

Unity Homes Limited

Castle Grange

Inspection report

9 Haymans Green
West Derby Village
Liverpool
Merseyside
L12 7JG

Tel: 01512264524
Website: www.unityhomes.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection of Castle Grange took place on 19 December 2017 and was unannounced.

At the last inspection on 21 November 2016, we found that the registered provider was in breach of Regulation 12 (Safe care and treatment). Following the last inspection, we asked the provider to complete an action plan to tell us what they would do and by when to improve the key questions 'safe', 'effective', 'caring', 'responsive' and 'well-led' to at least good. We received an action plan that outlined what improvements the provider intended to make. At this inspection, we found that improvements had been made to meet the relevant requirements and the provider was no longer in breach of regulation.

Whilst we did not identify any immediate concerns for the safety and well-being of people using the service, we received mixed feedback regarding the quality of the service which demonstrated that the service was not yet demonstrating the characteristics of consistent, high quality care across all of the key lines of enquiry that we inspect.

This is the third consecutive time the service has been rated Requires Improvement.

Castle Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Castle Grange is located in a quiet residential area of West Derby, Liverpool. Castle Grange specialises in long term and respite care for people living with dementia. The service is well served by public transport and is within walking distance of local shops and amenities. Castle Grange has 40 rooms across three floors. At the time of the inspection the service was providing care to 40 people, 27 of whom required nursing care and 13 who received residential care.

A registered manager was 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.

At the last inspection on 21 November 2016 we identified a breach of regulation because risk was not always managed safely as some records contained conflicting or misleading information.

At this inspection, we found that risk assessments had been completed to assess and monitor people's health and safety and appropriate actions had been taken to address identified risks. Allergies were clearly recorded in people's files.

We received some feedback which suggested the care provided was not always person centred and that

people did not always receive support that was responsive to their needs.

Arrangements were in place to seek the opinions of people who lived at the home, so they could provide feedback via quality assurance surveys. However, not everybody received them and it was not clear how this information had been used to further develop the service. People told us they did not receive any feedback.

We have made a recommendation about the systems and processes in place to monitor the quality and responsiveness of the service.

The registered manager worked in collaboration with other organisations and participated in the 'West Derby Model'. This is a multi-disciplinary approach to improve the service people receive and achieves positive outcomes for people by ensuring their clinical needs are met.

People told us staff supported them to take part in activities such as Bingo. Some people felt they did not have enough opportunities to participate in activities they found stimulating and meaningful such as outings in the local community. The registered provider told us of their plans to further develop the activities programme at the service.

People were happy with how their medicines were managed and staff received training to undertake this practice safely.

Staff had received training in 'Safeguarding' to enable them to take action if they felt anyone was at risk of harm or abuse and understood the reporting procedures.

People were cared for in a clean, hygienic and well maintained environment and staff had access to personal protective equipment.

Health and safety checks were completed on a regular basis and the premises and equipment were well maintained.

The service operated within the principles of the Mental Capacity Act 2005 (MCA). We found that consent was sought before providing care. Staff completed Mental capacity assessments and Deprivation of Liberty authorisations were applied for appropriately.

Staff were assisted in their role through training, supervisions and an annual appraisal and staff told us they felt well supported.

People told us they enjoyed the food served at the home. Staff knew, and catered to, people's individual dietary needs and preferences.

Most people thought the staff were kind and caring and treated them with dignity and respect.

Care plans contained sufficient information regarding people's preferences, likes and dislikes.

People and their relatives had access to a complaints' procedure and they were aware of how raise a concern. We saw that a record was made of any complaints and these had been responded to appropriately.

The registered manager had put in place a series of audits (checks) to monitor the quality of the service and

improve practice.

The registered manager had notified the Care Quality Commission (CQC) of events and incidents that occurred within the home in accordance with our statutory requirements. This meant that CQC were able to monitor risks and information regarding Castle Grange.

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.

Risk assessments contained a sufficient level of information and were reviewed regularly.

The environment in which people lived was well maintained and regular health and safety checks were completed.

People felt safe and there were processes in place to help make sure people were protected from the risk of abuse.

Staff were safely recruited at the service.

Is the service effective?

