

Alpha Care Castlemaine Limited

Castlemaine Care Home

Inspection report

4 Avondale Road
St Leonards On Sea
East Sussex
TN38 0SA

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Castlemaine Care Home is registered to provide care, support, and accommodation for up to 42 people. There were 23 people living in the service when we visited. People cared for were mainly older people who were living with dementia and with a range of care needs, including arthritis, diabetes, and heart conditions. Most people needed support with their personal care, eating, drinking or mobility.

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

The provider's governance systems had improved since the last inspection in May 2022 and systems were being used consistently to drive improvement within the service. Improvements had been made, however there were still areas that needed to be further developed to ensure people's safety and well-being.

People received safe care and support by staff trained to recognise signs of abuse or risk and understood what to do to safely support people. People had care plans and risk assessments which meant people's safety and well-being was promoted and protected. Medicines given safely to people by appropriately trained staff, who had been assessed as competent. The home was clean, and comfortable. There were enough staff to meet people's needs. Safe recruitment practices had been followed before staff started working at the home. Accidents and incidents were recorded, and lessons learnt to prevent re-occurrences.

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.

The home had an effective management team which provided good leadership for staff and communicated effectively with people, relatives and professionals. The management team was approachable and visible to people, staff, and visitors. Staff were positive about their roles and felt valued for the work they did.

The views of people who lived at the home, their relatives and staff were encouraged and acted upon by the management team. People and their relatives felt able to raise any concerns they had and were confident these would receive an appropriate response.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 01 June 2022).

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

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

regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 28 April 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improvements the safe care and treatment and the governance of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Castlemaine Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Castlemaine Care Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by 1 inspector.

Service and service type

Castlemaine Care home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Castlemaine Care Home is a care home without nursing care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post

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 annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We reviewed documentation, inspected the safety of the premises, and carried out observations in communal areas. We met and spoke with 12 people who used the service about their experiences of the care and support they received. We spoke with 8 members of staff including the registered manager, and care staff, and 3 visitors.

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. This was undertaken in the communal areas of Castlemaine Care Home.

We looked at a range of records. This included the care records for 5 people, medicine records and 4 staff files in relation to recruitment. Policies and procedures, environmental safety and information relating to the governance of the service were also reviewed. We also spoke 3 healthcare professionals during the inspection process.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At the last inspection, the safety of the building was impacted by poor maintenance in certain areas and had the potential to place people at risk. This inspection found action had been taken to reduce risk by the replacement of carpets and the covering of exposed hot pipes.
- Risks to people's health, safety and welfare were safely managed and staff were provided with guidance to promote independence and mitigate the risk of harm. Since the last inspection, systems for assessing and monitoring risks of dehydration and malnutrition had been improved. Nutritional and hydration assessments had been completed and staff monitored their food and fluid intake to ensure they were eating and drinking enough to maintain their health. Records seen confirmed this.
- People were weighed regularly to reduce the risk of malnutrition. There was evidence that some people had lost weight, and this had been taken forward with the doctors' surgery. Documentation regarding this was not readily available but was provided on the second day of inspection.
- The service used a computerised system for care plans and risk assessments, and this was used to record individual risks to people such as skin integrity, continence, and mobility. Care plans and risk assessments had recently been reviewed, there was evidence that reviews had been undertaken monthly.
- Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan.
- Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

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

- The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. The registered manager was currently updating the DoLS and ensuring that all were current and valid. We viewed 3 which were current and valid.

- Staff had received training in the principles of the MCA and understood their role and responsibility in upholding those principles. The registered manager had made DoLS applications to the local authority when necessary and kept them under review until a response had been received.

- People were asked for their consent and were involved in day-to-day choices and decisions.

Documentation supported that each DoLS application was decision specific for that person, for example, regarding restricted practices such as locked doors, and sensor mats. Conditions of the authorised DoLS had been met. For example, people's care plans reflected how the decision had been made and what actions staff needed to take for that condition to be met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. People we spoke with, told us that they felt safe with all the staff who supported them. One person said, "Very safe here, staff very vigilant." Another said, "The staff make sure we are all safe."

- Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns and make the required referrals to the local safeguarding authority. The registered manager was aware of their responsibilities for reporting concerns to the CQC.

- Information was available for people and for staff regarding adult safeguarding and how to raise concerns. Information was provided in an appropriate format to enable people to understand what keeping safe means and how to raise concerns. One relative said, "We do have opportunities to speak with the manager if we are worried. A staff member told us, "We can talk to the manager. We have training and staff meetings to discuss safeguarding."

Staffing and recruitment

- Staffing levels were adequate to meet people's needs. During the inspection there was always a member of staff in communal areas to ensure people were safe. Staff told us, "There are usually enough of us, but it really depends on residents and how they are, some afternoons can be very busy because some get restless," and "We are staffed well, and we can get more if we need it."

