Castletroy Care Home Limited

Castletroy Residential Home

Inspection report

130 Cromer Way
Luton
Bedfordshire
LU2 7GP

Tel: 01582417995

Date of inspection visit:
22 February 2017

Date of publication:
12 April 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 22 February 2017. At the last inspection the service was rated as Good. At this inspection we found the service remained Good in all key areas.

Castletroy Residential Home provides care and support for up to 69 older people with a range of care needs and some of whom may be living with dementia. The home is spread across two floors and people living with dementia live on the ground floor. At the time of our inspection, 60 people were living at the service.

There was a registered manager in post. 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.

Potential risks to people's health, safety and welfare had been reduced because there were effective risk assessments in place that gave guidance to staff on how to support people safely. There were systems in place to safeguard people from avoidable harm and staff had been trained in safeguarding procedures. The provider had effective recruitment processes in place and there was sufficient staff to support people safely. People's medicines were managed safely.

Staff had regular supervision and they had been trained to meet people's individual needs. They understood their roles and responsibilities to seek people's consent prior to care and support being provided. The requirements of the Mental Capacity Act 2005 (MCA) and the related Deprivation of Liberty Safeguards (DoLS) had been met.

People were supported by caring, friendly and respectful staff. They were supported to make choices about how they lived their lives and how they wanted to be supported. There was a sense of fun throughout the service, and people appeared happy and content. People had enough to eat and drink to maintain their health and wellbeing. They were supported to access other health services when required.

People's needs had been assessed and they had care plans that took account of their individual needs, preferences, and choices. Where possible, people and their relatives had been involved in planning and reviewing people's care plans. A variety of activities were provided to help people to socialise more and to keep active. The service was continually exploring new ways of supporting people to explore their hobbies and interests.

The provider had an effective system to handle complaints and concerns. They encouraged feedback from people who used the service, their relatives, other professionals and staff, and they acted on the comments received to continually improve the quality of the service.

The provider's quality monitoring processes had been used effectively to drive continuous improvements.

The manager provided stable leadership and effective support to the staff. They worked effectively with care team managers to promote a caring and inclusive culture within the service. Everyone was striving to provide an environment that was conducive to people living happy and fulfilled lives. Collaborative working with people's relatives and other professionals was resulting in positive care outcomes for people who used the service.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Castletroy Residential 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 checked whether the 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 comprehensive inspection took place on 22 February 2017 and was unannounced. The inspection was carried out by two inspectors 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.

Before the inspection, the provider completed 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. We reviewed this, as well as other information we held about the service including the previous inspection report and notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with 10 people who used the service, seven relatives, four care staff, an activities coordinator, the catering and housekeeping manager, the cook, the administrator, the two care team managers, the registered manager, and two visiting professionals.

We reviewed the care records for eight people who used the service. We checked how medicines and complaints were being managed. We looked at six staff files to review the provider's staff recruitment processes and we reviewed supervision records for 10 members of staff. We also reviewed the training information for all staff employed by the service. We looked at information on how the quality of the service was being monitored and managed.

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.

Good

Is the service safe?

Our findings

At this inspection, we found the provider continued to protect people from potential abuse, harm and risks, and the rating for this key area remains Good. Staff knew how to keep people safe and they had received training to enable them to identify how people may be at risk of harm or abuse and what actions they could take to protect them. Additionally, staff were aware of the provider's safeguarding and whistleblowing policies they could follow to report any concerns they might have about people's safety. A member of staff told us, "We are here to protect people. I have seen action being taken when I had reported a concern to the manager."

People told us that they felt safe living at the service. One person said, "Yes of course I am safe here. The staff are very helpful and know me very well." Another person said, "Certainly I am safe here, the general atmosphere is lovely. If anyone was ill-treated I would soon tell someone about it, but we have no concerns here." A relative told us, "My [relative] is safe here and I have no worries or concerns at all."

Potential risks to people's health and wellbeing had been assessed, and each person had personalised risk assessments in place. These identified the risks people could be exposed to and the support they needed to minimise the risks. Where possible, the risk assessments had been discussed with people who used the service and reviewed regularly or when their needs changed. Due to demand since our last inspection, the service had increased the number of people living with dementia they supported from 12 to a maximum of 31. Although this had resulted in an increase in incidents of people falling, we saw that the manager had sought guidance from the local 'falls team' in order to explore best practice and effective ways of keeping people safe. People were cared for in a safe environment because there were systems in place to ensure that regular health and safety checks were completed throughout the home. There was evidence that prompt action was taken to rectify any potential hazards.