Good ●

The service was effective.

We found that Deprivation of Liberty Safeguards applications had been made appropriately and consent was sought in line with the principles of the Mental Capacity Act 2005.

People were supported by a staff team who received regular training and supervision for their role.

Advice was sought from relevant health professionals to help maintain people's health and wellbeing.

Feedback regarding meals was positive and staff catered to people's dietary needs and preferences.

Is the service caring?

Good ●

The service was caring.

Staff had a good understanding of people's needs and preferences. The majority of people spoke positively about the staff who supported them.

Visitors were welcomed at the service which encouraged relationships to be maintained.

People's personal and confidential information was kept securely and their privacy was respected.

Is the service responsive?

The service was not wholly responsive.

We received some feedback which suggested the care provided was not always person centred and that people did not always receive support that was responsive to their needs.

There were activities available to people living in the home although these could be further developed. The registered manager had a plan in place to improve the activities programme.

Staff demonstrated a good understanding of the needs of the people they supported.

People and their families were involved in the creation of their care plan.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Systems were in place to gather feedback from people and listen to their views but there was no evidence of action taken in response to improve the service. We have made a recommendation regarding this.

Audits were in place to monitor the quality and safety of the service.

There were regular staff meetings held. Staff told us there was an open culture in the home and they were able to speak with the registered manager if they had a concern.

Requires Improvement ●

Castle Grange

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 the 19 December 2017 and was unannounced.

Prior to the inspection we contacted the local authority quality monitoring team to seek their views about the service. We were not made aware of any concerns about the care and support people received. We also considered information we held about the service, such as notification of events about accidents and incidents which the service is required to send to CQC. We asked the provider to complete a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We used all of this information to plan how the inspection should be conducted.

The inspection was undertaken by an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service, in this case, care of people living with dementia.

During our inspection we spoke with the registered provider, registered manager, deputy manager, three carers, the cook and the activity coordinator. We spoke to eight people living in the home and three relatives of people living at the home. We also looked at three care plans for people who lived at the home, three staff personnel files, medication records, staff training and development records as well as information about the management and conduct of the home. We observed interactions between staff and people living in the home.

Is the service safe?

Our findings

On the last inspection on 21 November 2016 we found a breach of Regulation in relation to the provision of safe care and treatment because risk was not always managed safely because some records contained conflicting or misleading information. We also found that accidents and incidents were not analysed effectively. This meant that people were exposed to potentially avoidable risk of harm because causes and preventative measures were not formally considered. Following our inspection the registered provider sent us an action plan on 13 January 2017 that detailed what action they were going to take and we checked this as part of this inspection. We found that the actions proposed had been completed.

Risks to people's health and wellbeing were appropriately assessed and measures were put in place for staff to follow to support people to remain safe. We saw risk assessments in relation to falls, bed rails, pressure sores and nutrition. Each assessment showed staff had considered the measures taken to control risk. For example, in respect of falls, the measures taken to control the risk was increased observations, ensuring appropriate footwear was worn and maintaining a clutter free environment. We saw these assessments were reviewed monthly and any changes were updated and reflected in the associated care plan. We saw that a choking risk assessment was in place for someone at risk of choking which reminded staff of the importance of observations and ensuring the person was in a sitting position whilst they had food or fluids.

The registered provider told us that following our last inspection on 21 November 2016, they had held discussions with all staff regarding the importance of ensuring that a full medical history was gathered on admission and any known allergies were documented in writing by the person's GP. The staff meeting minutes we reviewed reflected that this had been discussed. We saw that people's allergies were clearly outlined on the front of their care files and this information was captured throughout their documentation. For example, one person was allergic to penicillin; this was outlined in red on the front of the care file, within the medication care plan and within the nursing folder kept in the medicines room. This meant that important information was visible to all staff which ensured that people were kept safe.

People told us they felt safe living at the home. Comments included; "It's just home, I feel safer here than I did at home", "You're safe in here. The surroundings and people are nice and the staff are very good", "I have always felt safe here", "The people around me [make me feel safe]" and "It's just like being at home." One person's relatives told us, "I know they look after them, they're watched all the time."

