Barchester Healthcare Homes Limited

Castle Keep

Inspection report

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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

Overall summary

We undertook this unannounced inspection on the 16 and 17 December 2014. At the last inspection on 27 and 28 August 2014, the registered provider was not meeting requirements of the law in regards to safeguarding people from harm and abuse, health and welfare and monitoring the quality of the service. We found improvements have been made in all these areas and the registered provider is now meeting requirements.

Castle Keep is a single storey, purpose built home for up to 49 people who have nursing care needs. The home is divided into two parts, Willow and Nightingale. Willow has 28 bedrooms and Nightingale supports a maximum of 21 people who are living with dementia. Both units have a selection of communal rooms and bathrooms. On the days the inspection took place there were 43 people living in the service.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 completed safeguarding training and there were policies and procedures in place to make sure they had guidance about how to safeguard vulnerable people from the risk of harm and abuse.

New members of staff were recruited safely and there was enough staff on duty to make sure the needs of people who used the service were met. Staff received training, support and had supervision meetings to help with their development.

We found people received their medicines as prescribed and received visits from community health care professionals when required.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered provider had followed the correct process to submit applications to the local authority for a DoLS where it was identified this was required to keep them safe. At the time of the inspection two people who used the service had DoLS authorisations in place.

Staff supported people to make their own decisions and choices about the care they received. When people were unable to make their own decisions, staff followed the correct procedures and involved relatives and other professionals when important decisions about care had to be made.

People who used the service had their needs assessed and plans of care were in place which were personalised; these provided staff with guidance about how to care for people taking account of their preferences and wishes. There were activities for people to participate in which helped to provide meaningful stimulation.

People told us they enjoyed their meals and we found there was a range of choices and alternatives to suit individual needs and tastes. People who used the service had input from dieticians and the monitoring of people's nutritional needs had improved.

People who used the service and their relatives told us staff were kind, caring and listened to them. We found people were able to raise concerns and complaints knowing they would be addressed.

Checks were made on the quality of the service and people's views were obtained through meetings and questionnaires.

The environment was safe for people who used the service and equipment was well maintained. We found the environment had been adapted to meet people's needs.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff had received training in how to safeguard vulnerable people from harm and abuse. They were able to describe signs and symptoms that would alert them abuse may have occurred and the action they would take to protect people.

Equipment was maintained and risks managed well to make sure the environment was safe for people.

There was sufficient staff employed to meet people's needs and to keep them safe. Staff were recruited safely.

People received their medicines as prescribed.

Good

Is the service effective?
The service was effective.

People's health care needs were met; they were supported by staff in the service and also received treatment and advice from health professionals when required.

Staff made sure people made their own decisions and choices about care when they were able to. When they were assessed as lacking capacity to make decisions, proper legal processes were followed.

People were supported to meet their nutritional needs. There were choices about the meals provided to people and systems in place to make sure food and fluid intake was monitored when people were at risk.

Staff received training, support and supervision which provided them with the skills required to care for people who used the service.

Good

Is the service caring?
The service was caring.

We observed good interactions between staff and the people they supported. Staff spoke to people in a kind and caring way and comforted them in times of distress.

Staff promoted privacy, dignity and independence.

People were involved in how care was provided as much as possible. Staff gave explanations to people before care tasks were carried out to put them at their ease.

Good

Is the service responsive?
The service was responsive.

People who used the service had assessments, risk assessments and care plans which were centred on their individual needs. These provided staff with guidance about how people preferred to be cared for and supported. We saw relatives were involved in people's care.

Good

Summary of findings

There was a range of activities and one to one support for people who used the service to participate in.

People who used the service and their relatives felt able to raise concerns and complaints in the belief they would be addressed.

Is the service well-led?

Good

The service was well led.

Staff and relatives told us the registered manager was approachable and available to listen to their concerns. There were systems set up to make sure other staff or managers were available to speak to relatives outside of usual working hours and at weekends.

The quality of the service was monitored via questionnaires to people who used the service and their relatives, and via checks of how care was delivered to people.

The registered manager audited incidents and accidents so learning could take place. They reported any incidents to the Care Quality Commission when required.

Castle Keep

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 registered provider is 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 took place on 16 and 17 December 2014 and was unannounced.

The inspection was led by an adult social care inspector who was accompanied by an expert by experience who had experience of supporting older people living with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we looked at the action plans sent to us by the registered manager in response to the concerns found at the last inspection. We also looked at notifications sent in to us by the registered manager, which gave us information about how incidents and accidents were managed.