People told us there were sufficient numbers of staff to support them safely, and we saw that safe recruitment procedures had been followed to ensure that only suitable staff were employed by the service. A relative told us, "There is always enough staff on duty and they manage my [relative]'s care really well." The manager regularly assessed staffing levels to ensure that people's needs continued to be met safely. Regular agency staff worked at the service when required to cover for sickness or leave and the manager told us that good staff retention had enabled them to provide consistent care to people who used the service.

People's medicines were managed safely because there were systems in place for ordering, recording, storing, auditing, and returning unrequired medicines to the pharmacy. People told us that they had been given their medicines appropriately and at the right times. We saw that medicines were administered by staff who had been trained and assessed as competent to do so safely.

Good

Is the service effective?

Our findings

At this inspection, we found staff continued to have appropriate skills, knowledge, experience and support necessary for them to provide effective care to people who used the service. Staff also worked within the guidelines of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. This meant that the rating for this key area remains Good.

People told us they were supported well by staff to meet their individual needs. One person told us, "All of my needs are being met here. I think the staff are lovely, well trained and know their job." A relative said, "Staff are trained well here and I am very confident that they know what they are doing. My [relative] is looked after well and that's all we ask for." Staff were complimentary about the training and support they received through regular supervision and appraisals. They were confident in their ability to support people effectively and they knew where to access more skilled support when required from other professionals. One member of staff said, "The training is really good and we have a quiz at the end of each training session to check our knowledge. I feel supported too." The manager told us that they were not yet an established service in relation to the care of people living with dementia and they welcomed support from professionals with more specialist knowledge. They also exchanged information and expertise with other providers through local 'Provider Forums'. They added, "It's still a learning curve for us."

People were supported to make decisions about their care and support, and they told us that staff always asked for their consent before care was provided. The requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards were being met where people did not have mental capacity to make decisions about some or all aspects of their care. The 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 so that they can 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 the Deprivation of Liberty Safeguards (DoLS).

People told us that they had enough food and drinks, and they were able to choose what they wanted to eat or drink. They were also very complimentary about the quality of the food provided and there was evidence that their individual nutritional needs were being met. One person told us the food was 'lovely and enjoyable'. A relative said, "They get a good choice of food here and plenty of it. They get offered tea or coffee and snacks throughout the day."

People's care and health needs were being met because the provider worked closely with other professionals to ensure that all care and treatment options available to people had been explored and put in place in a timely manner. The service continues to work collaboratively with a range of professionals including GPs, community nurses, opticians and chiropodists. One person told us, "I have the chiropodist and optician visit me here." A relative said, "[Relative] has not been well lately and staff have been very

helpful in getting the right treatment for [relative]."

Good

Is the service caring?

Our findings

At our last inspection, this key area was rated Good because people were happy living at the service and they were complimentary about the caring nature of the staff who supported them. At this inspection, we found the service continued to provide care in a caring and compassionate manner. Staff had further developed their skills in promoting a calm and inclusive environment, particularly for the 30 people living with dementia. This meant that the rating for this key area remains Good.

Everyone we spoke with said that staff were friendly, kind and caring. One person said, "The girls are lovely and I have no complaints at all. Staff are very caring and polite and they always stop and have a chat." Another person said, "Staff are polite and very helpful, I cannot fault them." A relative told us, "We really have peace of mind with this home. I think all the staff are lovely and [relative] is very happy here. It is without a doubt one of the better homes." Another relative said, "Of course staff are caring. I visit three times a week and I like the atmosphere in here, staff can't do enough for my [relative]." A third relative said, "Staff are very good and they have so much patience." Their positive comments were supported by a visiting professional who found the staff very caring towards people who used the service. They added, "I visit many homes and this is the best home I come into. I really like coming here."

