

Kirklees Metropolitan Council

Castle Grange

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Castle Grange provides accommodation, care and support for up to 40 people over 65 years old living with dementia-related conditions. The home provides permanent and short stay care. At the time of our inspection, there were 30 people living at the service.

People's experience of using this service:

People and relatives told us they felt safe with the care provided. One person said, "I'm very safe here, having all these people around me."

We found the service had deteriorated in the safe and effective domains and continued requiring improvement in the well led domain since last inspection.

The service met the characteristics of requires improvement in three out of the five key questions. This was not the first time this service was rated as 'requires improvement.'

We found not enough improvements had been made since our last inspection in relation to the quality assurance processes in place and the recording of people's medicines. We also found the quality of the recording of people's food and fluid intake, consent and daily care was not always consistent and detailed.

We found people's medicines were administered in a person centred way. However, we found inconsistency in the quality of the recording of protocols for people who needed 'as and when' required medicines and instructions from the prescriber were not always being followed.

The provider had systems in place to assess and manage risks to people's care. We found some known risks to people's care were not being safely managed and there was inconsistent recording of risks related to people's moving and handling requirements and skin integrity.

People were supported by staff who were motivated, enjoyed their job and felt well supported through regular supervisions and training.

Staff had a good understanding about dementia care.

Care plans were individual and met the needs of people using the service. They included people's choices and preferences.

Feedback from people, relatives and staff was positive and they felt the service was well-led. They told us the management team was always available to speak with and was responsive.

The registered manager had developed several links with the community to support care provision and service development.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

At our last inspection the service was rated good . Our last report was published on 20 October 2016.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We will continue to monitor the service to ensure that people received safe, high quality care.

Further inspections will be planned for future dates. We will follow up on the breaches of regulations and recommendations we have made at our next inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below

Requires Improvement ●

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 not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Castle Grange

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one adult social care inspector and one assistant inspector on the first day and one adult social care inspector on the second day.

Service and service type:

Castle Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager who had been managing the service for the last 6 years. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Notice of inspection:

This inspection was unannounced. The inspection started on 15 April 2019 and ended on 18 April 2019. We visited the service to see the registered manager, speak with people, relatives, staff and review relevant records.

What we did:

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the CQC. A notification is information about important events which the service is required to tell us about by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to

give some key information about the service, what the service does well and improvements they plan to make. We used all this information to decide which areas to focus on during our inspection. We requested and received feedback from other stakeholders. These included Healthwatch Kirklees, the local authority safeguarding team, the local authority infection prevention and control team, the fire service and the Clinical Commissioning Group. We did not receive any information of concern.

During the inspection, we spoke with four people using the service and two relatives of people using the service. We spent time observing care in the communal lounges and dining rooms. We spoke with eight staff members; this included the registered manager, deputy managers, team leaders, chef and care workers. We spoke with one healthcare professional visiting the service. We looked at care records for four people using the service and we reviewed five medicine administration records. We looked at training, recruitment and supervision records for three staff. We also looked at various policies and procedures and reviewed the quality assurance and monitoring systems of the service.

As part of the inspection we exchanged emails with the registered manager for additional evidence and updates on the actions being taken by the provider following this inspection.

The report includes evidence and information gathered by the inspector and assistant inspector. Details are in the key questions below.

Is the service safe?

Our findings

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

Requires Improvement: Some aspects of the service were not always safe. Regulations may or may not have been met.

Using medicines safely

- People and relatives gave us positive feedback about support provided with medicines.
- At this inspection, we found people's medicines were administered in a person centred and kind way. However, this aspect of people's care was not always managed safely. We found instances when the prescriber's instructions were not always being followed. For example, one person required a medicine to be given 30 to 60 minutes before food but during our first inspection day we saw staff were preparing to give this person's medicine when they had recently had their breakfast. We discussed this issue with the team leader and registered manager and on our second day we saw improvements had been made to prevent this issue happening again.
- Some people living at the home required medicines to be given 'as and when' required (PRN), for example for pain relief. When we reviewed people's records, we saw inconsistency in the quality of PRN protocols for people who had difficulty in explaining if they were in pain. For example, one person who had very limited communication due to living with dementia, had been given paracetamol eight times in the last nine days; there was no indication in this person's medication administration chart (MARS) why this had been administered and they did not have a PRN protocol in place. Staff administering the medication were able to describe how this person would present when in pain and they also used a pain scale to help them assess this person's pain level. This person's medication had recently been reviewed by their GP and we were not concerned this person had been given unsuitable dosages of pain relief medication. We saw people's prescribed creams was not always accompanied with clear instructions to staff to where and how often to apply them. We discussed these issues with the deputy manager and registered manager and they told us they would review people's PRN protocols and creams.

