Barchester Healthcare Homes Limited

Castle Keep

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Castle Keep is a residential care home providing personal and nursing care. The care home accommodates 61 people across two designated wings; Nightingale for people living with dementia and Willow for people with complex health care needs. Each wing has a separate entrance and adapted facilities to suit the needs of people living there. At the time of the inspection, there were 39 people living in the service.

People's experience of using this service and what we found
Two people had not received their medicines as prescribed, as they were often asleep at the time nurses administered them. This needed to be checked out with the prescriber so the timings could be altered. There was also clearer guidance needed for staff when administering medicines 'as and when needed'. We have made a recommendation about this aspect of medicines management.

There was no manager registered with the Care Quality Commission. An experienced manager from another unit had been supporting the service but, as they were leaving, an operations manager had been identified to take over the post. The operations manager will apply for registration with CQC and will oversee the service until a new manager is recruited.

There were some areas of the environment that needed attention in relation to unsafe furniture and cleaning routines. These were addressed on the day and the manager assured us a more robust checking system would take place. Other aspects of the provider's quality monitoring were good. Following the inspection, we were told the refurbishment plan, which was already in place, would be adjusted to address the priority actions identified on the first day.

Staff were recruited safely and there was enough staff on duty. The manager told us when more people were admitted to the service, the staffing levels would be adjusted.

Staff knew how to safeguard people from the risk of abuse or harm.

Staff assessed people's needs and identified risks so these could be minimised. Care plans provided guidance for staff in how to meet people's needs in the way they preferred. 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's health and nutritional needs were met. Staff ensured people had access to health care professionals when required. The menus provided choices and alternatives; those people at nutritional risk were monitored closely.

People's privacy and dignity were respected. There were positive comments about the staff team and their approach when supporting people.

The provider had a complaints procedure and people felt able to raise concerns.

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

Rating at last inspection
The last rating for this service was good (published 26 July 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Castle Keep

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 was carried out by 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.

Service and service type
Castle Keep is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with CQC. This is important as it means any registered manager as well as the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. 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. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with the current manager and an operations manager, who was to apply for registration with CQC and take up the post of manager at the end of February 2020. We also spoke with 11 members of staff including a unit manager, a nurse, care workers, the chef, activity coordinators and a housekeeper. We received information from a nurse and three care workers who all completed night shifts. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service. We received information from two health/social care professionals who visited the service during the inspection.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Requires Improvement

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 good. At this inspection, this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Not everyone had received their medicines as prescribed. There had been at least two people who had not received important medicines because they were asleep. These medicines were prescribed once a day and discussions could have taken place with the prescriber to alter the timings.
- Some people were prescribed medicines to be taken 'when required' for anxious or distressed behaviour. The guidance for this was not always clear, and the reason for administration and effectiveness of the medicine was not always recorded.
- Thickener used for ensuring the correct texture of fluids was stored in an unlocked cupboard; this was addressed during the inspection. Medicines were ordered and disposed of safely.

We recommend the provider consider current guidance on administering and recording medicines and act to update their practice.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risk issues had not always been identified and monitored in the environment. For example, several bedrooms and the dining room had exposed screw tips where handles had fallen off drawers. There was a leak from a sink in one toilet, and a ski pad for evacuation in emergencies, was stored in the locked sluice. These issues were discussed with the manager and addressed straight away.
- Equipment such as wheelchairs and crash mats by beds were marked with food debris. The cleaning schedule had not been effective in identifying and addressing this concern. These, and other minor issues were addressed during the inspection; the new manager told us they would ensure a more robust cleaning schedule was in place.
- Staff completed individual assessments for people where there were areas of concern, for example falls or nutritional intake; the risk assessments were kept under review and updated when changed occurred.
- All communal areas and bedrooms were clean and tidy. People made very positive comments about the cleanliness of their bedrooms.
- Staff had access to protective equipment such as gloves and aprons to help prevent the spread of infection.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Staff completed training and knew what to do if they had concerns. They were knowledgeable about the types of abuse, signs and symptoms, and alerting procedures.

● People told us they felt safe in the service. One person told us they were able to lock their door if they wished.

Staffing and recruitment

● The provider had a safe system for recruiting staff. Full employment checks were in place before staff started working in the service. The induction of new staff was thorough.

● There were enough staff employed to meet people's needs safely. The provider used a tool to calculate the number of staff required each day and night based on people's assessed needs. Staff on Nightingale told us of potential difficulties at mealtimes and in the evening. This was mentioned to the new manager to monitor and discuss with staff.

● Although one person said they wished there were more staff, all said staff responded to call bells quickly. Comments included, "I think there's enough, they come quickly if I shout" and "They never rush me and always come if I call." Health professionals said, "There seems to be plenty of staff on shift to monitor residents" and "It was evident there was plenty of staff available who were supporting people well in their activities of daily living."