Throughout our time at the service, we observed friendly and respectful interactions between staff and people who used the service. Staff had developed positive and caring relationships with people and they showed a passionate approach to making sure that people were happy and content living at the service. We noted that the communal areas were never quiet because staff chatted, sang and danced with people whenever they could. Staff told us of some examples of how they supported people in ways that improved their quality of life, experiences of care and sense of wellbeing. For example, staff made sure that they knew about people's social and employment history so that they could have meaningful conversations with people about issues that were important to them. Also, they ensured that people who wanted to practice their religious beliefs could either be visited at the home by their preferred religious leaders or were supported to attend local church services. A member of staff told us that a local church hosted luncheons for local older people and some of the people who used the service enjoyed these social occasions. It was evident that staff understood what was important to people they supported and were making every effort to support people to feel loved and valued. A member of staff said, "If I can make their day brighter, I will do what I can to help them. I will sit and hold their hand, have a chat. If they miss their family, then I will call them so they can have a chat and feel better." Another member of staff said, "This is their home, but sometimes people struggle with the stigma of being placed in a care home, and it's my job to make them feel better about it and comfortable living here." A third member of staff told us "We have a duty to make residents feel at home. They have varying levels of ability and we are here to support them to live their lives as happy as possible."

Some people told us that they had developed friendships with some of the other people who used the service and they normally sat together at mealtimes or during social activities. A person who was anxious about moving to the home told us that their fears were quickly alleviated by the welcoming smiles and kindness from both staff and other people who used the service. They further told us, "I had no choice, but I

had to come here because I couldn't look after myself well at home after my [partner] passed away. I was really worried about leaving my home. Well, I shouldn't have worried because they have all been wonderful to me." We had a long chat with the person during their lunch and they appeared happy and content. They seemed familiar with people who sat at the same table and it was clear that they spoke a lot with some of the people. During this time, we also observed that staff chatted a lot with people as they brought their meals to them and were happy to fetch anything else people might have wanted.

We saw that a member of staff who was supporting a person to eat did so in a respectful manner, ensuring that they offered the food at a pace appropriate for the person. A maintenance person employed by the provider came into the upstairs dining room during lunch and it was evident in the way they chatted with people that they were caring and had got to know most of the people really well. We complimented the maintenance person on their dancing on a video some of the staff and people who used the service had taken part in. This was part of a local campaign to highlight how people could get involved with their local museums and other cultural pursuits that encouraged community cohesion. Staff and people who took part found this exciting and fun. This sense of enjoyment was evident throughout the service and we even noted that the maintenance person was whistling along and talking to people as they did their jobs around the home.

People told us that they were able to make decisions and choices about how they lived their lives, including how they wanted to be supported. People were able to communicate their needs and had autonomy in planning how they wanted to spend their time. One person said, "I absolutely make choices about my care and the staff respect that." Another person said, "Yes, I can choose how they care for me and what I want to do. There is a lot to do, but sometimes I just choose to relax in my bedroom." Staff we spoke with demonstrated that they valued people's individuality and rights, and they understood the importance of maintaining confidentiality. People also said that their dignity and privacy were protected and that they were always treated with respect. One person said, "They show respect and dignity at all times." Another person said, "They are respectful and I've never been concerned about that."

We noted that staff understood the different methods people living with dementia used to communicate their needs. This meant that they could provide the support people needed, including comfort when people felt particularly distressed or confused. A member of staff who told us that they always supported people to make choices, gave us an example of how they communicated with a specific person who was unable to tell them how they wanted to be supported. They said, "We use communication cards or can tell by a person's expressions how they are. I will continue chatting to [person] even though I know they won't answer. If [person] does not want me to do something, they will turn their head." Another member of staff told us of their caring approach with another person. They said, "[Person] still thinks he is a head teacher so I will sometimes read a book with him and ask for help with complicated words. I say, 'Come on [person] you're the teacher and I'm the student', and he will respond with, 'Yes you are the student." They said this made the person happy because they felt helpful. The member of staff added, "[Person] was a very intelligent and still is, so I try and help him to be that person."

Another member of staff described how they supported a person who can become aggressive if they did not want support with their personal care, although they were unable to do this without support. They told us perseverance was essential in ensuring that the person got the care they needed. They said, "When [person] refuses to have support for washing and can get aggressive, I will leave the room and take everything with me. After a few minutes, I return with towels in hand as if it's the first time I've been to see them. If [person] still refuses, then I will go out again. Sometimes I can be in and out quite a few times. Each time I walk in as if it's the first time I have asked." They further told us of a different method they used to support another person when distressed. They said, "I will go over to [person] and say, 'Let's go over there and look at

[something of their interest]'. We will try and engage [person] in something else, such as looking at photos because [person] likes this."

