

SSL Healthcare Ltd

Castle Dene Care Home

Inspection report

Wilton Village
Wilton Lane
Redcar
Cleveland
TS10 4QY

Tel: 01642454556

Date of inspection visit:
15 October 2019
29 October 2019

Date of publication:
12 November 2019

Ratings

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

Summary of findings

Overall summary

About the service

Castle Dene Care Home is a residential care home providing accommodation and personal care for up to 36 people some of whom were living with dementia. On the day of our visit there were 28 people using the service.

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

Medicines were stored and administered safely. People were protected from abuse by staff who understood how to identify and report any concerns. The risks to people's health, safety and welfare had been assessed, recorded and plans put in place to reduce these. Staffing levels enabled people's needs to be met safely, and ensured people received consistent and reliable support. The management team sought to learn from any accidents or incidents involving people.

Staff were recruited safely and received appropriate training and support to enable them to carry out their roles effectively. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were happy with the food provided

Staff were caring and treated people with kindness and respect.

People had clear, detailed and person-centred care plans, which guided staff on the most appropriate way to support them. People were confident to raise any concerns. People enjoyed the activities provided. The new activity coordinator was in the process of setting up activities tailored to what people wanted to do.

There was a clear management structure and staff were supported by the registered manager. Quality assurance systems were in place and regular audits were completed.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 12 October 2018).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Castle Dene Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector, an assistant inspector, a specialist advisor (pharmacist) and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

Service and service type

Castle Dene is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. The PIR was completed prior to the last inspection but still provided relevant details. We received feedback from the local authority and we used this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and three visitors including an external healthcare professional. We spoke with seven members of staff including the registered manager, deputy manager, care workers, activity coordinator and the cook.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- At the last inspection there were no records to support the application of topical creams or medicine patches. At this inspection these records were all in place.
- Medicines were managed safely. The provider followed safe protocols for the receipt, storage, administration and disposal of medicines.
- People were supported to take their medicines by staff who had been trained to do this safely and had their competency to administer medicines assessed.

Assessing risk, safety monitoring and management

- Risks to people were assessed, recorded in their care plans and updated when people's needs changed.
- Overall the premises were safely managed and appropriately maintained. We saw appropriate checks were undertaken on the building and equipment and safety features were in place.

Preventing and controlling infection

- There were systems in place to ensure people were protected from the risk of infection.
- Staff used effective infection control procedures. We saw staff using personal protective equipment and good hand washing techniques.
- The home was clean and odour free.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and secure living at the home. Comments included, "I feel safe, there is nothing wrong here" and "I feel safe, I like to leave my door open and I have a lockable draw."
- There were robust processes in place for investigating any safeguarding incidents.
- Staff were knowledgeable about safeguarding processes and how to raise any concerns, internally and externally.

Learning lessons when things go wrong

- Accidents and incidents were reviewed and monitored to identify any themes or trends, so action could be taken to reduce the risk of any reoccurrence.

Staffing and recruitment

- Staffing levels met the needs of the people using the service
- Recruitment checks had been completed to ensure that new staff employed were suitable to work at the service.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question had improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People made positive comments about the quality and choice of meals. These included, "The food is nice, portions are enough, and we get fruit and vegetables, it is very good" and "Food is okay, we get plenty of drinks."
- At the last inspection we found records were not in place to inform the kitchen staff of people's nutritional needs. At this inspection we found all these records were now in place.
- The cook had a good understanding of people's dietary needs and menus showed there were a variety of meals available.
- People's weights were monitored for any changes and healthcare professionals were involved when necessary if people were losing weight or had difficulty eating or drinking.

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

- People could access different communal areas and an outside space.
- There were signs around the home to help people identify their bedrooms, bathrooms and toilets. Further work was needed with this and this was addressed in the providers refurbishment plan.
- The design and décor of the home met people's needs.

Staff support: induction, training, skills and experience

- The registered manager used the Care Certificate to support staff on induction. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.
- Staff received regular support through supervisions and a yearly appraisal.
- Staff had the required skills training and support to undertake their role.

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

- People's needs were assessed prior to using the service with recognised risk assessments and care planning tools used to plan appropriate and person-centred care.
- The information from the assessments was the basis for the care plan. Care plans were reviewed monthly or more often if required.

