Castel Froma

Castel Froma

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 25 and 26 November 2014 and was unannounced.

Castel Froma provides nursing and rehabilitative support to a maximum of 57 people suffering from a neurological disability. Most people also have highly complex medical conditions requiring a lot of care and support or highly specialised nursing. The home is divided into three units over two floors. On the lower ground floor there is a therapy unit with a hydrotherapy pool, physiotherapy room and an occupational therapy assessment room. A range of on-site therapists provide rehabilitative input. There are large communal areas and extensive grounds which are accessible to the people living in the home.

We last inspected the home in May 2014. After that inspection we asked the provider to take action to make improvements in how they supported staff through training and supervision and in the maintenance of records in the home. The provider sent us an action plan to tell us the improvements they were going to make. At this inspection we found improvements had been made.

Summary of findings

A registered manager was in post. 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.

People were not always protected from the risks associated with the management of medicines because medicines were not always stored appropriately and records were not sufficiently detailed.

Staff were confident about their role in keeping people safe. They undertook regular training to support them meet people's needs safely and consistently. Staff received work support through one to one meetings, group meetings and observed practice. People were well cared for by staff who were caring, understood people's individual needs and communicated with them appropriately. People were assisted to access equipment that was adapted to meet their specific needs and to keep them safe.

The manager understood their responsibilities under the Mental Capacity Act and the Deprivation of Liberty Safeguards. Individual assessments were carried out for specific issues and where people were deemed not to have capacity, people involved in the person's care were consulted in order to reach a decision in their best interests.

There was consultation and input from healthcare professionals to ensure people received appropriate medical, nursing and therapy input.

People and their nearest relatives and friends were involved in planning people's care and their views were respected. Care plans provided sufficient information to enable staff to provide care that supported people's physical and psychological health. There were a variety of events and activities provided within the home to stimulate people physically and mentally.

The service had strong links with the local community. Events in the home introduced people from the community to the service and raised awareness of the level of care provided.

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 mainly safe.

Staff were confident in their role in keeping people safe and how to report any witnessed or suspected concerns. There were processes for identifying and managing potential risks and staff had information about how to use specialist equipment safely.

Improvements needed to be made in how medicines were managed in the home to ensure people received their medicines as prescribed.

Requires Improvement

Is the service effective?
The service was effective.

Staff completed training and received supervision that supported them in meeting people's needs safely and consistently. A range of healthcare professionals provided support to people both within the home and externally. Healthcare professionals worked as a team to ensure people received appropriate support to meet all their medical needs.

Good

Is the service caring?
The service was caring.

Staff were caring and compassionate and provided people with information in a way they could understand. Staff had a good understanding of how to promote people's privacy and dignity when providing support.

Good

Is the service responsive?
The service was responsive.

The service was responsive to people's preferences about how they wanted their care and support delivered. People were supported to regain independence through a system of rehabilitative therapy. A range of activities were delivered to provide physical and mental stimulation.

Good

Is the service well-led?
The service was well led.

Staff told us communication had improved in the home and they felt informed about changes. Staff were encouraged to share their opinions. There was a system of checks in place to ensure the quality of service was maintained.

Good

Castel Froma

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 was 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.

The inspection took place on 25 and 26 November 2014 and was unannounced.

The inspection team consisted of two inspectors, a pharmacy inspector and an expert by experience. The expert by experience was a person who had personal experience of caring for someone who had similar care needs.

Prior to our visit we looked at the notifications sent to us by the provider. These are notifications the provider must send to us which inform of deaths in the home and incidents that affect the health, safety and welfare of people who live at Castel Froma. We also contacted the local authority contract monitoring officer and safeguarding lead. They had no current concerns about the care provided at the home.

During our inspection we spent time observing how staff interacted with people who lived in the home. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who were not able to talk with us. We spoke with five people who lived at the home and three visitors. We spoke with 13 members of staff, the manager, the acting chief executive officer and the acting deputy chief executive officer.

We looked at three people's care records, records to demonstrate the registered provider monitored the quality of service provided, records relating to staff and complaints, incident and accident records and medication records.

Requires Improvement

Is the service safe?