Staff told us how they supported people to maintain their daily living skills so that they could remain as independent as possible. This was supported by people we spoke with including one person who told us, "As long as I'm still able, I like to do what I can for myself. The girls are always very helpful though when I need help." Staff said they valued the contribution of people's relatives in helping them to better understand people's needs and develop better ways of helping people meet their needs. They said that they spoke to people's relatives when their visited or telephoned them if there were urgent issues they needed to discuss with them. We also saw that senior staff communicated regularly with people's relatives using emails which meant that information could be easily shared with them. There were no restrictions on when people could have visitors and people we spoke with confirmed that their relatives could visit them whenever they wanted. Relatives said that staff were always friendly and welcoming when they visited.

We saw that people had been given information about the service to enable them to make informed choices and decisions. This included the level of support they should expect and who to speak with if they had concerns about their care. Where required, some people's relatives or social workers acted as their advocates to ensure that they received the care they needed and understood the information given to them. There was also information about an independent advocacy service that people could contact if they required additional support to understand their care and treatment options.

Good

Is the service responsive?

Our findings

At this inspection, we found the rating for this key area remains Good because people were still being supported to receive personalised care that was responsive to their individual needs. There was also evidence of learning from people's concerns and complaints in order make continuous improvements to the quality of care.

People told us that their individual needs were being met by the service and they were happy with how their care was being managed. The manager had prepared for the increase in the number of people living with dementia by ensuring that comprehensive assessments of their needs had been completed prior to them moving to the service. Staff had been given detailed information about each person to enable them to provide care that met people's preferences and wishes. Where possible, people and their relatives had been involved in planning and reviewing care plans. One relative said, "I was involved with the social worker and helped with [relative]'s assessment. Things have gone very smoothly." Another relative told us, "Staff keep us well informed and phone us if there is a problem. We are very happy with the way things are here."

People were supported to appropriately occupy their day because a variety of activities were planned and facilitated by the activities coordinators employed by the service. Staff told us that although there were planned activities to provide some structure and routine, these could be adapted and changed particularly for people living with dementia depending on what they wanted to do. One member of staff said, "They think I'm mad because I dance and sing all the time, but it's to keep them happy and entertained."

We observed that care staff were also very much involved in providing activities that people enjoyed. There was a lively atmosphere in the lounges throughout the day, particularly on the ground floor where people enjoyed singing and dancing during the morning. The manager told us that a group of local 'dementia friends' and relatives of people who used the service were planning to hold a focus group to discuss ways of raising funds in order for people to have access to more and varied activities. They also said that they had been awarded a grant by the local authority to further improve community links for people who used the service. There were plans to use some of this fund to help people access local 'dementia friendly cafes'. Some people had been taken for individual trips to a local church, a Zoo and to Luton Hoo Hotel and Spa for afternoon tea.

The provider continued to have a robust complaints process in place which gave people information on how to raise any concerns they might have about the service. People and relatives we spoke with told us that they generally did not have any complaints, but they knew that they could raise any future complaints with the manager. One person said, "I have never needed to complain and if I ask staff to help me, they always do so." Another person told us that they were confident that the manager would deal with any concerns in a professional manner. We saw that complaints received by the service since our last inspection had been dealt with effectively.

Good

Is the service well-led?

Our findings

At our last inspection, this key area was rated Good because people told us that the service was well-led and provided high quality care. At this inspection, we found further improvements had been made to enable staff to provide effective care to an increased number of people living with dementia. Staff remained motivated to be the best they could be and they knew what was expected of them. People who used the service remained at the centre of everything that staff did and everyone was willing to learn from others in order to drive continuous improvements. This meant that the rating for this key area remains Good.

There was a registered manager in post who was responsible for the day to day running of the service. The manager was supported by two care team managers who led staff and took responsibility for managing care on each of the two floors. This meant that they provided day to day leadership to the staff and had overall care management responsibilities, including ensuring that people's care records were up to date and reflected their current needs. They also completed the majority of the regular audits completed at the service. We spoke with both care team managers and they were clear about their roles and responsibilities in ensuring that the service continued to provide safe, effective, compassionate and high quality care to people who used the service. They said that this was possible because they had a high functioning and cohesive team.

