

Barchester Healthcare Homes Limited

Castle Rise

Inspection report

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Date of inspection visit:
28 August 2019
29 August 2019

Date of publication:
30 September 2019

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Castle Rise is a residential care home providing personal and nursing care to 29 people at the time of the inspection. The service can support up to 36 people in one adapted building.

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

There was no registered manager in post and the service was currently managed by the deputy manager. A new manager had been appointed and was due to start at the end of September 2019.

People lived in a clean and safe environment. Staff knew how to recognise the signs of abuse and what to do if they had concerns. People had risk assessments to guide staff in how to minimise accidents and incidents occurring. The risk assessments were kept under review.

People had care plans, which provided staff with good information in how to care for people in an individual way. Staff knew people's needs well. People were able to remain at the service for end of life care if they wished.

People's health and nutritional needs were met. They saw health care professionals in a timely way when required and received their medicines as prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People made positive comments about the staff team and their approach when supporting them. They said treated them well and respected their privacy and dignity.

Staff were recruited safely and there were enough staff deployed to meet people's needs. Staff completed a two-week induction, training courses, received supervision and had an ongoing support network. Training records identified when courses had been completed and when updates were required.

The service received very few complaints. The provider had a complaints procedure on display and people told us they were confident their concerns would be listened to and acted on.

The provider had a system in place to monitor the quality of the service delivered to people. This included audits, action plans and meetings with people so they could express their views. Senior management had oversight of the service and made visits to ensure action plans were completed.

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

Rating at last inspection

The last rating for this service was Good (published 11 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Castle Rise

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team.

The inspection team consisted of one inspector and an assistant inspector on the first day. There was one inspector for 2 hours on the second day.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission. This is important as it means that the registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the deputy manager, a nurse, a senior care worker and three care workers. We received information from two additional staff and a health professional.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

Following the inspection

We received additional information we requested regarding staff training and refurbishment plans.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to protect people from the risk of abuse. Staff received training in how to recognise abuse and how to raise concerns. There were safeguarding procedures to guide staff.
- People told us they felt safe in the service. Comments included, "I feel secure, I like it here" and "I'm well looked after." Relatives said, "They are as safe as can be. They have a pressure mat and a deprivation of liberty safeguard in place for not leaving the home" and "They constantly check on residents."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff completed risk assessments in areas such as moving and handling, falls, skin care and the support people needed to evacuate the building in an emergency.
- Risk assessments and care plans were kept under review and updated when changes occurred.
- The monitoring of risk assessments, and accidents and incidents, formed part of the quality improvement visits completed by senior management. This enabled lessons to be learned and action to be taken to adjust staff practice.

Staffing and recruitment

- Staff were recruited safely with full employment checks carried out before staff started work at the service. A check was made with the nursing and midwifery council during the recruitment of nurses.
- There were enough staff with different skills to meet people's needs. These included nurses, senior and regular care workers, and a range of ancillary staff.
- People confirmed there were enough staff and told us they did not have to wait long when they called for assistance. One person said, "There are enough staff and they keep it nice and clean." A relative said, "They use the call bell and the response is quick."

Using medicines safely

- There were safe systems for ordering, storing, administration, recording and disposal of medicines. Audits of medicines took place to identify any shortfalls, so they could be rectified.
- Only registered nurses administered medicines. The deputy manager completed competency checks and nurses adhered to codes of practice when administering medicines.
- People received their medicines as prescribed. Comments included, "I'm a diabetic and they do my insulin for me", "They don't miss my medication" and "I get my medicines every day."

Preventing and controlling infection

- The service was clean and tidy.

- Staff completed training in infection prevention and control. They used personal protective equipment, such as gloves and aprons, to prevent the spread of infection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- People had assessments of their needs completed and care plans were developed, which guided staff in how to meet people's needs in a safe and timely way.
- Health professionals confirmed care plans were kept under review and updated when people's needs changed.
- The environment was homely and had some adaptations to assist people in moving about the service. These included hand rails in corridors, grab rails in bathrooms and toilets, and a range of lifting equipment such as hoists. The dining room had a low-level sink and work surface at one end to assist people in wheelchairs to be more independent with specific skills. There were several communal areas for people to choose where to spend their day.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider acted within mental capacity legislation. Mental capacity assessments were completed, and appropriate applications were made to the local authority for DoLS. Because of a previous concern raised about ensuring DoLS were applied for quickly when people transferred between services, practice had changed. The deputy manager maintained a record of when DoLS had been authorised and when they were due for review.
- Staff had completed MCA and DoLS training. They understood the need to assess capacity and to consult with relevant others when people lacked capacity and important decisions were required in their best interest.
- Staff were clear about the need to gain consent prior to carrying out care tasks. They gave examples of

how they gained consent when people were unable to express this verbally. One person said, "They always ask us first."

