P&N Care Home Ltd

# Castlethorpe Nursing Home

## Inspection report

Castlethorpe
Brigg
South Humberside
DN20 9LG

Tel: 01652654551

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30 July 2021

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Requires Improvement** |
| 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
Castlethorpe Nursing Home is a residential care home providing nursing and personal care for up to 59 older people, some of whom are living with dementia. There were 39 people using the service when we inspected. Accommodation is provided over two floors.

People's experience of using this service and what we found
Systems were not in place to calculate safe staffing levels and there were not always sufficient staff to meet people's needs. Risks to people were not consistently assessed and managed. Systems and processes were not fully established to learn from safety-related incidents.

There were shortfalls with some recording systems including medicines. Aspects of the renewal programme required prioritising and an effective programme of social support was not in place, which we have made recommendations about to the provider. The quality monitoring system had not identified this range of issues.

Staff were recruited safely and knew how to protect people from the risk of abuse and harm. Overall, safe infection prevention and control procedures were followed; the management addressed minor issues with standards of cleaning during the inspection.

There was a warm atmosphere in the home and staff worked closely with other healthcare professionals to meet people's needs. People were happy with the choice and quality of the food.

People and relatives were happy with the care provided and were involved in planning and reviewing care. People and relatives knew how to raise concerns.

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.

Staff completed a range of training and had supervision and support to enable them to feel confident when completing care tasks.

People and relatives praised the staff for their kindness and compassion. We saw staff treated people with respect and maintained their privacy and dignity. People were supported to keep in touch with family and friends through video, phone calls and indoor visits.

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

Rating at last inspection
We carried out a targeted infection prevention and control inspection on 1 March 2021; the service was not rated. The last rating for the service under the previous provider was good, published on 1 August 2018.

Why we inspected
This was a planned inspection based on the date of the provider's registration.

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.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to staffing, governance and the management of risk at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?**

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

**Is the service effective?**

Requires Improvement

The service was not always 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.

# Castlethorpe Nursing Home

**Detailed findings**

## Background to this inspection

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

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

Inspection team
Two inspectors and an Expert by Experience carried out the inspection. 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
Castlethorpe Nursing Home 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.

The service had a manager who had applied to be registered with the Care Quality Commission. Once registered, 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.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since registration. We sought feedback from the local authority commissioners and safeguarding team. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some

key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
While on site we spent time with people in the communal areas observing the care and support provided by staff. We spoke with six people who used the service and seven relatives about their experience of the care provided. We spoke with thirteen members of staff including the director, manager, nursing and care staff, the cook, domestic and laundry staff.

Discussions with people who used the service and relatives were conducted either on site or via telephone calls. We reviewed a range of records. This included 14 people's medicine records and multiple care records. We looked at four staff recruitment files. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and safety checks.

Requires Improvement

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- People felt staff workloads had increased and more staff were needed. Comments included; "The staff used to have time to spend with me but now they are so busy" and "The staff try their best, but I do have to wait some time for assistance." A relative said, "There's never enough staff."
- The dependency tool used was ineffective as it did not the assess the staffing hours required. There had been regular shortfalls of staff on shifts and agency staff had not been used when care staff could not cover the vacancies.
- Staff were overstretched, and their care was tasked based with little opportunity to spend time with people. They all told us the numbers of staff on shift were insufficient.
- The meal-time experience at lunch on the first day was poor with two people's support very rushed and another not receiving the support they needed. Some people's continence and repositioning needs were not met in a timely way.
- People in communal areas were often left unattended for long periods of time as staff were busy assisting people in their rooms and there was a lack of stimulation.

Whilst we found no evidence people had been harmed, the failure to take adequate steps to make sure staffing levels were sufficient put people at risk of harm. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a safe recruitment system. Full checks were carried out before new staff started to work in the service.
- The service was providing placements for three overseas nursing staff to complete their adaptation programme.
- Following the inspection, the manager confirmed they had increased the staffing numbers during the day, recruited care staff and were working with an agency to provide additional cover when necessary.

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

- Risks to people were assessed however records varied. Some were not fully completed and did not show how risks were managed. For example, one person admitted three weeks previously had no risk assessments in place.
- Where a small number of people had sustained bruising, the investigation and follow up action by the management was inconsistent. Records showed the new manager followed up such incidents more rigorously.