People who used the service and staff spoke highly of the manager and other senior staff, although some people told us that they did not know who the manager was. However, this clearly did not have an effect on how well the service was run because everyone we spoke with was happy with the quality of care. One person said, "I don't know who the manager is, but I think the home is well run and have no complaints." Another person said, "I don't know who the manager is, but I am happy here so she must be doing her job right." A third person who knew the manager said, "I don't see her a lot, but I suppose she is busy as the staff are here to look after everyone." Staff were particularly complimentary about the stability and leadership the manager had brought the service as they had been at the service for a number of years. They also appreciated the support the care team managers had provided to enable them to do their jobs well. This view that the service was well-led and effective was supported by the two visiting professionals we spoke with, who both described the service as 'one of the best they had visited'.

Staff felt valued and they told us that they were able to contribute to the development of the service by exploring new ways of working during team meetings and supervision. Staff told us that they did not have to wait for planned meetings to discuss concerns or suggest improvements as they could speak with the manager or other senior staff at anytime. Staff we spoke with told us that they really enjoyed their work and that the service was a caring and supportive environment to work in and this in turn, resulted in a nurturing environment for people who used the service. They attributed the good quality of care provided by the service to good team-working and mutual respect. One member of staff said, "We are a good team here and we work really well together. We can discuss anything whenever it comes up and we don't just wait for meetings to raise things." We saw that regular staff meetings took place to enable them to discuss issues relevant to their work. Staff also used handover meetings effectively to share important information so that they could effectively plan how to provide appropriate support to people who used the service.

The provider regularly sought feedback from people who used the service and their relatives so that they had the information they needed to continually improve the service. They had planned meetings that gave people and their relatives the opportunity to discuss a variety of issues relating to people's day to day care and support, and to suggest improvements they wanted to see within the service. The most recent meeting for relatives was held the week before our inspection and one for people who used the service was planned for 23 February 2017. During these meetings, we saw that people had opportunities to give feedback about their care, the food, activities provided by the service, and the general décor and appearance of the home.

A report setting out the service's development plans for 2017 had also been shared with people and their relatives. This included a summary of what was achieved in 2016 and the provider's plans to maintain a good quality service in the coming year. For example, they pledged to continue to review staff pay, training and support so that they could retain their staff and consequently, be able to continue to provide consistent care to people who used the service. Questionnaires for the 2017 survey had just been sent out at the time of our inspection and the manager told us that the completed forms would be collated and analysed by end of April 2017. However, we saw that people or their relatives had made positive comments on a website the provider was subscribed to.

The provider had effective processes in place to assess and monitor the quality of the service. The manager, care team managers and other senior staff completed a range of audits including checking people's care records to ensure that they contained the information necessary for staff to provide appropriate care. They also completed health and safety checks to ensure that the environment was safe for people to live in, and that people's medicines were being managed safely. The provider had engaged the services of an external consultant who worked closely with the manager to ensure that all aspects of the service met current regulations. The manager acknowledged that they probably completed too many audits, but they felt that it was the only way they could assure themselves and the provider that the service was safe, effective and provided good quality care to people who used the service. Where areas of improvement were identified, we saw that action plans had been developed and prompt action had been taken to address these.

The manager explained how accidents and incidents were monitored and analysed, and how learning from these was used to improve the service. We saw records to confirm this. We saw that they were working closely with the local 'Falls Team' in order to explore how they could support people in a way that reduced the incidents of them falling. This was a priority for the manager and they were intent on finding solutions to this whilst enabling to walk around freely within the home. The manager attended quarterly meetings of the local ' Care Providers Forum' and local training partnership and they found these useful for sharing good practice. They found the support from the local authority valuable in helping them to provide good quality care. The manager was also proud that they had been rated 'excellent' by the local authority in the last three years and they aimed to maintain or further improve their level of compliance with the fundamental standards of care. The manager said that they also benefitted from the expertise of other professionals they worked closely with and they were always keen to maintain strong working relationships with other professionals. This showed that the service worked collaboratively with others in order to promote continuous service development for the benefit of people who used the service.