

Derbyshire County Council

Castle Court Care Home

Inspection report

Linton Road
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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?

Good 

Summary of findings

Overall summary

This inspection visit took place on the 30 June 2016 and was unannounced. At our previous visit on the 4 March 2014 the service was meeting the regulations that we checked. Castle Court provides accommodation and personal care support for up to 41 older people. There were 40 people who used the service at the time of our visit.

The service had a registered manager. 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 gained people's verbal consent before supporting them with any care tasks and helped people to make their own decisions. However, where people were unable to make specific decisions, mental capacity best interest decisions had not been undertaken to demonstrate that their rights were protected. People were given their medicine as and when needed, but some medicine practices did not ensure that people were fully protected from the risks associated with medicines management.

There were sufficient staff available to support them and staff understood about people's care and support needs, to enable support to be provided in a safe way. Staff told us that they were supported by the management team and provided with the relevant training to ensure people's needs could be met.

Staff understood what constituted abuse or poor practice and systems and processes were in place to protect people from the risk of harm. Recruitment checks were done prior to employment to ensure the staff were suitable to support people.

Assessments were in place that identified risks to people's health and safety and directed staff on how to minimise identified risks. Plans were in place to respond to emergencies to ensure people were supported in accordance with their needs. Staff told us they had all the equipment they needed to assist people safely and understood about people's individual risks. The provider checked that the equipment was regularly serviced to ensure it was safe to use.

People received food and drink that met their nutritional needs and preferences, and were referred to healthcare professionals to maintain their health and wellbeing.

People were supported to socialise and take part in activities to promote their wellbeing. People told us that they liked the staff and we saw that people's dignity and privacy was respected by the staff team. Visitors told us the staff made them feel welcome and were approachable and friendly.

People felt the service was well managed and knew how to make a complaint or raise concerns. People and their relatives were encouraged to express their views and opinions about the service and be involved in

decisions about the planning of their care. There were systems in place to monitor the quality of the service to enable the manager and provider to drive improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Medicines were not always managed in a way to ensure people were protected from the risks associated with them. People told us they felt safe and staff knew how to recognise and report potential abuse. Arrangements were in place to minimise risks to people's safety in relation to the premises and equipment. Risks to people's health and welfare were identified and managed. The recruitment practices in place checked staff's suitability to work with people.

Is the service effective?

Requires Improvement ●

The service was not consistently effective

Staff did not have clear guidance on how to support people in their best interests when they were unable to make decisions independently. Staff received an induction and training that helped them to support people. People's nutritional needs were monitored appropriately. People were supported to maintain good health and to access healthcare services when they needed them.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and interacted with them in a kind and caring way. People's privacy and dignity was respected and they were supported to maintain their independence and relationships that were important to them.

Is the service responsive?

Good ●

The service was responsive.

People's individual needs were met and opportunities were provided for people to participate in social activities. People and their relatives were involved in discussions about how they were cared for and supported. The provider's complaints policy and procedure was accessible to people who lived at the home and

their relatives.

Is the service well-led?

Good ●

The service was well-led.

People were encouraged to share their opinions about the quality of the service to enable the provider to make improvements. People told us the manager was approachable and staff felt supported in their work. There were quality assurance checks in place to monitor and improve the service.

Castle Court Care Home

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.

This inspection visit took place on the 30 June 2016 and was unannounced. The inspection team consisted of one inspector 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.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

On this occasion we did not ask the provider to send us a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However we offered the provider the opportunity to share information they felt relevant with us.

We spoke with nine people who used the service and the visitors of nine people. We did this to gain people's views about the care and to check that standards of care were being met. We observed how staff interacted with people throughout the day. We spoke with the manager, deputy manager, and three care staff. We looked at three people's care records to check that the care they received matched the information in their records. We also looked at records relating to the management of the service including quality checks and staff files.

Is the service safe?