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

- People's nutritional needs were met.
- Assessments were completed to identify those people at nutritional risk. Care plans included risks and the support people needed to eat their meals or receive liquid nutrition through a tube when they had swallowing complications. Monitoring charts for food and fluid intake were completed for those people at risk.
- The menus provided choices and alternatives. People told us they liked the meals. Comments included, "I've no grouse about the food; it's up to scratch and you always get a choice. We have fish and chips on a Friday and a proper dinner on Sundays" and "The food is ok, we get two choices."

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

- Records showed people saw health care professionals when required such as GPs, specialist nurses and dietitians. People attended outpatient appointments for review of their health conditions. Health professionals said, "Staff contact me if they require my input. We work well together to ensure safe and high-quality care for patients."
- People confirmed staff contacted their GP or other health care professionals when needed. Comments included, "They always fetch a doctor, a dentist or a chiropodist." One relative described an incident when staff acted quickly and contacted the person's GP who organised an admission to hospital. A relative said, "They always have a GP when needed."
- The deputy manager confirmed they worked with two local GP practices. One completed two weekly reviews for their patients whilst the other held reviews on request.
- Each person had a 'patient passport' which provided important information to medical and nursing staff should they require a hospital admission.

Staff support: induction, training, skills and experience

- Staff had access to induction, training, supervision and ongoing support. Training records identified the courses staff had completed and when updates were required.
- Staff confirmed they received training and told us they felt confident when supporting people and meeting their needs. Comments from two staff were, "I found the dementia training helpful in understanding how people feel with dementia" and "The training has made me more aware of different people's needs and helped me find different ways of understanding and helping them."
- People told us they felt staff had the right skills to support them. Comments included, "They seem to know what they are doing" and "All the staff are good." Relatives said, "The carers are very good" and "They have time for me and yes, they have the right skills."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff looked after them well and spoke positively about relationships that had been built with them. Comments included, "The staff are very helpful" and "The staff are very understanding." Relatives said, "They are very friendly and easy to talk to" and "The staff are brilliant; they are friendly, and nothing is too much trouble."
- Equality and diversity training were included in the two-week induction programme each new member of staff completed. Thereafter, staff completed on-line refresher training.
- People's diversity had been respected and promoted. Information about their diverse needs was included in care plans and other documentation. For example, people's cultural identity, spiritual and religious needs, and physical disability. Staff described how they supported people to continue practicing their religion and the deputy manager described accepting people's views and cultures as important.

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

- The deputy manager told us people were asked for their views daily when staff supported their care needs. People had reviews of their care, with family and health professionals present, where care needs were discussed. Several people used advocates to assist them to make choices about their care needs.
- Records of a resident's meeting had questions on the agenda to ask people whether they think staff care about them, do they meet their needs and what can they do better.
- People confirmed staff involved them in decisions. Comments included, "I still go out" and "You only have to ask if you want something." Relatives said, "They initially went through everything and we had a review not so long ago" and "I have been involved in the initial care plan and subsequent reviews."

Respecting and promoting people's privacy, dignity and independence

- Staff were clear about how they respected people's privacy and dignity and how they helped them to remain as independent as possible. Examples given were to ensure people had the opportunity to do their own tasks, asking if they would like assistance, giving explanations, knocking on doors and sensitive personal care.
- A health professional said, "The staff ask people if they can carry out personal cares and if they can observe their feeding tube site; I have seen this happen." Another health professional told us they had completed an unannounced visit to complete several reviews and found all the people were alert, well-groomed, clean shaven and had clean fingernails.
- There were 'cubicle type' toilets for communal use, which did not afford privacy. The deputy manager told us this had been raised and there were plans to address them but had no timescales yet.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans contained good information to guide staff in how to meet people's needs in ways that were safe and how the person preferred. For example, one person's plan described risks associated with nutritional intake and swallowing, what the texture of food should be and how staff could check this was accurate. There was staff guidance about observing and encouraging the person during eating and drinking and what to do should they start to cough. There was a flow chart for the management of choking, likes and dislikes and evidence of speech and language therapy input.
- Other care plans contained similarly important information. A health professional told us care plans reflected people's current needs. Another health professional said staff were responsive, "They are well-informed and can act on changes as required."
- Staff completed a 'Getting to know me' document shortly after people's admission. This included information about their preferences, previous hobbies, and likes and dislikes. In discussions with staff, it was clear they knew people's needs well.

