

Indigo Care Services Limited

Castleford Lodge

Inspection report

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Date of inspection visit:
12 April 2022

Date of publication:
17 May 2022

Ratings

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

Overall summary

About the service

Castleford Lodge provides accommodation and nursing care for up to 61 older people, some of whom may be living with dementia and other mental health needs. The accommodation is arranged over two floors with units specialising in dementia care and nursing on the ground floor and residential and nursing care on the second floor. There were 48 people living at the home on the day of our inspection.

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

Systems in place to monitor the service were not always effective. Audits in place had not always identified the concerns we found on inspection. Although concerns raised were swiftly addressed, systems and approaches required improvement. The provider had identified this and was implementing a new auditing system from 1 May 2022. However, this needed embedding in to practice.

We observed staff interacting with people and found they were kind and friendly. The home had three activity co-ordinators who were available throughout the week. However, there were some areas where person centred care required improvements. This included making sure personal items, such as hairbrushes and toiletries were named and improving some aspects of people's mealtime experience. The registered manager had commenced action to improve the mealtime experience and new menus were due to commence in May 2022.

We carried out a tour of the home and found some areas required cleaning. Other areas needed some maintenance work to ensure they could be cleaned effectively. The registered manager took immediate action to address these issues.

The provider had a tool which was used to identify the number of staff required each day, based on the needs of the people using the service. We found there were enough staff available to meet people's needs in a timely way. The provider had a safe recruitment procedure to ensure suitable staff were employed.

Accidents and incidents were recorded and analysed to identify any trends or patterns. This helped to mitigate future risks and ensured lessons were learnt. Risks associated with people's care had been identified and plans were in place to mitigate risks.

Staff were knowledgeable about safeguarding and confirmed they had received training in this subject. They knew what actions to take if they suspected abuse.

The manager had been in post since January 2022, prior to this the home had several interim managers. Staff we spoke with said the new manager had begun to take action to address issues and shortfalls within the home.

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, with requires improvement in the responsive key question (published June 2018).

Why we inspected

The inspection was prompted in part due to concerns received. A decision was made for us to undertake a focussed inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has not changed. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

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

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 well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Castleford Lodge

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one 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.

Service and service type

Castleford Lodge is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Castleford Lodge is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. The provider had employed a manager and they were in the process of registering with the Care Quality Commission.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During inspection we spoke with seven staff including the manager, operations manager, care workers and nurses. The regional manager also attended to support the inspection and provide information.

We also spent time observing people's care and interaction with staff in the lounges and dining room areas to help us understand the experience of people living at the home. We asked five people who used the service about their experience of the care provided and spoke with four relatives.

We saw the day to day care records, risk assessments and care plans for three people and multiple medicines records. We looked at personnel and recruitment records for two staff and a range of records in relation to the management of the service.

We requested and reviewed further records in relation to the management of the service, which were provided to us remotely. This included quality and safety systems and processes and quality monitoring.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from the risk of abuse.
- People we spoke with told us they felt safe living at the home. One person said, "I feel safe. I am settled now, I found it hard at first because I wanted to stay at home. I have bedrails so I don't fall and an alarm mat on the floor."
- Staff we spoke with were knowledgeable about safeguarding protocols and knew what action to take if they suspected abuse.

Assessing risk, safety monitoring and management

- Risks associated with people's care were identified and risk assessments were in place to mitigate risks.
- Staff we spoke with knew people well and were aware of the risks involved in people's care.
- The provider ensured equipment such as hoists were maintained, and regular maintenance of the premises was carried out.

Staffing and recruitment

- The provider had a robust recruitment system in place which assisted them to recruit staff safely.
- Staff we spoke with confirmed pre-employment checks had been carried out prior to them commencing employment at the home.
- Some people and relatives we spoke with felt there were sufficient staff available to meet their needs in a timely way, others felt there were not enough staff. One person said, "They are short staffed at times." Another person said, "There always seems to be a lot of staff about." Another person said, "You don't wait long at night, I press the buzzer to go to the toilet."