Our findings

People told us they received their medicine when they needed it. One person said, "I could set my clock by the time they come with my pills". We saw that people received their medicine when needed but some practices we observed did not ensure people's safety. We saw that when medicine was taken to people in their bedrooms, the medicine trolley was left open in the corridor. This meant that for this short period of time the medicines were accessible to people walking past. We saw that the staff member did not always stay with people to ensure they had taken their medicine before recording this, as we observed three people being left with their medicine at lunch time to take with their meal. The member of staff administering medicine told the staff member allocated to that dining area that they were doing this. By the end of the meal all three people had taken their medicine. Although this practice does enable people to take their medicine when preferred, there is an element of risk, as other people who may be confused could pick this medicine up and take it. We saw that records were in place to demonstrate that people received their medicines as prescribed. However we saw that where medicine was prescribed on an as required basis, known as PRN medicine, no protocols were in place. PRN protocols provide staff with a specific plan regarding the PRN medicine. This is to ensure people receive this medicine when needed and in a safe way.

People who used the service and their visitors told us they felt safe. One person told us, "The staff are lovely here. They really take good care of me and I never have to worry." Another person said, "All of the staff look after me very well. You read about these bad homes, but this isn't one of them, not at all. We are kept safe here." One visitor told us, "I am very pleased with the care, I can honestly say that all of the staff are lovely, [Name] was in hospital recently and just wanted to get back here. That says it all to me, this is their home now and they feel safe here." The staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. One member of staff told us, "I would go straight to the manager if I had any concerns or whoever was in charge. I suppose if I needed to I could contact head office but I have never had to do that." Staff told us they were aware of the whistleblowing policy. Whistleblowing is a way in which staff can report misconduct or concerns about poor practice in their workplace. Staff knew they could contact us or the local authority.

We saw that staff supported people in a safe way when helping them to mobilise or transfer using equipment. Where risks were identified the care plans seen described how staff should minimise them. For example, one person who was at risk of falls had been referred to the falls clinic and specialist equipment had been provided to reduce the risk of further falls. Records seen and discussions with staff demonstrated that accidents, incidents and skin care was monitored and reviewed. This assured us that people's safety was monitored and the appropriate actions were taken to keep people safe.

We saw that plans were in place to respond to emergencies, such as personal emergency evacuation plans. These plans provided staff with information on the level of support a person would need in the event of fire or any other incident that required the home to be evacuated. Staff we spoke with knew about people's individual risks and explained the actions they took and the equipment they used to support people safely. The maintenance records showed that all of the equipment used was serviced and maintained as required to ensure it was in good working order and safe for people.

We saw there were enough staff on duty to support people. Comments from people regarding staff availability were in general positive. One person said, "I don't have to wait long if I buzz, even at night." Another person told us, "The girls [staff] are always checking if we are ok and unless there is an emergency, they come quite quickly." A visitor told us, "I haven't had any concerns about the staffing levels. If [Name] needs any help they come quickly and they are always checking that [Name] is alright." Discussions with people and staff confirmed that agency staff were used when needed to ensure sufficient numbers of staff were on duty. One member of staff told us, "We do usually get the same agency staff to ensure there is some consistency for the residents and we have relief staff as well that cover shifts." The manager confirmed that agency staff had been used to cover the deficit in staffing levels due to staff vacancies and confirmed that full time vacancies were in the process of being recruited to.

The provider checked staff's suitability to deliver care before they started work. Staff told us they were unable to start work until all of the required checks had been completed by the provider. We looked at the recruitment checks in place for two staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files we saw had all the required documentation in place.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and 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. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS).

The manager confirmed that some people that used the service lacked the capacity to make some decisions independently and needed staff support to ensure decisions were made in their best interests. We saw that information regarding people's capacity to make decisions was incorporated within their care plans. The manager was aware that they needed to look at best interest decisions as these arose but these were not in place at the time of our inspection visit. For example information in one person's assessment confirmed that they had vascular dementia and did not have full insight into their care needs. There was no clear guidance for staff to ensure this person was supported in their best interests when they were unable to make decisions independently. The manager confirmed they had made DoLS applications for five people who used the service.