Learning lessons when things go wrong

● There was a system for recording accidents and incidents so that lessons could be learned, and practice improved.

● Since the last inspection, there had been a choking incident. As a lessons learned, the provider made mandatory that all staff receive training in swallowing difficulties and providing the correct food and fluid texture.

Good

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 good. At this inspection, this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff completed assessments of people's needs and obtained those completed by other professionals involved in their care. There were specific tools used for assessment, for example to gauge the level of a person's distress or determine nutritional needs and risk.
- Care plans were developed, which gave staff good information in how to deliver care and support to people. Staff used national guidelines to determine the amount of daily fluid each person should have for their wellbeing.

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

- People were provided with a well-balanced diet, which included choices, alternatives and snacks in between meals. Comments from people about meals included, "The food is delicious; I like the roast dinner and fish and chips" and "I like any food; we get plenty to eat." A relative said, "The food is exceptional, and it looks lovely. There are always snacks available such as fruit, a piece of cake and a cup of tea."
- People's nutritional needs were assessed, and any risks were identified. Each person had a care plan, which provided staff with guidance on their nutritional needs, likes and dislikes, and the level of support required.
- The lunchtime experience was calm and sociable. Staff were attentive to people; support provided was sensitive and met their needs.

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

- People's health care needs were assessed and met. People accessed a range of health care professionals.
- Mental health reviews were held in the service, which included input from psychiatrists and community psychiatric nurses. This enabled the staff to discuss areas of concern for people living with dementia.
- The manager told us of plans to hold the first multidisciplinary clinic in the service on 25 February 2020. This was a local initiative and included a range of health professionals visiting to review the health and medication of each person.

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.

● The provider worked within MCA when people were assessed as not having capacity to make their own decisions. Best interest meetings were held, and relevant people consulted. DoLS applications were completed appropriately and authorisations kept under review.
● Staff had a good understanding of consent and gave examples of how they ensured people gave informed consent. People told us staff asked their consent before carrying out care tasks. Comments included, "Oh yes, they always say 'shall we do this, or shall we do that'; they always ask."

Staff support: induction, training, skills and experience
● Staff received induction, training, supervision and appraisal. The provider employed an operational trainer who was based on site four days a week. They described how the provider had developed a care practitioner 'extended role' for staff who met certain criteria.
● Staff were positive about the training they received and felt it enabled them to be confident when supporting people. Comments included, "I have no complaints at all about training and am up to date with mandatory training; the company will provide specialist training if needed." Nurses described the range of clinical training available to them and the support they received during national revalidation of their nursing skills.
● People said staff knew how to look after them. They said, "Yes, they are trained" and "I'm sure they know what they are doing." A health professional said, "I have to say I was very impressed with the professionalism shown by both care and nursing staff."

Adapting service, design, decoration to meet people's needs
● The environment had been adapted to meet people's needs. Corridors were sufficiently wide for people in wheelchairs, and there were grab rails and equipment for people with mobility difficulties.
● The new manager described plans to make Nightingale more 'dementia friendly' to include a range of sensory stimulation. Dementia care mappers had recently visited the service and gave advice, which has been included in an action plan.

Good

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 the same. 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 were well looked after and treated with kindness in line with their diverse needs.
- There were positive comments from people and their relatives about the staff team. These included, "The care is fantastic; I can't fault it" and "It's a good, caring service here." A relative said, "The care is second to none; [Name] is as spoilt here as they were at home. Staff notice everything about my relative."
- Staff completed equality and diversity training during induction. The gave examples of people's diverse needs and how they were met in ways they preferred. They stressed the importance of reading care plans and the 'getting to know you' document so they had a good understanding of each person.

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

- People were included in discussions, assessments and plans about their care. Care plan reviews and resident's meetings were held, which gave people the opportunity to be consulted about the service and express their views. A relative said, "I come to meetings all the time."
- People told us staff supported them to make everyday choices. They gave examples of staff holding up clothes options so they could choose what to wear and asking them if they would like a shower or a bath. One person said, "You choose for yourself here; it can make you lazy as sometimes I have a lie in until 10 o'clock. My favourite breakfast is a bacon and sausage toasted sandwich - two sausages cut wide ways; lovely and I have my own bottle of brown sauce."
- Staff gave descriptions of how they ensured people were involved in day to day decisions. Staff provided people with explanations about care and visual choices of plated meals at lunchtime. A health professional said, "Residents are given a choice of where they would like to sit; staff know their residents very well."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy, and ensured their dignity and independence was maintained. Comments from staff included, "We promote people's independence and look after them as if they were our own" and "We encourage people to do things for themselves like brushing their teeth."
- There were positive examples from people about staff approach to maintaining privacy, dignity and independence. Comments included, "They always knock before coming in my room", "They give me a bit of help to get dressed and ask what I want to wear" and "They watch me in case I slip in the wet room; the girls [staff] let me get on with showering." A relative described how staff were sensitive regarding gender and age of carer when supporting people who had expressed a preference.