Assessing risk, safety monitoring and management

- The provider had systems in place to identify and manage risk to people's care. However, improvements were required in managing known risks to people and making sure the information in people's records was detailed. People had a range of risk assessments to look at different areas of their care such as their moving and handling requirements, continence, falls and nutrition. One person required support with moving and handling however their risk assessment and care plan was not consistent in regards to the number of staff they required to support them with this task. Two people had issues with their skin integrity and required frequent monitoring; body maps had been completed indicating areas where skin damage had been found or was at particular risk however the recording in these body maps was not detailed to allow an effective monitoring of these people's skin conditions. One person was known to be at risk of having seizures however this risk had not been assessed and was not included in their care plan. On our first inspection day we also found one window did not have a window restrictor. We discussed with the registered manager about these issues; they took immediate action in relation to the window restrictors and we were able to

confirm that this was in place on our second visit. The registered manager also told us they would take action to improve their recording system in relation to risks to people's care.

Systems and processes to safeguard people from the risk of abuse

- Staff demonstrated an understanding of what abuse was, how they would identify signs of abuse and what action they would take if they had concerns about people's wellbeing. Records showed safeguarding training was delivered to care workers on a regular basis.
- We reviewed the information about recent safeguarding concerns and we were reassured the registered manager had taken appropriate action to manage these.

Learning lessons when things go wrong

- We found the provider was open and transparent when accidents had happened. The registered manager told us how they exercised their responsibility to be open and transparent with those using the service when things went wrong with their care and treatment and staff were supported to report any concerns. The registered manager told us they had learnt from when incidents had been identified and discussed learning with staff.

Staffing and recruitment

- People were supported by staff who were safe to work with them.
- People and relatives told us most of the times there were appropriate number of staff available during the different shifts to offer support. People commented, "Generally speaking there is [enough staff], sometimes they're a bit thin on the ground but not often" and "Oh yes, I wouldn't say that [there is not enough staff]." Staff also told us they felt there were appropriate staffing levels to take the necessary time to provide person centred care to people.

Preventing and controlling infection

- The provider was managing well the risks of cross infection. Care workers had completed training in infection control prevention and told us they had access to personal protective equipment (PPE), including gloves and aprons. During our inspection we saw care workers using this equipment. One person told us, "[The home] is spotless, it's very clean, look how clean the floors are." Relatives commented the home was clear and "They [staff] do a daily cleaning process."

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

Requires Improvement: The effectiveness of people's care, treatment and support was inconsistent. Regulations may or may not have been met.

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

- Some people told us they were thirsty and we saw there were no drinks readily accessible to people in communal areas or in their bedroom. We discussed this with the registered manager and they told us the home had recently had a viral outbreak and, for infection control reasons drinks, could not be left out. However, the registered manager acknowledged that this was no longer the case and people should have drinks easily available. We saw they took immediate action to address this. Our observations confirmed this issue was swiftly addressed.
- People's dietary requirements and preferences were included in their care plans and staff were aware of people's preferences in relation to what they liked to eat and drink. We saw people were appropriately supported with their nutritional intake. However, we identified improvements were required in relation to the recording of quantity of food offered and taken by people, in particular people who were nutritionally at risk. For example, the health of a person living at the home had deteriorated and they were declining to eat; we could see evidence of relevant professionals being involved and staff making several attempts to offer different food options, however the quantity of food and fluids offered and taken were not always being recorded. Recording this information allow a more accurate and evidence based monitoring of people's health. We raised this issue with the deputy manager and registered manager and on our second inspection day we saw improvements in how staff were recording people's food and fluid intake.
- People told us they enjoyed their meals. They commented, "Its good, it's really quite reasonable" and "Its good, yes." We observed staff assisting people with their meals in a calm and patient way.