We saw that staff, on most occasions gained people's verbal consent before assisting them with any care tasks and supporting them to make choices. However we did observe two occasions when people were not asked about their preference in food and drink. For example a pudding was given to one person and when they asked the staff what it was they were told it contained peaches. The person told the member of staff, "Give it to someone else, as I can't eat peaches." Another person was given a drink of blackcurrant. They said to the member of staff, "Who is that for?" The staff replied "It's for you." The person said: "I like orange not blackcurrant." Although alternatives were provided, this demonstrated that people were not always consulted regarding their preferences.

We received positive comments about the support people received from the staff team. One visitor said, "I am happy with everything, the staff seem very well trained." Another visitor told us, "The girls [staff] do seem to be well trained and just get on with their job." Staff we spoke with told us their induction included reading care plans, training and shadowing experienced staff. Staff told us they received training and support that enabled them to meet people's needs. One member of staff told us, "We have annual updates on a lot of training like fire and moving and handling, to make sure we are following the right guidelines." Another member of staff said, "I did the dementia training and that was really helpful in understanding how to support people that have dementia." Staff told us there had been a gap in the formal supervision sessions provided to them. One member of staff said, "It is because of the staff restructure but the manager is very good, so if we have any questions or issues we go and talk to her." The manager confirmed that staff supervisions had been affected by the restructure and confirmed that she was in the process of planning supervision sessions for staff.

People we spoke with said they enjoyed the food and were happy with the quality and quantity of food provided. One person told us, "The food is nice, I like most things they serve, but if I don't like it I just tell them and they get me something else." Another person said, "I think the food is very good, we are given a choice as well." Another visitor told us, "The food is all cooked fresh here. Nothing fancy but there are times when I would like to eat it myself."

Eat well care plans were in place that included information on people's meal preferences and their preferred eating pattern, such as where they liked to eat their meals. For example we saw that one person preferred to eat their breakfast and supper in their bedroom. This person told us that their preferences were respected regarding this. Assessments identified when people were at nutritional risk and care plans provided clear instructions to staff on how to support people. One relative told us, "[Name] is eating better since they came here. I don't think they could be bothered when they were at home, even though they had carers coming in to look after them. "We saw that people's weight was monitored to ensure they could be referred to specialist service if needed. Records seen demonstrated that referrals and assessments had been undertaken by community speech and language therapists and dieticians when needed.

We saw that people's health care was monitored and met as referrals were made to the appropriate health care professionals when needed. People we spoke with confirmed this. One visitor told us, "I thought they handled the viral thing so well. [Name] was really badly affected but I received emails and phone calls to keep me posted on what was happening, so I didn't feel left out and I know [Name] was in safe hands." Another visitor told us, "It has been a godsend, the home has organised an in-house opticians visit. It was getting harder and harder to get [Name] into my car, not to mention more and more stressful." We saw that staff followed the guidance of health care assessments to ensure people were supported according to their need. For example we saw that staff supported people with the equipment they had been assessed for to reduce pressure damage to the skin and to assist them to move safely.

Is the service caring?

Our findings

People told us that the staff team were caring and friendly. One person told us, "The staff are lovely to me, they are friendly and always asking me if I'm alright. " Another person told us, "I don't think I could find anywhere as nice, the staff are all so wonderful. " People's visitors were also positive about the staff supporting their relatives. One visitor said, "[Name] didn't want to come here at first, but everyone is so lovely and caring that [Name] is being spoilt." Another visitor told us, "I think [Name] is doing really well here. To be honest, if they was still living at home, I don't think they would still be here now."

We observed staff talking to people throughout our visit and saw that care staff and domestic staff talked with people in an open and friendly way. We saw that the staff team knew people well and chatted with them about their relatives, asking them how they were and if they were visiting that day. We saw that when people had not understood what was being said to them staff gently repeated this and gave the person time to respond.

We saw that staff were attentive towards people when they became upset and confused. For example, one person who appeared confused spent time throughout the day walking around the home. We saw that this person attempted to initiate conversation with other people who lived at the home but had difficulty being understood. We observed the staff supporting this person in a caring way, asking them where they wanted to go and if there was anything special they would like to do. We heard the staff making suggestions to support this person in making a choice. The staff made the suggestions sound interesting and were encouraging and respectful in the way they spoke to the person. On each occasion a staff member stayed with this person until they were sure the person was comfortable in whatever choice they had made.