Good

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 as good. At this inspection, this key question has remained the same. 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; End of life care and support

- Some people had complex health care needs and their care plans could be enhanced further. This was discussed with the manager to address.
- Other people had care plans, which gave a good description of the support they needed in ways they preferred. People were involved in planning care and reviewing it. There were positive comments from people about personalised care. These included, "They all know what I like and don't like; I have my own little world in here." A relative said, "Staff know everything about [Name]; they know them as well as I do."
- People could remain in the service for end of life care if this was their decision. The daily notes for a person who had received end of life care referred to a range of care interventions.
- People's end of life wishes were recorded in basic care plans. We discussed with nurses how a stand-alone end of life care plan could be implemented; at present information about care provided was spread throughout different sections of the plan.

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.

- People's communication needs had been assessed and included in care plans. For example, one person's care plan referred to their cognition and staff to use short sentences and ensure time for them to process information. Other people's care plans referred to sight or hearing impairments.
- There was large print, colourful posters about activities, signage to aid people living with dementia and plans to add pictorial menus alongside written ones. Records of resident's meetings were clear and in an easy to read format.

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

- There were two activity coordinators who provided a range of social stimulation for people. These included in-house activities, visiting entertainers and animals, and trips to local venues.
- There was a minibus to share between the providers other services on the site. A caravan is booked for a week each year so staff can support people to have a day out at the coast.
- One person gave us a good description of their likes regarding activities and how staff helped them complete them. They said, "Activities here are not really my cup of tea but I like to help the gardener, potting up seeds and thinning out. We grew some massive sunflowers last year; we have tomatoes and cucumbers

in already and we might try some peppers. I have a seat in the greenhouse and the gardener has a radio. One of the carers takes me out for a little walk on an evening to blow the cobwebs away; it's lovely."

Improving care quality in response to complaints or concerns

● The provider had a process to manage complaints. This included acknowledgement, investigation and trying to resolve them. Those complaints seen had been logged and addressed.

● People told us they felt able to make complaints or discuss concerns with staff. Comments included, "I would tell one of the lasses" and "I would speak to my dedicated carer, but I've never needed to."

Requires Improvement

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 good. At this inspection, this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The service had been without a registered manager since August 2019. The provider had assigned a temporary manager and during the inspection, we were told an operations manager was to apply for registration; they were to oversee the service until a new manager was recruited.
- Not having a manager registered with the Care Quality Commission (CQC) is a requirement of the provider's registration and limits the level of rating this domain can achieve to, requires improvement.
- The provider had a quality monitoring system, which consisted of audits, checks and meetings. This had not been wholly effective.
- The audit for the environment to identify risk, maintenance and in some areas, hygiene needed to be more robust and was mentioned to the manager to address. Following the inspection, we were told a representative from the provider's estates department had completed a thorough check of the service and developed a refurbishment plan with timescales for priorities.
- Other areas of the quality monitoring process were good, shortfalls were identified and action plans produced. 'You said, we did' information was on display following feedback from people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had an open and inclusive culture. Staff told us they were able to speak to senior staff and management regarding concerns. They described staff morale as 'improving' and felt positive about management arrangements. Comments included, "The culture is open; staff know to come to nurses, and we have a hierarchy of people to go to" and "Yes, it is a good place to work. The staff and service users are lovely, and management here is nice."
- The provider had a range of incentives such as 'employee of the month', where people, their relatives and staff could vote for those staff who had gone 'over and above'.
- There were daily catch up meetings for heads of departments, which recorded topics such as clinical issues, accidents, staffing levels, activities, maintenance and housekeeping. General staff and residents' meetings were held to ensure people could express their views. The provider had a range of communication channels to connect with staff and keep them informed.
- There was a 'resident of the day' system, which included a review of their care plan and catering staff discussing meal provision with them.

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; Continuous learning and improving care

● The provider was aware of the responsibility to be open and honest with people and to apologise when care did not meet expectations.

● There were systems in place to ensure CQC and other agencies received notifications of incidents, which affected the safety and welfare of people.

● The manager logged accidents and incidents, and these were analysed by the provider's governance team, so that lessons could be learned. Following a choking incident in the service, all staff had received specific training.

Working in partnership with others

● The manager and staff team had developed relationships with other professionals involved in the service. These included links with specialist nurses and consultants, therapy services, a mental health team and multidisciplinary reviews. A social care professional said, "It appears to be very well-led." Health professional comments included, "I went last week, and things seemed to have improved regarding care plans since the new manager has taken over.