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. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
- At this inspection we saw the home was working within the principles of the MCA and staff were knowledgeable about how to apply these on the day to day delivery of the care. For example, one staff member told us how they would always assume people had capacity but if there were any queries about

this, they would engage with the person in different circumstances to have a holistic understanding of their needs and ability to make the specific decision. However, on our first inspection day, we saw the provider had not always recorded assessments of people's mental capacity and best interest decision. We discussed this with the deputy manager and registered provider and on our second inspection day we saw some mental capacity assessments had been completed and these were detailed and person centred.

- We asked people if they were able to make decisions and if staff respected them and most people responded positively. One person said, "Definitely". Another person commented, "It's very good, the staff, they obey you."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental health and social needs were assessed, and their care and support was planned through the development of a care plan. All staff members we spoke with could demonstrate they knew people's background and their preferences. For example, one person liked to carry a doll as if it was a baby and use different equipment usually used to care for babies; we saw this equipment had been made available by the provider and staff described us how this made the person feel relaxed and entertained.

- People's needs in relation to the protected characteristics under the Equalities Act 2010, were considered in the planning of their care. We saw care and support was delivered in a non-discriminatory way and respected people's individual diverse needs. People's communication requirements were assessed and included in their care plans.

Staff support: induction, training, skills and experience

- People and relatives told us staff had the appropriate skills and knowledge to provide appropriate care. One relative told us, "I'm here every day and I know what treatment my [relative] needs. [Relative] has to be hoisted now and they've done everything in their power that [relative] has a shower every day. They all know how to use the equipment. I can see that they know what they're doing."

- New members of staff had been through an induction period where they had completed relevant training and shadowing experienced members of staff. Staff told us they felt confident to provide care at the end of their induction period.

- The provider had a regular programme of training for staff; we reviewed the training matrix and some staff's files and we saw training was up to date.

- People were supported by staff who had been supported by regular supervision and staff told us their supervision meetings were supportive and they were able to discuss about aspects that were relevant to their jobs.

- Staff were able to describe us what good dementia care looked like and we saw this being applied in practice. For example, we observed staff offering one person verbal reassurance and distraction when they were showing signs of being emotionally distressed; we observed another staff member anticipating one person's needs and responding appropriately when they were looking for a personal item that they could not find.

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support

- People and relatives told us staff had contacted other healthcare professionals when required. One relative said, "The dentist comes in and the district nurse has been in to check [relative's] skin."

- The records we looked at confirmed referrals had been made when necessary and the provider maintained regular contact with relevant services such as the GPs, social workers and the mental health team.

Adapting service, design, decoration to meet people's needs

- People were able to walk freely between different areas of the home throughout the day. There was signage throughout the home to help people and visitors to access the different areas of the home.
- People's bedrooms had been individually decorated and had their names on the door.

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

Good: □ 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 said they were supported by staff who were caring, one person told us, "They [staff] are usually fine, they come in bouncy and chatty." One relative commented, "The staff are very caring, they do the job they have to do for the residents, they're very good with my [relative]."
- Interactions between staff and people living at the service were relaxed and we heard plenty of laughter during our inspection. It was evident that people felt comfortable in the presence of staff and staff were proactive in engaging with people in an appropriate way. For example, we observed one staff member kneeling close to a person to speak at the same level and engaging in their conversation by asking relevant questions and showing genuine interest. We also observed positive relations between staff and relative, for example, we saw a relative praising a staff member's new haircut.
- The home manager and staff had a good understanding of protecting and respecting people's human rights. People received care and support which reflected their diverse needs in relation to the protected characteristics of the Equalities Act 2010.

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

- People and relatives told us they were involved in decisions about the care delivered by the provider. Records that we looked at confirmed regular reviews were taking place and involving the relevant people. One relative told us, "Yes, I think we have a yearly review, if there is anything to discuss, I can always take it to the management."
- The registered manager told us improvements they had recently made to their auditing process to include consulting people's opinion about their views on the quality of care being delivered by the service and this was shared with staff during staff meetings.