We spoke with the local safeguarding team and the local authority contracts and commissioning team about their views of the service. We received information from a health professional who visited the service, an external medicines management team who recently completed an audit and professionals who had looked at how the service supported people living with dementia.

During the inspection we observed how staff interacted with people who used the service. We spoke with four people who used the service and five of their relatives. We spoke with the registered manager, four nurses, one senior support worker and three support workers.

We looked at specific information in seven care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service. These included, six monitoring charts, 10 medication administration records (MARs) and Deprivation of Liberty Safeguards (DoLS) for two people which had been authorised by the local authority. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. We also looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documentation relating to the management and running of the service. These included two staff recruitment files, the training record, the staff rota, minutes of meetings with staff and those with people who used the service, quality assurance audits and maintenance of equipment records.

Good

Is the service safe?

Our findings

People told us they liked Castle Keep and felt safe living there. They said, “Yes, safe as houses”, “100% safe from people”, “I’m quite happy here”, "I can get in my room, it's like being at home” and “I feel safe as nobody will do me any harm.” When asked if they thought there was sufficient staff to support them, one person said, “Maybe not” although they did say staff responded quickly to the call bell. Other people said, “No complaints whatsoever” and “Yes, they look after us very well.” People also told us they received their medicines on time.

Visitors told us they thought their relatives were safe. They said, “Yes, because everything is done so carefully“, “Yes, staff are very attentive” and “If someone fell there would be someone there quickly.” One visitor described how staff placed a ‘crash mat’ by their relative’s bed at night and had obtained a new, safer chair for them. They said, “Risk is being managed.” Another visitor explained how, initially, there were problems with their relative not taking medication so staff arranged with the GP for it to be prescribed in liquid form.

Visitors also said they thought there was sufficient staff on duty. Comments included, “Yes, there’s always someone around”, “Yes, it’s always well-staffed” and “Yes, always; I visit at least three or four times a week and I come at different times and it is all okay.” One relative felt there were fewer staff at weekends but staff rotas showed the same levels of care staff were maintained throughout the week; staff spoken with confirmed this.

We followed up a breach in Regulation 11 of the Health and Social Care Act, which refers to how people are safeguarded from the risk of harm and abuse. We found improvements had been made especially in the area of risk assessment and monitoring of care to prevent harm. People who used the service had assessments of risk in areas such as falls, moving and handling, nutrition, pressure damage, choking and the use of bedrails. There were also some people who had risk assessments in behaviours that could be challenging to themselves, other people and the service, People’s needs in these areas were monitored closely and the risks managed more effectively.

We saw there were policies and procedures to guide staff in safeguarding people from the risk of harm and abuse. The registered manager and nurses in charge of shifts were familiar with a risk matrix tool used by the local authority safeguarding team to gauge risk and determine whether alert forms were required for specific incidents that occurred in the service. The registered manager said, “I’ve completed the risk matrix training but would err on the side of caution, so I probably speak to the safeguarding team more often than required.” Nursing staff said, “We use the matrix tool, complete paperwork and contact the safeguarding team; they talk us through what to do.” Nursing staff were also aware of who to contact out of normal working hours. Records showed us the registered manager and nursing staff had used the risk matrix tool, had completed appropriate referrals to the safeguarding team and had sent notifications of these incidents to the Care Quality Commission (CQC).

All staff completed safeguarding awareness training during their induction. Training records showed nearly 90% of staff had completed full safeguarding training and refresher courses were planned for staff that required them. In discussions with staff they demonstrated knowledge about keeping people safe. They described the different types of abuse, the signs and symptoms which may alert them to concerns and how to raise an alert with their line manager or the local safeguarding team. They said, “We have training, observe people and know about risk assessments” and “If we see anything we have to report it to the person in charge, the manager or other managers; we can also tell safeguarding, social services, the police and CQC.”

Records showed us staff and volunteers were recruited safely. Potential employees completed application forms and a selection process took place which included an interview. All employment checks such as disclosure and barring (to see if people were on a register excluding them from working with vulnerable people), police checks, references and proof of identity were carried out. The registration of nurses was checked to make sure there were no restrictions on their practice.