- We observed positive interaction between staff and people up to and including lunch. Staff were seen to assist people in a kind and considerate way; however, it was noted that at times the activity person had to leave the interaction with one person to attend to a situation as she was the only staff member in the communal area. The registered manager has confirmed that she will look continue to review the deployment of staff at Castlemaine Care Home to ensure their mental health and well-being needs were met consistently.

- New staff were safely recruited. All staff files included key documents such as an application form, interview notes, full employment history, at least two references and a Disclosure and Barring Service check. These checks identify if prospective staff had a criminal record or were barred from working with children or adults. This ensured only suitable people worked at the service.

Using medicines safely

- Medicines were stored, administered, and disposed of safely. Medicines were ordered in a timely way. The clinical fridges and the clinical room temperatures were checked daily to ensure they kept medicines at the correct/safe temperature.

- Protocols for 'as required' (PRN) medicines such as pain relief and mood calming medicines described the circumstances that it may be required. People received pain relief when requested, and this was recorded with a reflection of the effectiveness of the medicine.

- Staff who administered medicines had the relevant knowledge, training and competency that ensured medicines were handled safely. This included senior care staff as well as registered nurses. We observed staff administering medicines safely to people ensuring that they were offered the medicines, given time to take

them in the way that they preferred and signed for once they were taken.

- Regular medicines audits were used to identify and address any shortfalls in practice.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The service was supporting unrestricted visits from families and friends. Protocols were in place should there be any disruption due to COVID-19 outbreaks.

Learning lessons when things go wrong

- Systems were in place to identify when things went wrong. Incidents were recorded and analysed to determine the cause and identify changes that would prevent a re-occurrence. Safeguarding's and complaints were analysed and discussed with the staff team and used as reflective thinking exercises as to what had gone wrong, why it had occurred and how to improve to prevent it happening again.
- The management team consistently assessed staff practice and identified ways staff could improve the care and support they provided.

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 requires improvement. At this inspection this key question has remained the same.

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

At our last inspection the provider had not operated effective systems and processes to make sure they assessed and monitored the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, there were areas identified during the inspection that indicated time was needed to embed the improvements and continue to review care documentation.

- Since the last inspection, improvements and changes to the quality assurance systems were in place and had been used effectively to improve the service. The registered manager was committed to improvement and was open and transparent regarding the improvements made and those that were on going.
- However, we found that some areas that needed to be improved to ensure consistent good care delivery. For example, provision of training for staff who were supporting people with behaviours that may distress and for those that live with mental health problems.
- Inconsistencies were found in the recording of peoples' vital signs. For example, a random blood sugar had been taken and was high, but there was no record of why this was taken or what action was taken. The person was not living with diabetes. The registered manager was investigating this and was taking the necessary action.
- Oral health had been prioritised since the last inspection, but still needed to be monitored to ensure people received consistent oral care.
 - There was now clear leadership to guide staff in delivering a consistent level of care. Staff told us that things had 'really' improved and they feel supported by the registered manager. One staff member said, "Things are going well, I think, better teamwork and communication." Another staff member said, "I am fairly new, but everyone has been very supportive."
- Staff meetings had been held and minutes kept. Staff meetings were well attended, and staff said they were helpful as they could. Resident and family meetings were held regularly, and actions taken forward. Quality assurance surveys had been sent to people and an overview of actions from those put in place. For

example, activities and the meal experience.

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

- The provider and registered manager understood their responsibilities under duty of candour. The Duty of Candour is to be open and honest when untoward events occurred. We have received notifications as required. All responses to complaints and concerns had been documented. It was discussed that all emails regarding complaints should be attached to the relevant complaint.
- People and their relatives were encouraged to give their views about the care they received, and these were listened to. Resident surveys and meetings confirmed that feedback was taken seriously and acted on. For example, ideas for activities, outside seating areas and food. Staff were given the opportunity to share their views through regular staff meetings and surveys.

Continuous learning and improving care:

- The registered manager told us they used accidents, incidents, complaints and safeguarding as learning tools to improve the service. This was confirmed by the documents seen and from the staff we spoke with. One staff said, "We do discuss how to keep residents safe; we monitor all falls and injuries, we then contact the GP and falls team for advice. The lessons learnt were used to enhance staff knowledge and to improve on the service delivery.

Working in partnership with others

- The registered manager had developed links with the local community and worked in partnership with health and social care professionals. This included GPs and social services, who were contacted if there were any concerns about a person's health and well-being. For example, the registered manager was in close contact with the Clinical Commissioning Groups and community pharmacist team.