On the day of our inspection, there was 12 staff on duty to meet the needs of the 40 people living in the home. This consisted of six carers, one registered nurse, two domestic staff, two kitchen staff and one member of staff responsible for laundry. In addition, there was a member of administrative and maintenance staff, the deputy manager and registered manager who is also a registered nurse. The activities co-ordinator provided additional support in the mornings and delivered activities in the afternoon.

The registered manager had completed a dependency tool and told us they maintained staffing levels in line with this. The staff rotas we reviewed reflected this. The staffing numbers appeared sufficient for the people living in the home however we received mixed responses regarding this.

Staff we spoke to told us they had enough staff to meet people's needs and enough time to complete tasks although they acknowledged they were often busy. People's views in this regard were mixed. Comments included; "From my point of view, yes [there's enough staff]" and "There's always room for more [staff]." People's visitors told us, "It would be nice if there were more, i.e. if someone wants a drink" and "Probably not. He has to be moved into a comfortable chair and has to wait."

During this inspection we looked at how staff supported people with the management and administration of their prescribed medicines. All the people we spoke with said they got their medication on time. A medication policy was in place and staff who administered medicines had received training to ensure they had the skills and knowledge to administer medicines safely to people. Some medicines need to be stored under certain conditions, such as in a medicine fridge, to ensure their quality is maintained. We saw that the temperature of the fridge was monitored and recorded.

We reviewed Medication Administration Records (MARs) and saw these were completed accurately to evidence when medication had been administered. People's photographs were clearly visible to prevent wrong administration. There were records in place to track whether people had been administered topical preparations (creams) and body maps which recorded the areas of the body the cream was to be applied to.

We saw PRN protocols in place for as and when required medication. The plans we reviewed identified why the medicines were needed and guided staff in respect of in what circumstances they were to be administered. They also contained relevant information on actions to be taken post administration. For example, one plan contained guidance to staff to observe the person's behavioural pattern and any restlessness following administration and to refer to psychiatry if the medication did not have the desired effect. Having a PRN plan helps ensure safe and consistent administration.

Controlled drugs (CD's) are prescription medicines that have controls in place under the Misuse of Drugs legislation. We saw controlled drugs were stored appropriately in a locked cabinet within the secured medication room. We checked the balance of one controlled medicine and found the stock balance to be correct. We identified an error in respect of the recording of controlled drugs on one occasion as it had not been signed by two staff members in accordance with good practice guidelines. We brought this to the attention of the registered manager at the time of our inspection who immediately sought to address this.

We reviewed the accidents and incidents log kept at the service. A report book was kept of all incidents which recorded the description of the event, time of injury, investigations and follow up. We saw that a falls analysis was completed which showed the time of the fall, any injury caused and any contributing factors. This showed that 16 falls had occurred between January and August 2017, four had occurred in September 2017 and one in October 2017. No pattern or trend had been identified in respect of these incidents and the analysis suggested they were varied in nature.

We checked how staff were recruited at Castle Grange and the processes followed to ensure staff were suitable to work with vulnerable people. We reviewed three personnel files of staff who worked at the service and saw that there were safe recruitment processes in place that included; photo identification, references from previous employment and Disclosure and Barring Service (DBS) checks. DBS checks are carried out to ensure that prospective staff are suitable to work with vulnerable adults in health and social care environments.

Staff had received training in safeguarding and were able to explain the course of action that they would take if they felt someone was being harmed or abused. Staff we spoke with also said they would 'whistle

blow' to external organisations such as CQC if they felt they needed to.

Prior to our inspection, we reviewed the number of referrals made to safeguard people's welfare and saw that there had been three referrals of this nature since our last inspection. We noted that staff followed local safeguarding protocols and the relevant safeguarding referrals had been made to the Local Authority.

Effective infection control measures were in place to minimise the risk of the spread of infections. We reviewed carpet cleaning records, garden cleaning rotas and the schedules for deep cleaning of bedrooms. The home was visually clean and free from any unpleasant smells. We saw staff using disposable aprons and gloves as appropriate. Castle Grange had achieved a 'Good' rating from the local food standards authority at their last inspection on 30 June 2016. This demonstrated hygienic food handling practices.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Assessments were in place in respect of potential hazards to staff such as burns/scalds, fire and laundry and moving and handling equipment. Gas, electrical, legionella and fire safety certificates were in place and renewed as required to ensure the premises remained safe.