We found there were sufficient staff on duty to support people’s needs and maintain their health and wellbeing. There was a range of nursing and care staff with a mix of skills and supplementary staff such as activity co-ordinators, catering, domestic, administration and maintenance personnel. The registered manager showed us a tool they used to calculate how many care staff were required; this was based on the dependency needs of people who used the service. At present, the tool showed

Good

Is the service safe?

the service was over staffed for the numbers of people who used the service. However, there were some vacancies for people who used the service, which were expected to be filled, so the staffing levels had remained unchanged. Some people who used the service received one to one support for portions of the day, which was funded by commissioners of the service; we saw this support was arranged separately to the main care staffing rota.

We spoke to nursing staff about how medicines were managed and saw these were stored, obtained, recorded and administered safely to people. We found some minor recording issues and these were discussed with the registered manager and nurses to address.

We saw the registered provider had made sure the environment was safe for people who used the service. The entrance had a coded lock and all exits were secure and attached to the fire alarm system. Equipment was serviced and there were plans in place for emergency situations such as fire, floods and power cuts. There was a fire warden kit near the entrance and first aid kits for medical emergencies.

Good

Is the service effective?

Our findings

People who used the service told us they liked the meals provided, there was a choice of meals and they could choose where to eat them. They also said they saw their GP when required. Comments included, “The meals are quite good; I get poached egg and toast for breakfast”, "Yes, I like the meals", "Quite good, not bad at all; I’m not a fussy eater and I get drinks brought to me", "They would contact the Doctor, they are not far away; once he came to visit very quickly" and "I just get on with it, but if I’m really poorly they would get a Doctor.” Relatives told us staff called the Doctor to see people when required. They said, “Yes and even to the extent of calling the GP to prescribe painkillers if needed at the weekend; that was forward thinking" and “Yes, the Doctor was contacted and medication sorted out." One visitor told us their relative’s nutritional intake had improved due to the care they had received in the service. One relative told us when they checked monitoring charts there had been some occasions when two hourly pressure relief had stretched to a two and half or three hour gap. However, there had not been any ill-effects of this.

We followed up a breach in Regulation 9 of the Health and Social Care Act, which refers to how people’s care and welfare are maintained. We found improvements had been made especially in the area of monitoring people’s health, managing catheter care and obtaining professional support and advice. Since the last inspection, the registered manager had obtained a pain monitoring tool to assess people’s pain levels and determine the impact this may have on their behaviour. The registered manager told us that so far this had been used to assess one person who used the service. It had worked well and had the effect of ensuring nursing staff thought more about the impact of pain on people. We were told there was to be a meeting with nurses in the near future to discuss the benefits of the pain assessment tool. Records in care files showed us people had access to a range of health and social care professionals.

In discussions with nursing and care staff, they described how they observed for signs of people becoming unwell and the action they took when they were concerned. Nursing staff said, “We have improved how we pick up on things and we keep hassling professionals when we make referrals; we have made more referrals to health professionals”, “We have monthly meetings with the psychiatrist and the community psychiatric nurse visits before the meetings to assess people; we can ring them for advice if we have a problem” and “We have improved documentation about prn (when required) medication. We have to monitor if we give it and go back to evaluate the effectiveness of it; we liaise with the GP if we use it more frequently and there are protocols in place. We review it and pass on information to the next staff.” Care staff said, “Things are always acted on now straight away. We try to identify changes in service users; I feel carers are listened to by the nurses now”, “We are more hands –on; we know the clients and their ways”, “Monitoring charts have completely changed and seniors check them twice a day; behaviour charts are colour-coded so it means issues are highlighted” and “Nurses and senior carers go into the clinics so there is clinical information and day to day care issues discussed.”

Staff told us communication had improved between staff which had the benefit of improving the care people received.

On the second day of the inspection we were told of an incident that occurred the previous evening. A person who used the service had a fall late at night and sustained a laceration to their head. The registered manager and nursing staff recognised the person’s signs and symptoms were out of their usual range and persisted in contacting the emergency services until an ambulance arrived. Staff accompanied the person to hospital and they were admitted for further tests. This showed us staff knew the person’s needs and ensured they were met in an emergency situation.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. We saw the registered manager was aware of their responsibilities in relation to DoLS and was up to date with recent changes in legislation. The registered manager acted within the code of practice for the Mental Capacity Act 2005 (MCA) and DoLS in making sure that the human rights of people who may lack mental capacity to take particular decisions were protected. There were two people who used the service who had DoLS authorised by the local authority and a third application was underway. The DoLS were in place to ensure the people get the care and treatment they need and there was no less restrictive way of achieving this.