End of life care and support

- The service supports people at the end of their life. There were registered nurses on site to provide guidance to care staff during end of life care.
- People had care plans for end of life support. The one we saw included areas such as end of life wishes, spiritual and religious needs, pain relief and involvement of health professionals such as a MacMillan nurse and a palliative medicine consultant. The person had a recommended summary plan for emergency care and treatment (RESPECT) form in place, which showed consultation with relatives.
- A health professional said, "There is high quality end of life care for patients."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans included people's communication needs. These were detailed and provided staff with good information about how to assist people when communicating their needs. These included sight, hearing, verbal and non-verbal communication.
- A new 'resident's meeting agenda' had been developed, which was in pictorial format to make it more accessible.
- The deputy manager described how health professionals were involved with people when their

communication methods started to deteriorate. This included the use of technology. A nurse described alternative communication they supported people to use and how this had impacted positively when they needed to communicate with paramedics when they were unwell.

- There were signs on doors to help people recognise facilities such as toilets and bathrooms. There were no pictorial menus in the service, although the deputy manager had recognised this and put plans in place to address it.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a range of activities available for people, which included those participated in within the service and outings to local venues. The service had the use of a minibus for outings into the community.
- The activity co-ordinator had left the service the week before the inspection and recruitment was underway for a replacement. In the meantime, staff confirmed the role was carried out by a care worker each day, additional to the care worker rota.
- People were happy with the activity arrangements. Comments included, "I joined in the karaoke last week. I get lots of visitors" and "We've been playing bingo today and we go out; we also have card making. They keep you on your feet and fully occupied; the community spirit is very high."

Improving care quality in response to complaints or concerns

- The provider had procedures on display in the service. The procedures gave information to people on how to raise complaints and who to speak to. It also provided guidance to staff when managing complaints. The service received very few formal complaints.
- There had been an issue when minor niggles had not been documented as concerns or complaints. The deputy manager said they would always strive to address these straight away and there was a comments book for people and their relatives to use. However, not documenting when these occurred meant it was difficult to check when and if they had been addressed satisfactorily. The deputy manager told us they would rectify this.
- People told us they felt able to complain and they would be listened to. Comments included, "I have no complaints", "I have never had to make a complaint" and "I would speak to the nurse." All four relatives spoken with confirmed they had never had to make a complaint.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection, this key question has deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service did not have a registered manager in post, which was a condition of the provider's registration with the Care Quality Commission (CQC). This limits the rating for this domain and means it cannot be rated above Requires Improvement. The deputy manager told us a new manager had been appointed and was due to start at the end of September 2019. Once in post they will apply to be registered with CQC.
- The provider had a quality monitoring system. This included internal audits carried out by the deputy manager and other staff such as clinical issues, medicines, falls and incidents. The results of audits are recorded electronically and viewed by the provider's governance team. A 'Quality Improvement Review' (QIR) team visited the service every two months to oversee the completion of action plans. In addition, there were health and safety and infection prevention and control audits. The deputy manager said, "They [QIR team] will have checked clinical governance and looked for trends before the visit. This helps us to learn and change practice."

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

- There was an organisational structure with tiers of management to support and guide staff. Staff spoke very positively about the support the deputy manager provided to them. They told us morale had recently dipped when the previous manager left but they worked well as a team and were looking forward to the new manager starting in their post.
- Staff told us they were able to raise concerns and gave examples of when they had done this and what action had been taken to resolve the issue.
- Staff gave examples of how they had supported people and the positive impact this had had on their confidence and abilities.
- Relatives told us the service was well-managed and they could not think of any improvements. Comments included, "I'm glad I found this care home", "In 10 years they have been looked after well and they [staff] have always kept me informed" and "[Name of deputy manager] is brilliant and always gets things sorted."

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

- The provider, and deputy manager in charge at the time of the inspection, was aware of the requirement to be open and honest when things went wrong.

- The provider had systems in place to ensure CQC and other agencies received notifications of incidents which affected the safety and welfare of people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others;

- There were meetings for people, their relatives and staff to provide an opportunity to express views and share information. The provider had a weekly 'Barchester News' with information for people who used the service and staff.
- There were daily walk-around checks to speak to people who used the service. There were also daily 'catch up' meetings between the deputy manager and senior staff to discuss and record concerns and how to address them.
- There was partnership working with other health professionals regarding assessments of people's needs and delivery of care. For example, GPs, speech and language therapists, dieticians and specialist nurses for conditions such as end of life, diabetes and Huntington's disease.