Weekly fire safety checks were completed to check the alarms, fire extinguishers, break glass units and door closures. People had Personal Emergency Evacuation Plans (commonly known as PEEPs) to support evacuation in the event of an emergency. These contained relevant information to support safe evacuation such as the number of staff required to assist the person, the equipment required and any communication needs the person had.

Is the service effective?

Our findings

We asked people if they thought staff were competent and had the necessary skills to meet their needs. Comments included; "Yes, and friendly" and "I think so."

Records showed that staff were up to date with the providers training programme. The training matrix showed that all care staff had received training in topics considered mandatory such as moving and handling, the Mental Capacity Act and emergency first aid. We also saw training certificates within staff recruitment files on areas such as pressure area care and dementia. The training programme helped to ensure the staff had the skills and knowledge to support people safely.

Staff told us and records confirmed that they received regular supervision meetings throughout the year. One staff member commented, "We get supervision on a regular basis but can discuss things informally and any issues are highlighted daily at handover." The provider documentation showed discussion was held regarding work performance, future work targets and any training or development needs identified. We saw that some supervisions sessions were held to check and promote knowledge in respect of a particular topic area such as moving and handling, abuse or infection control. Staff told us they felt supported by the management team and also had an annual appraisal.

Each person's individual needs were assessed at the time they were admitted to the home. The home maintained good links with other professionals to ensure that people's care was delivered in accordance with current standards and continued to meet their needs. Castle Grange are part of a pilot multi-disciplinary scheme entitled 'the West Derby Model'. The registered manager attended regular multi-agency meetings alongside a GP, Community Matron and Medicines Management. They worked together to ensure that new admissions had a safe transfer of care when they arrived at Castle Grange and provided an opportunity for people's care planning and clinical needs to be managed. We received feedback from the local commissioning service that this innovative scheme was working well in Castle Grange.

People were happy with the food provided at Castle Grange. Comments included; "I eat everything", "It's nice", "It's alright, I've got a good appetite", "I have a late breakfast and then go in for my tea, I've never eaten lunch", "It's quite good, I get enough to eat" and "It's very nice."

We spoke to the chef who told us that there was only one choice of main course at Midday, but that people could have anything off the light tea time meal instead, e.g. a jacket potato, cheese or egg on toast if they did not want the main meal. People could have anything they wanted for breakfast including a cooked breakfast. Menus were rotated on a three weekly basis; however they changed the days around, so that the menus didn't become monotonous. The chef was able to discuss individual dietary requirements and how they catered to these, for instance, they offered sugar free jelly to cater for those people who had diabetes. People were given questionnaires about the food every two months. Likes and dislikes were recorded on admission.

We saw that the food was well presented and of sufficient quantity. We saw that one person requested an

alternative meal and they were supported with this. We sampled the food and found it tasted very nice. A member of staff brought a jug of juice and water round. One person told us, "We don't usually get a cold drink with our lunch." The cook told us that the carers were responsible for giving mid-morning and mid-afternoon drinks out. There was a small cup of tea or coffee served between the main course and dessert and a mid-afternoon drink was served with fresh fruit. During our inspection, we did not see anyone receive a mid-morning drink and raised this with the registered manager and registered provider during our inspection. They provided assurances that regular fluids were offered to everyone in the home to prevent dehydration.

We saw evidence of nutritional risk assessments and care plans within files which outlined whether people had any specific dietary needs or support needs around eating and drinking. We saw that weight records were kept and Malnutrition Universal Screening Tools were used to monitor people's weight and risk of malnutrition. We saw consideration was given to people's nutritional needs and their intake was recorded in daily evaluation records. For example, one file recorded that the person had adequate breakfast and fluids but refused lunch and only dessert was taken.'

During this inspection we checked to see if the service was working within the legal framework of the Mental Capacity Act (MCA) 2005. 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that staff had sought consent from people in relation to their care and treatment needs in respect of a variety of areas including personal care and administration of medication.