Good

Is the service effective?

In discussions staff confirmed they had received training in MCA and described how they gained consent on a day to day basis before delivering care to people. We observed staff asking people's consent prior to carrying out tasks with them. We saw that when people were assessed as not having the capacity to make their own decisions, best interest meetings were held with input from relatives and other professionals to plan appropriate care. We saw relatives were included in important decisions about end of life care. A best interest meeting had been held to discuss whether a person was to be resuscitated in the event their heart stopped beating and where their 'preferred place of dying' was to be. We saw these wishes had been carried out.

We found people had their nutritional needs assessed, risk was managed and care was planned. Menus were on display and offered a range of choices. We observed the lunchtime experience in both Nightingale and Willow and saw people enjoyed their meals and were offered alternatives when they declined the main options. On Nightingale people who were living with dementia were supported well by staff. People were offered clothes protectors, assistance when required, drinks and a visual choice of meals. We saw when assistance was provided it was carried out in a sensitive way and at a pace appropriate for the person's needs. Staff were attentive throughout the meal. We saw the meals looked appetising and special diets were catered for, such as pureed meals.

On Willow we observed more staff were required in the dining room to assist people to eat their meals. We mentioned this to the registered manager who is to look at how staff are deployed at lunchtime on Willow.

We observed the environment had been adjusted to meet the needs of people who used the service. For example, staff had used dementia care guidance to plan the decoration of bedrooms, communal areas and a corridor which led into the garden. There were aids to assist people with mobility difficulties and signs to indicate bathrooms and toilets. There was also more scope for staff to observe people at a discreet distance when required. For example, there was a window in a quiet lounge which could be overlooked from the corridor and staff office.

We found staff completed an appropriate induction and had access to training, supervision meetings and support. Records showed staff had access to a range of training appropriate to the roles they carried out. There was training considered as essential by the registered provider and additional training to meet the needs of people who used the service. Nurses told us they had completed further training in catheter management and had found it very useful. Staff told us they received support and supervision meetings where they discussed issues such as training needs and the needs of people they supported. Staff said, "We have informal supervision all the time and formal supervision with either the manager or site manager", "I do feel supported and this has improved vastly since the last inspection" and "Yes, we get plenty of training; we're asked in supervision."

Good

Is the service caring?

Our findings

People told us staff were caring, listened to them and respected their privacy and dignity. They confirmed they were able to make decisions when possible. Comments included, “Yes, I am consulted; if you ask, they tell you”, “I do sometimes (make decisions)", “Yes, I have been to meetings and things”, “Staff explain things”, “They always let me know what is going on”, “I have no cause for complaint”, “They are kind and they chat”, “The staff are generally quite good” and “It’s difficult, I think they must care or they wouldn't do the job.” When asked if staff helped them to remain independent, people said, “Yes definitely”, “Yes they do” and “More or less.”

Visitors spoken with told us they thought staff were caring and supported people when required. They said, "Yes, a lot of them have worked here a long time; they are caring", "They are excellent without a doubt”, “I’m always consulted”, "Yes, I’m involved and I visit regularly”, “Hell yes, not just caring, it's loving”, “I query and they explain; they listen to me” and “They are all caring with one or two exceptions.” When asked if they thought staff respected people’s privacy and dignity, they said, “Yes, they always ask her permission and close curtains” and “Yes, even to the point of asking me to leave the room when they change her and they close the curtains.”

The registered manager showed us a letter they had recently received from a relative of a person who had been nursed in Castle Keep at the end of their life. The letter was very complimentary about the care and support staff delivered to the person and their family during this time.

We observed positive staff interactions with people and their relatives during the inspection. Staff were friendly, approachable and all knew people’s needs well. We observed a member of staff support a person who was distressed; they spoke softly and patiently to them, which helped to calm their anxiety and offered to support them to their bedroom to play some music. There was a key worker system which helped to ensure staff developed relationships with the people they supported and their relatives.

Staff described how some people who used the service were able to contribute to their plan of care and were involved in review meetings. They also said four people who used the service were involved in choosing the colour scheme for redecoration of communal areas and bedrooms. Staff said, “Everybody was involved in choosing carpets; they were shown samples and the new wall-paper.”

