to their needs. One person said to us; “Yes I would say they do meet my needs. They meet my requirements”. When we asked another person if they felt their needs were met as a result of the care they received, we were told; “I would say so”.

Each person who used the service had a support plan that was personal to them. The support plans were easy to follow and contained information about people’s likes and dislikes as well as their care and support needs. The time of the inspection, the manager told us that all support plan documentation was in the process of being transferred over into new paperwork, which was the reason why some support plans had not been reviewed in line with the required timescales, which was approximately every three months. Two of the people we spoke with told us that they felt involved in their support and we able to contribute towards their on going support. We saw that people had signed their support plan stating they were happy with any changes that were being made. One person said to us; “I’m not too bothered about looking at my support plan. The staff have asked me in the past though, if I would like to change anything in our files. I do feel involved. The staff speak with you and let you know what is going on”.

We saw that people’s support plans contained person centred details that was of importance to people. This included what people preferred to be called and how to approach them, what their strengths were, their daily routine, food preferences, preferred support with personal care and details about any friends or relatives they were still in contact with. There was also specific information captured about people’s likes and dislikes with regards to nutrition and took into account choices of drinks, breakfast, meat, fish and fruit/vegetables.

During the inspection we found there were opportunities for involvement in many interesting activities both inside and outside the service. People were involved in discussions and decisions about the activities they would prefer, which would help make sure activities were tailored

to each individual’s preferences. People’s support plans also contained an overview of people’s chosen activities and what they liked to do as part of their social life. Bonfire night had also taken place on the day prior to the inspection and the remnants of fireworks were still outside from when people living at the home had watched the display. In the lounge area, there was also a display board with various art work, which had been completed by people living at the home. One person said to us; “An art teacher visits the home every two weeks. We all look forward to that”. Another person also said; “Sometimes we play bingo and watch films. We sometime do bible reading and have been on trips to Blackpool and Southport recently”. Another person also added; “There is a computer we can access at the home and go on the internet if we want. We also go on trips to the park”.

People who lived at the service were supported by staff to undertake activities of daily living, in areas which allowed them to retain their independence. People’s support plans also provided an overview of domestic tasks that people could do themselves such as putting the rubbish out, vacuuming, washing the dishes, changing the bedding and doing the laundry. One person said to us; “I like to do my own washing. I can also clean my bedroom and parts of the lounge area when it is my turn. I can attend appointments on my own which I prefer to do”.

We looked at how the service handled complaints and saw that there was a policy and procedure in place. We looked at the complaints log and saw complaints had been responded to appropriately, with a response given to the individual complainant. One person said; “My mum and my sister complained in the past and it was all sorted out. I was happy with how it was handled I must admit”.

We saw that residents meeting were held at the home, with appropriate minutes taken. Topics of discussion included holding McMillan coffee afternoons, activities/outings, plans for Christmas, any problems with staff and spending money availability/funding. This meant that people who lived at the home had the opportunity to tell staff about things they may like to change at the home.

# Is the service well-led?

## Our findings

There was a registered manager in day to day charge of the service. 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.

Both staff and people who lived at the home felt that the service was both well-led and well managed. One member of staff said to us; "The management is really good. I would say that the manager knows what they are doing. They will take time to listen to us". One person who lived at the home also said to us; "They are very approachable if you have a problem. They will sort it out for me". Another person told us; "I find them nice. They are good listeners". A third person also added; "They are quite good I would say".

There were systems in place to regularly assess and monitor the quality of the service. These included checks of medication, emergency lighting, people's finances and emergency lighting. We found that the last survey sent to people, asking for their feedback about the service was in 2012. The manager told us they would look to update this and send it to people living at the home following the inspection.

Staff members spoken with told us communication throughout the team, including with the manager was good and they felt supported to raise any concerns or discuss people's care at any time. All staff were made aware of their roles and responsibilities within the organisation and received feedback on their work performance through regular supervision from their manager. Staff had access to clear policies and procedures to guide them with best practice and had signed when they had read the information. They told us they were kept up to date and were encouraged to share their views, opinions and ideas for improvement. Staff also told us they were happy in their roles and enjoyed working at the home. One member of staff said; "It's all going fine so far. There is a great atmosphere between staff and the residents. We all get along great".

We looked at how accidents and incidents were monitored. We saw that there was a clear description of what the incident was, any injuries that were sustained and if any further action was required. Two of the more recent incidents had occurred when people had slipped on the stair case leading from the first floor of the home, down to the basement. As a result, 'Non-slip' tape had been added to the staircase to ensure there was more grip on the flooring. An additional hand rail banister had also been added for people to hold when they used the stair case.

We looked at the minutes from various team meetings, which had taken place. Topics of discussion included resident's outcomes, changes to job descriptions, activities, national care home day and the content of a new website, which had been created for the home. The manager said that it was sometime difficult to get all staff together for a team meeting, due to working different shift patterns and as a result, briefings were often sent out with wage slips to ensure that staff who could not attend the meeting, still had the relevant information.

The service had policies and procedures in place which covered all aspects of the service. The policies and procedures available included safeguarding, fire safety, risk assessment/management, complaints, health and safety, infection control, whistleblowing and medication. This meant that staff had access to relevant information and guidance if they ever had concerns or needed to seek advice.

The service worked in partnership with other agencies and external organisations. This included working closely with several universities in the area, where students were in the process of working at Castlerea House in student placement roles. The home had also developed several links within the local community, with several people who lived at the home attending a local 'drop in' centre. This provided a chance to meet with other people who also suffered from mental health related illnesses.

We found that appropriate notifications were sent by the provider as required in relation to events such as deaths, safeguarding events and injuries.