People told us staff supported them to maintain as much independence as possible. One person told us, "I get help when I need it but the staff are good here, they don't take over. If I can do something myself I do it. " A visitor told us, "My relative has been in a few homes so far, but they like it here the best because of the staff. The staff give them as much independence as they can and yet take good care of them. They are going to a family wedding tomorrow and the staff have arranged the transport so that they can be there all day if they feel up to it. They have even helped me to get the suit sorted for them so they will be looking at their best." This demonstrated that staff encouraged people to maintain their independence. People told us they were able to follow their preferred routine. One person told us, "I don't think there is a specific time for getting up or going to bed. I decide that myself and the staff help me when I'm ready." We saw that information about people's preferences regarding their daily routine was recorded in their care plans.

Visitors confirmed that they were involved in reviews of their relative's care. One visitor told us, "We have meetings and the communication here is really good." Another visitor told us, "They always keep me posted if anything happens to [Name]. It hasn't always been that way, but it's good now. It always seems a happy place. A friend came to see [Name] and she said she would come here in a heartbeat."

People were supported to access the services of independent advocates when needed. At the time of our visit one person used the support of an independent advocate to support them in decisions regarding the

finances and health. Advocates can be used to speak on behalf of people who are unable to do so for themselves.

People and their visitors confirmed that the staff respected their privacy and ensured their dignity was maintained when supporting them. We observed this when one person, in their room was only partially dressed and wandering around with the door open. A member of staff quickly identified this and shut the door but a few minutes later knocked and went in to explain why she had shut the door and whether there was anything she could do to help them.

Visitors told us they were made to feel welcome by the staff. One visitor told us, "I am always greeted with a smile here. It's a lovely place and I enjoy visiting [Name] as I get to have a chat with the staff as well. A person that lived at the home told us that their relatives visited when they could and said, "It's no bother, they can visit me whenever it suits and the staff don't mind, there isn't any set visiting times." This showed us that people were supported to maintain relationships that were important to them.

Is the service responsive?

Our findings

Visitors confirmed that the support their relatives received from the staff met their individual needs. One visitor told us "I can at last rest at night knowing [name] is safe here. Even when he was living with me, I could not guarantee he would get the care he needed, so I really appreciate the home from home care that he gets here." Another visitor told us, "[Name] was very poorly and not expected to last long when she first came in here. For a long while she was in bed in between meals, which they got her up and dressed for, but then she wanted to go back to bed and slept lots. When it started affecting her sleeping and she was ringing the buzzer at night 10-15 times, they decided she needed encouragement to stay up and dressed during the day and it has worked wonders. I haven't seen her looking this well for ages and to think the GP felt she would last only weeks when she first came here."

People told us they were supported to follow their preferences in the care they received. One person told us, "I really prefer a bath to a shower and they know that, so I have a bath every other day. I love my baths and there has been no fuss made."

People told us that staff responded to their individual needs to ensure their well-being was maintained. One person told us, "I used to feel really lonely at home, but now I am here I like the company. If I forget and stay in my room too much, the carers make sure I come out to the lounge, especially if there is something going on." A visitor told us, "[Name] can get a bit grumpy at times, but the carers always manage to chivvy them out of it. Much better than I can!"

We observed that there was a positive atmosphere throughout the day. People were provided with opportunities to join in with social events and activities. For example in one lounge there had been music and instrument playing in the morning with a member of staff encouraging people to join in and giving them plenty of options to change their instruments if they wanted to try something else. We saw that people were singing along to the music and were smiling a lot. In another lounge some people were watching the tennis at Wimbledon. One person told us, "I always watch the tennis; I have always been a fan." In the afternoon a visiting musician played the organ and encouraged people to sing along. Following this entertainment one person told us, "He comes regularly to play, I always go and listen and we have a bit of a sing along."

We saw that the manager had provided opportunities for people to experience things they had enjoyed in their life. One visitor told us, "Some of the residents had been talking about how much they missed having holidays and in response the manager has organised a beach in the courtyard garden which had gone down very well with residents, despite there having been a lot of rain recently!" We spoke to one person about the beach who said, "Isn't it wonderful, when the weather is nice we can go out there, it's our own private beach." Another visitor told us, "I am told there are plans to start a knit and chat group in the coffee shop here soon. It used to be a very popular visit to the village but it's getting harder to get people down there, so they are starting one up here. I know [Name] will want to go again. [Name] really missed it, but it was too stressful getting them in and out of the car."