We saw evidence of mental capacity assessments entitled 'mental capacity toolkit' contained within care files. These related to issues such as assistance with personal care and administration of medicines. We saw staff considered whether people had capacity in accordance with the legal test, that is, whether the person has an impairment or disturbance in the functioning of the mind and whether the person can; understand, retain, and weigh the information and communicate their decision. If the person is unable to do any of these, then the person lacks capacity for that particular decision.

We saw that the best interest process was used appropriately to make decisions for those people who lacked capacity. Records showed that consultation with relatives and other professionals was held and that decisions were made in people's best interests. For example, a decision was made for one person for care to be provided in accordance with the care plan which required key pads on the doors of the care home. This decision was taken because the person was unable to manage independently and for the safety of the person.

Staff told us they obtained consent before delivering care. One staff member told us, "I talk it through with people and explain things to them." People who lack mental capacity to consent to the necessary care or treatment can only be deprived of their liberty when this is in their best interest and legally authorised under the MCA 2005. At the time of our inspection, the registered manager had made applications to the relevant supervisory body for Deprivation of Liberty Safeguards authorisations for twenty six people living at Castle Grange. This is part of the MCA and aims to ensure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. We saw that the registered manager ensured oversight of this process and maintained a log of all applications made. People's lasting power of attorney was clearly recorded in files.

People at the home were supported by the staff and external health care professionals to maintain their

health and wellbeing. Everyone told us they were supported to access a doctor promptly if they were unwell. The care files we looked at showed people received advice, care and treatment from relevant health and social care professionals, such as the GP, speech and language therapist and optician. Staff kept records about the healthcare appointments people had attended and the guidance provided by healthcare professionals was stored within care files.

Each person had their own bedroom with wash basin. Adapted bathrooms and shower rooms were available for people to access with support if required. People had access to sitting areas on the ground floor, a cinema room and a conservatory. Adaptations were available within the home to support people with their mobility and personal care. This included a passenger lift, specialist beds, hoists, call bells and grab rails. Corridors and doorways were wide enough for people using a wheelchair to move around easily. There was directional signage and easy read information displayed around the home to help people navigate where they wanted to go.

Is the service caring?

Our findings

The majority of people we spoke with considered the staff to be kind and caring. Comments included; "Always very polite, if any of my friends asked, I would say come here", "They're very nice girls", "They're great, and we have a laugh. They're kind. They're lovely girls and they look after you", "I'm treated very well, I can't fault them" and "I think some are better than others. A lot of staff go beyond."

People's visitors told us, "They're fine", "Very nice, 2 or 3 are really good with [person]" and "Generally they're treated like everyone else. Some staff are quite good with [person]. Some staff will try and comfort [person] when I'm going, but it's always part of their rounds. The staff don't have time to sit and talk to [person]."

The majority of staff had received training in dignity in care. We spoke to the deputy manager of the service who was also the dignity champion within the service. They told us their role was to promote and encourage dignity within the service and share practice with other members of care staff. We observed that the deputy manager had a good relationship with people living in the home and had built a rapport with them. One person told us, "She always makes us laugh." However, we also saw interactions which were task led. For example, we observed a staff member supporting a person to eat at lunchtime and but they did not communicate with the person they were supporting.

Staff we spoke with demonstrated a good understanding of how to protect and promote people's dignity. Staff were able to provide examples of how they respected people's privacy and how they promoted dignity, which included asking people's permission before offering support. We observed that staff knocked on people's bedroom doors before entering. Records containing personal information were stored securely in the main office. This was locked when there was no one in attendance. This meant that people's confidentiality was maintained.

Staff told us they worked with the aim of promoting people's independence and encouraged people to be involved in decisions about their care. We saw reminders within care files such as 'Staff are to assist as much as person requires but please do not take over as we are trying to promote person's independence.'

People's communication needs were recorded within care files to guide staff on how people expressed their individual needs. This included information on people's health needs which may impact on their verbal communication. We saw one care file documented that the person could get anxious when trying to express their needs. We asked an individual staff member about this person and they were able to discuss this person's needs with ease and demonstrated they understood how to support this person when they got anxious by providing reassurance.