Our findings

During our visit we checked people received their medicines as prescribed to maintain their physical and mental health. One person told us staff assisted them with their medication and said, "They give them to you on a spoon. They always explain what they are doing." However, during our visit we identified some issues around the management of medicines within the home.

Medicines were not always stored within the recommended temperature ranges for safe medicine storage. This was because some were stored in temperatures which were too high. Failing to keep medicines at the correct temperature can reduce the effectiveness of the medicine.

Arrangements were not in place to record the receipt of all medicines into the home. This made it difficult to check people had been given their medicine as prescribed. However, arrangements were in place for monitoring medicines that needed to be carefully checked to ensure the correct dose was given, such as controlled drugs. We looked at three people prescribed a medicine that needed careful monitoring and were able to check they had been given their medicine as prescribed.

We looked at the Medicine Administration Record (MAR) charts for 12 people. The majority recorded people had been given their medicines as prescribed. However, we found gaps in some people's MAR charts where there was no staff signature to record the administration of a medicine or a reason documented to explain why the medicine had not been given. We could not be assured people were always given their prescribed medicines as intended to treat their diagnosed healthcare conditions.

Information was not always available to guide staff on when to safely administer medicines prescribed 'when necessary' or 'as required' for agitation. There was no supporting information available to enable staff to make a decision as to when to give the medicine. We further noted that when people were given a medicine prescribed for agitation, there was not always a record to explain why the medicine had been given. A lack of records could lead to inconsistency in the administration of these medicines.

Arrangements were not in place to record the date of opening of medicines that had a short expiry date once opened. It was therefore not possible to determine whether these medicines were within the manufacturer's recommended shelf life. There was a risk of medicines being used past their expiry date and no longer being effective.

This meant the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People we spoke with told us they felt safe at the home. One person said, "People here are very good. I definitely feel safe." We asked staff how they ensured people who lived at the home were safe from abusive behaviour or actions which could cause harm. Staff understood abuse could take various forms and were confident about their role in keeping people safe. They were aware of both physical and non-physical signs that may indicate a person was a victim of abuse, such as being withdrawn or not eating. They told us they would have no hesitation in reporting any observed or suspected abuse to the nurse in charge or the manager. A staff member told us, "I would immediately take action and report it to the sister on the floor and document everything."

Staff were aware of the whistle blowing procedure. One staff member told us they had used the procedure in the past and said, "I felt very confident it was dealt with appropriately."

Some people living at Castel Froma could sometimes display behaviours that could be challenging. Staff told us they had been given training in how to approach people to protect both the person and others. Where a need was identified, people were referred to a clinical psychologist for assessment so any emerging risks could be managed. Intervention protocols informed staff how to manage individual behaviours in a positive way. One person who could sometimes exhibit behaviours when anxious had one to one support from staff. The manager explained, "We felt as a team it would be better for them to have extra stimulation."

Staff had information on how to support people safely. There were processes in place for assessing, identifying and managing individual risks to people, such as skin breakdown, falls, choking and malnutrition. In one person's care plan it stated they had to be at a certain angle when being supported to eat to minimise their risk of choking. We observed staff put the person at the appropriate angle before supporting them to eat at lunchtime.

Requires Improvement

Is the service safe?

Nobody living at Castel Froma was able to move independently. Due to their complex needs people had a variety of specialist equipment adapted to meet their specific needs and to keep them safe. There were detailed written and pictorial records describing how each piece of equipment was to be used, such as the placement of head supports, leg rests or straps. Safe use of the equipment was overseen by the occupational therapy team. An occupational therapist explained their role was "ensuring the resident is safe". They went on to say, "At an initial assessment [for equipment] we know what is safe for the person. A lot of our role is about problem solving. Safety is the priority for some people."

Emergency plans were in place which detailed the actions staff had to take in an emergency or if the home had to be evacuated. There were instructions for staff to follow to ensure people continued to receive appropriate care and support to meet their medical and nursing needs.