In discussions with staff, they demonstrated a caring approach and described how they would promote privacy, dignity and independence. Staff said, “Obviously we keep doors and curtains closed and wrap towels round people to keep them covered (during personal care)”, “We keep conversations private and confidential”, “People have a choice of male of female carer and it’s documented in care plans” and “We give them a flannel to wash the parts they can.”

Records also indicated privacy and dignity was a focus during the planning and delivery of personal care tasks.

Good

Is the service responsive?

Our findings

People told us they received the care they needed, they could participate in activities and they felt able to raise concerns in the belief they would be addressed. Comments included, “I haven't had anything like that (complaint)“, “Yes, I would complain to the Manageress. If I had a problem they have sorted it; I feel they listen to me” and “Yes, I would speak to a carer; I would feel comfortable.” They also said, “I like gardening and listening to bands.” One person said they would like to do more things and went on to say, “I have been out on the bus a few times and went to a garden centre.” Relatives told us, “I would initially speak to the carers or nurses then the manager and if no response I would go to CQC” and “There’s a good chain of command.” Other relatives named specific staff they would approach to raise concerns.

When relatives were asked if people received individualised care they said, “Staff took him to Cottingham to see the lights”, “Yes, they get pampering care” and “They rub her hands and feet with cream”, “Yes, I think so; they are aware of who he is and his needs” and “Yes, I think it's a very personal place; they could do with a hairdresser and nails doing.” There was also a comment about laundry concerns. We passed on these concerns and spoke with the registered manager about the lack of a hairdresser and the impact we judged this had been on people. The expert by experience had noticed some male service users required moustache grooming and some people required nail care. The registered manager told us there had been some difficulty in finding a hairdresser to come to the service but one had been found and they were to start soon. They assured us they would speak with senior care staff to make sure nail care took place and to check care plans to see if there had been any concerns highlighted for individual people regarding this care.

Records showed us people had assessments, risk assessments and individual plans of care. These guided staff in how to support someone in the way they preferred to be supported. For example, staff knew the consistency of fluids each person required when they had swallowing difficulties, they knew what activities people liked to participate in, they knew how they preferred personal care to be delivered, they knew how people communicated their needs and they were aware of how to diffuse situations which could become challenging to people and staff. We observed one person who was living with dementia was sitting quietly in their bedroom. They had a gate fixed to the entrance of their bedroom and a light machine was activated to reflect images around the room. The registered manager explained the reasons for the safety gate which was put in place after consultation with relatives. They also said the light machine had resulted in a calming effect for the person; they had previously been quite agitated and very vocal, which had upset other people.

We observed staff knew people’s needs well and people who used the service knew staff by their first names. This showed us staff had spent time developing relationships with people. Staff were seen sitting and chatting to people, were attentive at mealtimes and checked if people wanted drinks throughout the day.

The registered manager told us since the last inspection some people had been assessed for specific chairs to meet their individual seating needs. The registered manager had also devised a record to be held at the front of specific people’s care files. This gave ‘at a glance’ important and personalised information about the person and enabled staff to have a quick reference guide to care needs and tasks required.

We observed there was a range of activities for people to participate in and we saw some of these during the inspection such as games and an entertainer. Information about activities was displayed in pictorial form in the entrance. There were two activity co-ordinators and they arranged group and one to one activities for people. They told us they had the use of a minibus twice a week for outings. They also said they were looking at how they could improve the way they recorded what activities people participated in, such as in pictorial format to make them more interesting for people to look at. We saw one person was a keen gardener and had their own shed and garden space. Staff had arranged for the person to have a tap and hose pipe to water plants to prevent them struggling with watering cans. Two people also shared ownership of a rabbit, which was kept in the garden.

We observed bedrooms were personalised and people had brought their own belongings to make it individual and homely. Staff had supported some people to obtain pictures of things they were interested in, such aeroplanes, to help decorate their bedroom walls. Staff had also supported people to decorate their bedrooms for

Good

Is the service responsive?

Christmas. There was a 'memory tree' in the entrance, which initially was for people who used the service to place the names of loved ones they wanted to remember. However, this has proved popular with people who used the service, relatives and staff alike and has become a talking point in the service.

There was a complaints policy and procedure and the registered manager maintained a log of complaints. There was a form to use if people who used the service or their relatives wanted to raise concerns or complaints. We saw there had not been any complaints made since the last inspection. The registered manager told us about a 'family link role' which had been developed since the last inspection. This provided relatives with the name of a member of staff they could speak with if they had any concerns and the registered manager was unavailable. Their mobile number had been made available so relatives could raise any concerns or ask questions during the day and at set times in the evenings.