Care plans were either signed by the person themselves, if they had the capacity to do so, or via a best interest process which involved their family members. Some people we spoke with could not remember whether they had been involved in reviewing their care plans, however, care plans had been signed and dated to demonstrate that people had been consulted.

We spoke to three relatives visiting throughout the inspection. People's relatives told us there were no restrictions in visiting, encouraging relationships to be maintained. People's visitors were welcomed and people could see them in the communal areas or in their own rooms.

Is the service responsive?

Our findings

People living at Castle Grange had access to a complaints procedure which was advertised in the communal area of the home. This procedure clearly outlined the process for raising a complaint. We reviewed a selection of complaints and saw these had been addressed and responded to appropriately.

We asked people and their relatives if they knew how to complain or raise concerns. People told us, "I'd go to the lady in the office", "No, there's nothing to complain about", "Yes, and it was sorted" and "No 'I've not had reason to." One visitor told us, "I have spoken my mind and it's been resolved." One person told us that they complained about the frequency of support to have a bath at the service but that this had not been resolved to their satisfaction. We raised this with the registered manager at the time of our inspection who told us they had no knowledge of a complaint being received in relation to this but agreed to look into it.

We asked if people could follow their own routine. Those people who were independent told us they could do as they wanted and the majority of people told us they could choose when they wanted to go to bed. However, we received some other comments from two people regarding not having sufficient autonomy regarding their rise and bedtimes. We reviewed the sleep care plans for these people and saw that their routines and preferences were clearly recorded. We raised their feedback with the registered manager and registered provider at the time of our inspection who stated that people chose when they retired to bed. Care staff we spoke with also confirmed this stating that they offered people choice and gentle encouragement if it was getting late.

Some people told us they did not always receive care and support when they needed it and had to wait for support on occasions. One person told us they were often kept waiting to use the toilet and the response to their call bell took some time. During the lunchtime service, we observed that one person asked for another drink and although there were four carers in the room, none of them acknowledged the person. This meant that people did not always received support that was responsive to their needs.

People were asked how they spent their day, their comments included; "I went out the other week to the museum, we had a grand time, we really enjoyed it. We go to church sometimes for a coffee morning and a quiz", "Watching the television", "Doing nothing", "I have visitors, we play bingo. There seems to be plenty going on but I'm out most of the time", "Watching TV. I don't go to the activities, I'm used to being on my own" and "Puzzles. I join in some activities, I used to get bored, but I don't now."

Some people told us they would like further opportunities to participate in activities of their choice specifically more trips out in the local community. This was also reflected in the written documentation we viewed. The registered provider told us they were in the process of developing the activities programme further and following our inspection, the provider sent us an activities plan which outlined in the improvements they intended to make. This included arrangements being made with their sister home so that people could join together when activities were being held.

People's relatives told us they thought the activities could be improved to promote people's stimulation.

Their comments included; "More activities and more interaction. They seem to plonk them in front of the telly and that's it", "A bit more entertainment, something to keep their minds going" and "I would like other people to befriend [relative] and put DVDs on when I'm not here."

There was a member of staff identified as an activity co-ordinator who worked as a carer in the mornings and provided activities from 2pm. The registered manager told us that the activity co-ordinator worked had flexibility to work weekends to better suit people's needs and so that people's visiting relatives could join in on activities. The activity coordinator told us they arranged activities such as bingo and people were supported to complete adult colouring books, crafts and jigsaws. The service also put on film nights in a designated 'cinema room' and had visits from outside entertainers. Representatives from churches visited the home regularly.

Although some people could not recall being involved in the planning of their care it was evident that they and their relatives had been consulted in the initial assessment of their needs and the development of their care plans.

Care plans were person centred and contained information about people's likes, dislikes, hobbies and backgrounds. People's files contained a document entitled 'This is your life' which outlined important family relationships, the person's school and working life background, places where they had lived and favourite holiday places. This enabled staff to understand the background of the person and promoted rapport building between staff and the people they supported.

We saw that care plans covered a variety of areas such as communication, personal care and dressing, eating and drinking and continence management. These plans were sufficiently detailed to guide staff on how to support people effectively. We saw that these were reviewed regularly and any changes were clearly recorded. For example, a person's mobility had improved since arriving at the home and this progress was clearly reflected in the care plan and associated falls risk assessment reviews.