We looked at staffing levels within the home. We saw there were four nurses from 7.00am until 6.00pm when it reduced to three nurses. Two nurses covered the night shift. During the morning there were 17 care staff on duty and this reduced to nine in the afternoon. Care staff were supported by an activities co-ordinator, a lounge assistant (whose role was to provide constant supervision and support in the lounge area), occupational therapists and physiotherapists. The manager explained staffing levels were based on the needs of the people using a dependency matrix.

We carried out a series of observations during our visit. There was a staff presence in communal areas throughout the day. Staff were busy and purposeful but not rushed in their interactions with people. Staff understood their specific role and responsibilities for the shift and had time to sit with people and talk with them as well as providing care and support. Most staff told us they felt staffing levels within the home were adequate to meet people's needs, although there could be times of pressure during the afternoon when numbers had reduced. Comments included: "I sometimes think there aren't enough [staff] if someone has phoned in sick but the majority of the time there is enough to deliver the care." "Usually we are OK staff wise. If not we can use agency. We help each other out. It's teamwork if other units need a hand."

Good

Is the service effective?

Our findings

When we last inspected Castel Froma in May 2014, we found there was a breach in the Health and Social Care Act 2008 and associated Regulations. Staff did not receive adequate training or supervision to support them in meeting people's needs. We asked the provider to send us an action plan telling us how they would make improvements. At this visit, we found the management and provision of training and supervision within the home had improved. The manager told us, "We have tried to take a more managed approach to training."

People living at the home and their visiting friends and relatives told us they were happy with the care provided. One person told us they were happy living in the home and went on to say, "Staff take good care of me, they're good." Another person told us, "Staff understand my needs."

A training matrix showed staff received basic training to support them in ensuring people's health and safety needs were met. This included safeguarding, infection control and fire safety. Staff we spoke with confirmed they received this training. One staff member said, "I feel confident with my skills." Another said, "I think we have upped our game, there has been a lot going on. We are updated." Training was also provided to give staff opportunities to develop skills for specialist needs.

The manager had improved the delivery of staff supervisions and appraisals. Supervision was delivered through one to one meetings, group meetings and competency assessments to check staff were transferring training into their daily practice. We looked at the minutes of a meeting for nurses. We saw there was an opportunity for reflection on best practice in areas of clinical care and discussion where practice was identified as needing improvement. This supported staff in their learning and development of clinical skills.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find.

The manager demonstrated a good and detailed understanding of their responsibilities under the MCA.

Whilst people had capacity assessments in place, individual assessments were carried out for any specific issues. For example, one person was assessed as having the capacity to make everyday decisions, but required more advice and support with some health related decisions. A mental capacity assessment had judged they did not have the capacity for a specific medical intervention. Where people were judged not to have capacity, a decision was made in their best interests following consultation with people involved in the person's care including healthcare professionals, relatives and friends. Records were clear however, that the person's wishes should also be taken into consideration.

Staff understood people had the right to make their own choices and consent to the care provided. One member of staff told us, "If people refuse care you can use persuasion and refer to the nurses in handover. They [the person] should decide." Further training by a clinical psychologist in the MCA had been planned for February 2015 to reinforce staff's understanding of their responsibilities under the legislation.

The manager also understood their obligations under the Deprivation of Liberty Safeguards. They were aware of a recent court ruling and had sought advice from the local authority as to how this impacted on people living in the home. The manager had recently submitted a DoLS application on behalf of one person where it had been identified there may be some restrictions on their liberty.

People spoke positively about the food in the home. Comments included: "The food here is quite nice." "Yes I like the food. We do get choice. I'm always all right for food and drink." One person told us they were on a diet. They told us, "I'm not too happy but suppose it helps me to lose weight." They said they had been fully consulted about the benefits of the diet and agreed to it.

There were processes in place to make sure people with complex dietary and nutritional needs maintained a balanced diet. People were assessed on an on-going basis by healthcare professionals who visited the home every week to ensure people's nutrition plans met any short or long term changes in their health. Staff received training so they could meet the needs of people who required special attention due to swallowing issues or allergies. Kitchen staff had regular meetings with the speech and language therapy team, dietician, occupational therapists and care staff to discuss people's individual nutritional care needs.

Good

Is the service effective?