Good

Is the service well-led?

Our findings

People who used the service and their relatives told us they thought the service was managed well, the registered manager was approachable and they felt involved in what happens. Comments from people who used the service included, “Yes, definitely; Christmas is coming and we are going to have a really good time here”, “I feel I am involved; I like to be”, “I’ve never been asked to do a survey; I go to residents meetings with my wife” and “I think this particular manager knows what she is doing and (name of member of staff) gets things moving." Comments from relatives included, “Yes, they take residents out; mum went to Hull Fair and a garden centre”, “Yes, I can approach staff” and “Without a doubt you can approach them with ideas.” Some relatives told us they had completed surveys whilst others were not aware of them. They were aware meetings for relatives took place.

A visiting health professional told us there had been some improvement in the way staff managed people’s specific health care needs but there were further improvements to be made to ensure this was consistent. They said meetings had been held to discuss people’s individual needs and recommendations about care and support had been made. This was discussed with the registered manager to monitor the recommendations were carried out.

We followed up a breach in Regulation 10 of the Health and Social Care Act, which refers to how the quality of the service is monitored. We found improvements had been made in this area, especially in how the care people received was overseen by the registered manager.

We spoke with the registered manager and staff team about the culture of the organisation and the service. The registered manager said, “It is an open culture; it’s homely here and has a family feel”, “I know the names of all the residents on the complex and residents know each other. They invite each other to celebrations”, “It’s important to lead by example and work on the floor and answer buzzers, and if the nurses are unwell I can stand in for them” and “It’s very supportive; senior managers do visits.” Other staff said, “It’s open and friendly here; families can come to us”, “We are made aware of the whistle blowing policy”, “We are involved in auditing and quality monitoring” and “The atmosphere has totally changed; we are definitely supported now and are working well as a team.”

Staff told us communication had improved. They confirmed they had staff meetings, shift handovers and ‘10 at 10’s’; these were ten minute ‘catch up’ chats between the registered manager and staff at approximately 10am to pass on any relevant information between them. The registered manager said they also communicated important information to staff in supervision meetings which were either planned or in response to issues which had been raised with them. The registered manager told us these measures enabled them to address issues straight away. Staff said, “We are kept in the loop and informed.”

Senior managers provided an example of how the culture of the organisation promoted people’s involvement in their care in certain areas, although those within Castle Keep had either chosen not to participate or were unable to at present. The involvement included people who used the service participating in interviews for new staff, surveying the views of their peers and some being employed by the registered provider. Other examples which demonstrated the inclusive culture of the organisation were; some people who used the service had completed vocational qualifications, some people had been assisted to have holidays and days out in the summer and the service had participated in the National Care Homes Open Day in June 2014. We saw there were some reward schemes for staff such as ‘employee of the month’ and discount at stores. A volunteer was very active and supported staff in fund raising events.

Quality monitoring took place with checks on care provision and questionnaires to seek people’s views. Topics such as medicines, infection prevention and control, care plans, accidents and incidents were checked, and clinical areas such as the number of people with infections, pressure ulcers and weight loss were monitored. Any shortfalls from checks or questionnaires were addressed in action plans, which were signed off when completed. The registered manager was aware of their responsibility to notify the Care Quality Commission and the local authority when incidents occurred which affected the safety or wellbeing of people who used the service. Our records confirmed we received these notifications.

We saw meetings took place for people who used the service, their relatives and for staff. The minutes of meetings showed us people were able to raise suggestions. The notice board had ‘You said; we did’ information. This was as a result of suggestions made by people such as

Good

Is the service well-led?

more home based activities, different wall paper to replace a forest scene and a gazebo for one of the units (funding had been agreed for this). The registered manager told us they held a meeting following the last inspection and about 20 relatives had attended; they wanted to know why the inspection had a poor result in some areas. The registered manager told us she was very open with relatives and the minutes of this meeting confirmed this. She said, “It was a very positive meeting in the end.”

Dementia Care Mapping, carried out by Hull Dementia Academy, had recently taken place and a report was due to be sent to the service in the next weeks. The registered manager told us any recommendations would be looked into when they received the report. Dementia Care Mapping is completed to evaluate the quality of life for people living with dementia and advice and suggestions are provided by the dementia care mappers to assist staff in their interactions with people.