Respecting and promoting people's privacy, dignity and independence

- People's rights to privacy and dignity were respected. One relative told us, "If they [care workers] are in the bedroom and they are changing [relative], they make sure [relative] always has a towel. I like to monitor it myself. The staff make sure [relative's] dignity is seen to."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The provider assessed people's needs before admission to the service. The registered manager told us they did this in order to determine if they could meet people's needs and considered the needs of people already living at the home.
- Care plans reflected people's needs and preferences when being supported. For example, one person required regular repositioning and pressure relief equipment to manage issues with their skin condition. This was documented in their care plans and staff we spoke with were aware of this. The provider used a template to record the daily care delivered to people; we saw this template was individualised to each person's care requirements. However, the information filled in by staff did not always show how people were being offered choice in their care. We discussed this issue with the deputy manager and registered manager and they told us they would address this.
- The Accessible Information Standard (AIS) is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The provider told us they had used an interpreter to facilitate communication with one person and they could make information available in different format, if required, for example, large print.
- People gave us mixed views about the activities at the home but the records we checked and our observations confirmed there was a regular programme of activities at the home that people seem to engage and enjoy. Relatives told us, "I made a suggestion about activities and there isn't much more they can do [to engage relative in activities]. This new activity lady is very good. They do quite a lot of things."
- People could spend time the way they wanted. One healthcare professional told us, "I like it here because there is a lot of people in the communal areas, they [people] can go where they want but staff encourage them into communal areas and to participate if they want to; people are also allowed to leave [the communal areas]." During our inspection, we observed one person taking the initiative to sweep the floor; staff encouraged and praised this person saying they were doing "a great job."

Improving care quality in response to complaints or concerns

- People and relatives told us if they had any concerns they would not hesitate to discuss them with care staff or management and were confident their concerns would be acted on.
- We reviewed complaints received by the service and these had been managed appropriately.

End of life care and support

- At the time of our inspection, the provider was caring for a person who was approaching the end of life. Care and contacts had been made with relevant professionals. Staff were knowledgeable about the important aspects of providing this specific care and some were doing additional training in this area. The registered manager told us "I think staff go the extra mile for the person and family of someone who is on

end of life care" and they were planning to further develop this area of specialised care.

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

Requires Improvement: the management of the service required improvement in some areas.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

Continuous learning and improving care

- At our last inspection on 10 August 2016 we saw the quality assurance system had not been fully effective in identifying issues with medicines administration and recording and we made a recommendation for the provider to make arrangements to ensure there was a robust governance of the management of medicines. At this inspection, we continued to find some issues in relation to medicines management. We also identified improvements were required in the management of people's risks and the quality of the recording of people's food and fluid intake, consent and daily care as this was not always consistent.
- A variety of regular audits and quality monitoring were taking place. Whilst findings were recorded and included the actions taken to improve the service, they had not been effective in identifying some of the issues we raised during this inspection, such as the window restrictors. The registered manager was proactive in addressing some of the issues found at this inspection and told us about plans they had to improve the auditing and recording processes.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People, relatives and staff were positive about the management team and registered manager. One person said, "Oh, she [registered manager] is nice, very nice." One relative told us, "Yes, [registered manager's name], she is very good, it comes from the management down, you don't see an awful lot of her, but she is around, I know I can knock on her door and she'll see me."
- Under the Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015, registered providers have a legal duty to display the ratings of CQC inspections prominently in both the office and on their websites. On our arrival at the home we saw the ratings from last inspection were clearly displayed.
- Registered providers of health and social care services are required by law to notify CQC of significant events that happen in their services such as allegations of abuse and deaths of people using the service. The provider ensured all notifications of significant events had been provided to us promptly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We saw evidence of people's views being sought through individual or group conversations and this was used by the provider during team meetings. Staff told us team meetings were regular and meaningful, so they could be kept updated of any changes at the service.

Working in partnership with others

- Evidence we looked at demonstrated the service consistently worked in partnership with the wider professional team. Records noted the involvement of GP, social workers, district nurses and commissioners of people's care. The registered manager told us of pilot projects they had been involved with the local council to improve the experience of relatives looking for care for their loved ones and new ways to support staff to report safeguarding concerns.