Using medicines safely

- The provider had systems in place to ensure people received their medicines as prescribed.
- We looked at medication records as part of our inspection and found some medicine records did not tally with the medicines in stock. After review with the management team we found these issues had already been identified and the management team could evidence that this had been a recording issue and was resolved.
- Some people's medicines were prescribed on an 'as and when' required basis. Protocols were in place to identify when and how these medicines should be administered. However, protocols could be more informative about how people may present when they required their medicines.

Preventing and controlling infection

- People and relatives, we spoke with told us the home was always clean and well presented. One relative said, "[Family members] room is deep cleaned regularly."
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We identified some minor issues as some areas were worn and not able to be cleaned effectively. These areas were addressed immediately by the manager.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was using PPE effectively and safely. Although we observed one staff member place their mask below their mouth whilst they had a drink and replace it without washing or sanitising their hands.

Visiting in care homes

- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to identify any trends or patterns. This helped to mitigate future risks and ensured lessons were learned.
- Following any incident, a report form and a root cause analysis was completed. This was followed by a serious untoward incident call to discuss and identify actions to learn from.

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 our last inspection we rated this key question good. At this inspection the rating has changed 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.

Continuous learning and improving care

- The provider had a system in place to monitor the quality of the service. However, we found this had not always been effective in identifying concerns and acting on them.
- During our inspection we found concerns in relation to infection control, and some aspects of person centred care. For example, we found areas of the home were in need of a deep clean, storerooms were untidy and in need of cleaning. We saw some food was left uncovered, a bath seat that required cleaning and a toilet seat which needed replacing. We found some issues had been identified via the audit system but not addressed in a timely manner. Other issues had not been identified during the audit process.
- The home had an overall action plan was in place to address concerns raised by the management team. We found some audits had not always been effective, for example, the meal experience audit dated 1 March 2022 identified the lack of a menu, little variety of menu choices, healthy desserts not being offered, and people not being offered second helpings. All these issues were still apparent during our inspection almost six weeks later. Therefore, improvements were required to ensure actions were swiftly taken to address issues.
- The manager took appropriate and swift action following our inspection to address the concerns we raised and provided evidence to support the actions taken.
- The provider informed us that they were implementing a new auditing system from the 1 May 2022, as they had already identified that the system needed improving. However, this system required embedding into practice.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We observed staff interacting with people and found they were kind and caring. However, some practices were not person centred. For example, hairbrushes and toiletries were found in communal bathrooms and storerooms with no names on, tablecloths were very creased, and some people were taken their main course and hot pudding at the same time. People living with dementia may have benefitted from a picture menu or show plates to assist them to choose their lunch option.
- People and relatives were complimentary about the home and felt their personal preferences were respected and adhered to. One person said, "I feel comfortable living here because of how staff have behaved towards me personally. They have all treated me with courtesy and respected me as I am."

Managers and staff being clear about their roles, and understanding quality performance, risks and

regulatory requirements; 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 management team consisted of the manager was supported by a deputy manager, senior care staff and nurses. The management team were clear about their roles and responsibilities.
- Both the manager and provider understood their roles and were aware of their duty of candour.
- People and their relatives gave mixed views about whether the home was managed well. One person told us they felt the home was not well managed because there was a need to improve the staffing and the food. A relative said, "It's well managed because it has a nice feel about the place. All the staff speak and are approachable when asked something."
- The manager had been in post a short period of time and was in the process of registering with the Care Quality Commission. Staff and people knew the manager and had confidence in her. One staff member said, "The new manager is making changes in the home for the better. Things have improved."

Working in partnership with others

- The home worked closely with other agencies such as the local authority and healthcare professionals.
- Recommendations and advice from healthcare professionals were followed. This helped to make sure the care and support provided was up to date with current practice.