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

- There were good links to external health and social care professionals and visits or appointments were made when needed.

- Care records showed other professionals were involved in the care and consulted to make sure people's health care needs were met. A visiting healthcare professional said, "I love this home, the staff are very friendly and instantly come and help me, they show me to the patient and stay with me."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had completed MCA training and ensured people had choices and could make decisions.
- People had their capacity assessed and applications for DoLS had been made appropriately.
- Where people lacked capacity, we saw evidence to show best interest processes had been followed to ensure restrictive practices were only done as a last resort. This helped protect people's rights.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People who used the service were complimentary about the staff. Comments included "They [staff] are kind, if we need anything, they get it for you. When you first come, you think, I don't want to be here, but we have good laughs and jokes" and "The staff are very kind."
- People and relatives consistently said that staff treated them with kindness and compassion
- We observed staff interacted with people in a positive manner. Staff knew people well and engaged with them at every opportunity.
- People's diverse needs in areas such as religion were assessed, and the service supported people to access religious clergy where appropriate.

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

- We observed a positive and inclusive atmosphere where people were encouraged to make day to day decisions about their care. Staff listened to people and waited patiently for their responses to questions.
- People's views were recorded within their care plan. People were able to express their views informally with the registered manager on a daily basis or through more formal means such as meetings and care plan reviews.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- Staff encouraged people to maintain their independence where possible.
- Staff treated people with dignity and respect. Staff knew people well, their individual likes, dislikes, life history and interests.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans contained information about their likes, dislikes and wishes, staff had guidance on how each person liked to be cared for. For example, "I like to retire at [time] after a warm milky drink."
- Care plans were detailed, person centred and reflected the level of support people required from staff in areas such as physical health support, eating and drinking, personal care, activities and living with dementia.
- Care plans were reviewed on a regular basis and people and/or their relatives were involved in reviews with their views clearly recorded.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff knew how people preferred information to be provided to them.
- We saw some good communication care plans which detailed how people expressed a need. For example, "When people are speaking to me I tend to respond with a smile."
- The registered manager was working on making information more accessible for people and planned to use larger fonts and pictures.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At the last inspection we found a lack of activities took place. The provider had recently employed an activity coordinator and in the process of working out what people wanted to do. At a recent meeting people had expressed a wish to have newspapers in the home. The activity coordinator was arranging this.
- People were supported to spend their time as they wished.
- People took part in activities such as darts, bowling and dancing.

Improving care quality in response to complaints or concerns. The provider had systems to analyse complaints and concerns to make improvements to the service.

- There was a complaints procedure in place. People knew how to make a complaint if needed, and were supported to raise any concerns. Action was taken in response to these.

End of life care and support

- People's end of life choices were recorded in their care plan if they had chosen to share this information.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted person-centred care.

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

- At the last inspection we found audits were not being undertaken consistently. At this inspection the registered provider had systems and procedures to monitor and assess the quality and safety of their service. Audits were used to assess standards and drive improvements. We saw these were regularly completed and reviewed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and management team positively engaged with people visitors and staff. One visiting healthcare professional said, "Management are really nice, really great and very helpful."
- Staff said the registered manager was approachable and supportive. Comments included, "The management team are good, brilliant" and "Both the manager and deputy are lovely."
- There was a cheerful atmosphere in the home. Staff told us they felt valued and enjoyed working at the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team knew how to share information with relevant parties, when appropriate.
- The registered manager understood their role in terms of regulatory requirements. For example, the provider notified CQC of events, such as safeguarding's and serious incidents as required by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had established forums in place to communicate with people. This included meetings and formal surveys.
- The service worked in partnership with health and social care professionals who were involved in people's care.
- Regular staff meetings occurred; staff said they felt listened to and able to contribute.
- The registered manager had developed links to ensure the home was part of the community. For example, the local school children visited weekly and people told us they really enjoyed this.
- We saw examples of the service working well with local community organisations including a local castle to help provide stimulation and activity for people living at the home.

Continuous learning and improving care

- The management team were committed to continuously improving the service. They had made some changes and improvements since our last inspection such as changes to the décor.
- The registered manager was open and responsive to our inspection feedback.