We observed that the manager has furnished the home with various items of memorabilia which people told

us they loved and these items supported people with memory issues. A relative told us, "[Name] wasn't able to have a long conversation and then when they saw some of the things the manager had bought and which are displayed in the corridors and coffee shop, it really triggered their memories and we chatted for ages about them. It was lovely. They really do care about people here."

People we spoke with and their visitors told us that if they had any complaints they would report them to the manager. One person told us, "I did complain once about some clothes going missing but they soon turned up again." Another person said "I don't think I have ever needed to complain, but I wouldn't worry about saying something if I had to. The manager's door is always open and the staff are always popping their head round my door and asking if I am alright, or if I want to go to the lounge or outside." Another person told us, "If you mention something, they really take it seriously and do what they can." We saw there was a copy of the complaints policy on display in the home. Records were kept of complaints received and we saw that complaints had been responded to promptly and addressed.

Is the service well-led?

Our findings

A registered manager was in post and people and their visitors knew who the registered manager was and told us that they felt the home was well led. One person said, "The manager runs this home very well, she is approachable and always has time for me, as do all the staff." Another visitor told us that the staff team were empathetic towards them when they became upset about their relatives condition. They told us, "Sometimes the staff know when I am upset and take me aside for a chat, or otherwise I know that the manager's door is always open and I can even have a cry if I want to without feeling silly." Another visitor told us, "The Manager is really good. She listens and then acts where she can or explains when she can't and her hands are tied. It's a very open culture." During our visit we saw the manager; staff and people who used the service interacted in a positive and friendly way towards each other. People spoke positively about the staff. One visitor said, "They are worth their weight in gold here for the job they do. It has changed my life. I can actually go home and switch off now. Something I have not been able to do for some years."

We saw that consistent leadership and direction for staff was in place. We observed that the staff worked well together in a calm, professional and friendly way and assisted each other as needed. Staff told us they enjoyed working at the home and one member of staff said, "It's not like work at all. It's like an extension of my family." Staff had a clear understanding of their responsibilities and accountability within their role. The manager was supported by a deputy manager. Senior care staff were in post to support care staff. Monitoring from the manager's line manager was also in place to support them. Staff confirmed that they had regular team meetings and minutes were taken, so that anyone unable to attend could read them. One member of staff said, "There are few different meetings, including ones for night staff, as it can be difficult for them to get in, so no one is left out." This meant that people were cared for by staff that were suitably managed and supported.

Arrangements were in place to encourage people who used the service and their representatives to provide feedback about the quality of the service. This was done through satisfaction surveys and meetings with people and their representatives. People told us that they had seen improvements in the home over time, which showed us that the provider monitored and took action to drive improvement. One visitor said, "Mum has been here three years now. Things have improved in that time and I can honestly say that nothing is too much trouble for them."

We saw that a meeting was planned with people and their relatives in July. The agenda for this meeting was to decide on names for the different corridors in the home and the three bedrooms that were used for short stay visits. We saw that activities, meals and menus were also on the agenda for discussion.

Audits were undertaken by the registered manager to monitor the quality of the care and services provided. This information was fed back to the provider and actions were taken as required to drive improvement. This included audits of people's care plans, medication administration records, visual checks on equipment used, kitchen and housekeeping audits, including spot inspections by the manager. We saw that staff were also observed in practice as part of the provider's quality monitoring to identify any areas for improvement. Accidents and incidents were audited and analysed to check for any patterns and trends. We saw that when a pattern was identified the manager had taken action, such as referrals to the relevant health care

professionals to minimise the risks of a re-occurrence.

We saw people's confidential records were kept securely which ensured only authorised persons had access. Staff records were kept securely and confidentially by the registered manager. The registered manager and provider understood the responsibilities of their registration with us. They had reported significant information and events in accordance with the requirements of their registration.