Staff were trained in end of life care, and people could be supported to remain in the home if that was their preference. Where people had decided that they would not like to be resuscitated in the event of their death, this information was clearly displayed at the front of their care record so that this information was accessible. This helped ensure that people's wishes and feelings were known and could be respected during the end stages of their life.

Is the service well-led?

Our findings

The majority of people spoke positively about the home. People described the things they liked best about the home. Comments included, "It's nice and clean which is important, and the staff are very good", "They're all friendly, they all look after you", "It's peaceful, there's no arguments", "It's just like home". Some people told us they did not know who the manager was but when we pointed the registered manager out, they told us they were approachable. Comments included; "They're very good", "I've had nothing to do with them" and "They're fine."

There was a registered manager in post at the time of our inspection who had been in position since August 2016. 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. The registered manager was supported by a deputy manager who had recently been appointed in December 2017. There were clear lines of responsibilities and the deputy manager described a main focus of their role would be the continual review and update of people's care plans. The registered manager told us they were supported in their role by the registered provider who visited the service on a regular basis.

We identified a lack of consistency in respect of people's experience of the care being delivered and received contrasting feedback from people on some aspects of the home such as staffing, activities and the responsiveness of staff. This meant that the service did not meet the characteristics of 'good' in some areas. This is the third consecutive time the service has been rated 'requires improvement.' The registered provider and registered manager were unaware of the mixed views regarding the service. We discussed how the provider's systems and processes for gathering feedback could be further developed so that people's views regarding the running of the home could be explored and used to improve the quality of service delivered.

Quality assurance questionnaires were completed with some people using the service. These were in an easy reply format to encourage people's participation however the majority of people we spoke to said they had not received a questionnaire. Within the forms that were completed, we saw that people has raised minor issues relating to the home and made suggestions as to how things could be improved. However, we could not see any documented evidence of how this feedback was used to further develop the service and it was not clear whether any actions had been completed in response or whether remedial action was circulated to the respondents.

We asked people if there were residents meetings at the home. Comments included; "Not as far as I know", "I don't know if we have any, but if I said anything it would be ignored", "No, we're not invited." The registered provider told us that they previously held resident meetings but engagement was poor so they decided to have 1-1 meetings with people's relatives instead. We saw evidence of these individual relatives meetings within the documentation we viewed. We discussed the benefits of resident meetings or alternative methods of giving people who use the service an opportunity to discuss their concerns about the care they received.

We recommend the registered provider improve their systems and processes to monitor the quality and responsiveness of the service.

Staff we spoke with felt the service was well-led. Staff told us the manager was approachable and they felt morale had improved since their appointment. All staff told us they felt well supported by the management team including the registered provider who was a regular visitor to the home.

Staff had daily handovers and regular team meetings. This kept them informed of any developments or changes to people's needs. Separate team meetings were held for RGN's and senior carers. We saw that the agenda covered topics such as medication, handover and MAR recording. The staff we spoke with also felt confident to raise any issues informally.

There was a system of internal checks and audits in place to monitor the quality of the service. We viewed completed audits which included areas such as medicines, care plans, laundry, environment and health and safety. We saw that they identified areas that could be improved and that action was taken to address these. For example, checks on care plans had identified gaps in recording and this had been actioned.

The registered provider visited at regular intervals and completed their own audits. We reviewed the findings from the audits completed on the 4 July 2017 and 12 September 2017 and saw these looked at topics such as staff recruitment, medication storage and training. These audits had identified only one area for improvement; the recording of PRN medication on MAR charts. We discussed with the registered provider how these audits could be more robust and self-critical to promote ongoing improvement and development.

The registered manager had notified the Care Quality Commission (CQC) of events and incidents that occurred at the service in accordance with our statutory requirements. This meant that CQC were able to monitor risks and information regarding Castle Grange. The registered manager kept a log of all notifications submitted.

From April 2015 it is a legal requirement for providers to display their CQC rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The provider had displayed the CQC rating and report from the last inspection in the communal area of the home.