We observed a lunch time in the dining room. The atmosphere in the dining room was quiet and unrushed. Some people were able to eat independently with adapted equipment. People being assisted with their food were given the appropriate level of assistance. One person was assisted to drink a cup of tea. They wanted to drink it independently and were offered an appropriate level of support to achieve this without spilling their tea.

People living at Castel Froma have complex physical and neurological needs that require constant monitoring and input from a range of healthcare professionals. We saw the GP visited the home three times a week and was available outside those times to provide support to staff. People also received support from a variety of other healthcare professionals including opticians, chiropodists, and psychologists. People were supported to attend healthcare appointments with specialists at hospitals and clinics throughout the area. The provider's own team of physiotherapists and occupational therapists worked with people on a daily basis to maintain and improve people's health. Care records demonstrated healthcare professionals worked as a team to ensure people received care that met all their medical, nursing and therapy needs.

Good

Is the service caring?

Our findings

People who lived at Castel Froma mostly told us the staff were caring. Comments included: “All staff are caring, most are very good.” “Carers definitely do care about you. So many good people here.” “Yes the staff are caring.”

During our visit we saw people were well cared for. Staff were observed to be caring and compassionate and understood people’s needs. Staff engaged people in conversation as they moved through communal areas. We observed one member of staff supporting a person to eat. There was lots of good natured chatter and encouragement.

Staff were aware of people’s individual communication skills and abilities. Staff used people’s first names and encouraging statements when talking to people. One person living in the home did not speak English. A translator box with a number of pre-set phrases relating to the person’s care supported staff in communicating with them.

Staff gave people information and explanations in a way people could understand about the care provided. For example, we observed a physiotherapist talking to one person. They were very caring and explained in simple terms what they were doing and what the person needed to do and why.

Care records showed people and their closest relatives had been involved in care planning. There was evidence of discussions with people and relatives about all aspects of their care. Each person had a review meeting every year which involved all the healthcare professionals involved in their care and their relatives. One relative confirmed they had attended a review meeting a couple of weeks previously and was fully involved in reviewing their family member’s care plan. They told us, “The home keeps me involved.”

People confirmed that staff treated them with privacy and dignity. All were dressed appropriately and looked clean and tidy. One person told us, “Yes, they do respect my privacy and dignity. They always close the door. I might say hang on a minute, slow down, they understand and try to correct it.” Another said, “My dignity and privacy are respected. They talk to you. The door is closed.” Staff we spoke with had a good understanding and knowledge of the importance of respecting people’s privacy and dignity.

Relatives and friends confirmed they could visit the home whenever they wished to. During the day we observed visitors joining in with activities and supporting their family member at mealtimes. Visitors were welcomed by staff and other people living in the home.

Good

Is the service responsive?

Our findings

When we last inspected the service in May 2014, we found there was a breach in the Health and Social Care Act 2008 and associated Regulations because records were not always accurately maintained. At this visit, improvements had been made in record keeping within the home.

Records demonstrated that people's views and choices were respected and records included their individual needs and wishes. Each person had a file called 'My Preferences' which provided staff with information about how people preferred their care and support to be delivered. This included information about whether people preferred to receive support from male or female care staff.

There were plans in place to inform staff how to manage specific conditions to support people's physical and psychological health. For example, one person had a pressure sore. There was a care plan in place setting out how this was to be managed. Records showed the wound was being managed in accordance with the care plan and was responding to treatment. Another person's health condition meant they needed to be cared for in bed. The person's care plan stated that socialisation with other people was an important part of the person's routine. The service had taken action to ensure socialisation with other people could be maintained.

People living in the home have a neurological disability. We found there was a strong emphasis on rehabilitation so that in some cases people could return to a more independent environment. People were supported to achieve personal goals through rehabilitative input from a range of therapists. One person told us they did physiotherapy in the home saying, "I'm trying to get myself fit again and get my left arm working." One aspect of this support was achieved by assisting people to access specialist equipment such as chairs and beds that provided them with more independence and opportunity to engage in social events.

People were supported to participate in a variety of activities within the home. During the morning most people took part in an exercise session with the physiotherapists. Some people were in their rooms either relaxing or sleeping, most with either the television or radio on. In the afternoon, people participated in a ball game and quiz. Some people preferred to just observe.

Events put on within the home included theatre shows, a quiz, a carol service and pet therapy. We saw events were used to celebrate individual successes. For example during the sports day, one person had completed a short sponsored walk which was a significant personal achievement. Other people had become involved in the occupational therapy garden and celebrated having grown the tallest sunflower. Group events supported people to meet individual goals.

People were assisted to go out with the assistance of the occupational therapy team. Some people mentioned they did not have the opportunity to go out as often as they used to. One of the therapists explained there had been a slight shift in their role to rehabilitation and assessments for equipment, but two days a week were reserved for outings into the community.

The service had a complaints policy and procedure. We looked at the record of complaints and found they had been responded to appropriately. Where concerns had been raised about the provision of care, we saw the opinions of other healthcare professionals had been sought. Meetings had been arranged to discuss the issues and any actions put in place to resolve matters were shared with staff. A procedure had been introduced to review complaints so that any emerging issues could be addressed.

People were encouraged to provide feedback through a suggestions box in the entrance hall, relative's meetings and attendance at the Annual General Meeting of the Board of Trustees. A series of drop-in sessions had been introduced where people could share their experiences about the care provided at the home on an informal basis.

Good

Is the service well-led?

Our findings

People living in the home and their visitors were positive about their experiences of living at Castel Froma. One person told us, "It's generally a happy place to be. We're all pretty much aware of what's likely to happen. Calm and chilled. The general atmosphere's always good." One relative told us they felt confident about raising any issues with the management team.

When we visited Castel Froma in May 2014 we found staff morale was low. At this visit most staff told us morale had improved in the home. Staff told us communication had improved through the introduction of staff bulletins every two weeks and meetings with the management team. One staff member told us, "It is getting better. Communication is better here. I think it was the not knowing. People start worrying. Hearing the facts from the [acting chief executive officer] and [manager], you actually hear it from them. We have a regular staff bulletin every two weeks." We looked at a selection of recent staff bulletins. We saw they provided information about staff vacancies, recruitment, training, timesheets and staff uniforms. There was also information about social events and staffing incentives.

The manager had been in position since June 2014 and was registered with the CQC. The manager told us that over the six months they had been in post, the biggest challenge had been recruiting nurses to provide clinical leadership within the home. The manager was acting as the clinical lead at the same time as carrying out their role as registered manager. The manager told us, "I really need lead nurses to help me." We saw the provider was taking proactive steps to find good quality applicants for the vacant posts. For example, they had reviewed remuneration packages, advertised on social media and devised an incentive scheme for existing staff to introduce new nurses to the staff team.

Most staff we spoke with told us the manager was approachable and supportive to them in their roles. Comments included: "Brilliant. Very approachable. Very warm. If you have a problem you can go to her. She has good suggestions." "I can approach [the manager]. I don't have any problems. She is always good with me, supportive. She will say if things are wrong or if there is a problem." "I do think they [management team] are approachable. On the whole very good." However, we did receive comments that indicated a few staff felt that when they raised issues, they were not always addressed by the management team.

The noticeboard in the entrance to the home contained reports and audits from the CQC and the local authority contracting team for people to read. This demonstrated an open culture where people and their relatives were informed of any concerns identified during checks by other organisations. Relatives also received a monthly bulletin which provided an overview of any alterations to the service provision and staff changes.

Quality assurance systems were effective at ensuring improvements within the home. The care plans had been audited to make sure they were up to date and had sufficient information for staff to meet people's needs safely. The acting chief executive officer of the provider Board of Trustees also completed regular inspections of the service which identified areas where improvements needed to be made. One of the issues identified during a recent inspection related to the state of the carpet on one of the ground floor corridors. The carpet was being replaced at the time of our visit.

The service had strong links with the local community. The League of Friends of Castel Froma raised funds through a variety of events to support the provision of services within the home. Many of the events were held at the home and introduced people from the community to the service and the people living there. This helped to raise awareness of the care provided at the home and made the home and the people living there part of the local community.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines **People who used the service were not protected against the risks associated with the unsafe management of medicines.**