● Some people had alternating pressure relieving mattresses in place to reduce the risk of skin damage. However, the settings on two mattresses were not accurate and there were no systems in place to check this.
● Fire evacuation practice needed to take place for staff and people's individual evacuation plans would benefit from the inclusion of the nearest place of safety in relation to their room.
● Although incidence was relatively low, an established system for analysing accidents and incidents to learn from themes and trends was not in place.

The lack of robust risk management processes meant people were not fully protected from harm or injury. This was breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Risk assessments had been completed in response to the COVID-19 pandemic. These included an awareness of health conditions and ethnicity, which could impact on the vulnerability of people and staff.

Using medicines safely
● Overall, there were safe systems in place to ensure people received their medicines as prescribed. Staff were not always recording the times they had administered medicines to be given at specific times, for example those to be taken half an hour before food.
● Records about topical medicines did not always show they were managed safely. Staff did not complete records of administration accurately because they left gaps on the charts.
● Medicines were stored securely and disposed of correctly.
● Staff who administered medicines completed training and had regular competency checks of their practice.

Preventing and controlling infection
● We were assured the provider was preventing visitors from catching and spreading infections.
● We were assured the provider was meeting shielding and social distancing rules.
● We were assured the provider was admitting people safely to the service.
● We were assured the provider was using personal, protective equipment effectively and safely.
● We were assured the provider was accessing testing for people using the service and staff.
● We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured the provider's infection prevention and control policy was up to date.
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
● We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. Staff followed cleaning schedules which included touch points. However, on the first day of inspection we found some minor shortfalls with the standard of cleaning in relation to some equipment and bedding. We talked with the nurse about this and they addressed it straightaway.

We have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse
● People said they felt safe in the service and relatives shared this view. Comments included; "Yes, it is safe, I have got to know all the staff and I trust them" and "Without doubt [our relative] is safe."
● Where safeguarding incidents had occurred, action had been taken to make sure people were safe. The provider worked collaboratively with external agencies to investigate anonymous concerns raised.

● Staff completed training and understood their responsibility to identify and report any safeguarding concerns to help keep people safe.

Requires Improvement

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's needs
- The environment was suitable for people's needs.
- There was equipment in place to support people when moving about the service. There was plenty of communal space and bedrooms were personalised.
- The decoration in parts of the environment was tired but the provider was aware of this and investing in the service. Some renewal needed prioritising such as replacement of taps and equipment in the kitchen, which could impact of the maintenance of safe standards of hygiene.

We recommend the provider prioritises essential renewal within a formal environmental improvement plan.

Supporting people to eat and drink enough to maintain a balanced diet
- People's nutritional needs and preferences were met.
- Menus provided choices and people were offered snacks in between meals. Specialised diets were catered for.
- Fluids were readily available and offered regularly. However, individual fluid intake targets were not identified, and records of people's fluid intake were not completed consistently or closely monitored.
- People told us they liked the food and were offered a choice.

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.

- Systems were in place to monitor DoLS applications and authorisations and to make sure conditions were met.

● Capacity assessments and best interest decisions were recorded where people lacked capacity to make specific decisions.
● Staff asked people for consent before providing any care and support. However, consent for the use of restrictions such as bed rails was not always clearly documented in people's care records.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were assessed before they moved into the service. The assessment was used to develop care plans and risk assessments so staff understood how people's care was to be delivered.
● The manager had recently received very positive feedback from the hospital discharge liaison team which detailed; 'You are always professional and conduct your assessments holistically and thoroughly to ensure the care home is able to meet all of the client's needs. You always endeavour to accommodate and prioritise patients with end of life needs and we have an excellent working relationship with you.'

Staff support: induction, training, skills and experience
● Staff had the skills and knowledge to appropriately support people.
● The provider had introduced a new, more comprehensive staff training programme to ensure they were able to meet people's needs. Gaps in refresher training were being followed up.
● Staff were supported in their roles. They received regular support from the management team through team meetings and supervisions.
● People and relatives had confidence in the staff team and their abilities to provide the care required. A relative told us, "The staff have to hoist [family member], they do it marvellously, I have seen them do it and that reassures me."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff supported people to access the healthcare support they needed. One person told us they had changed their GP with the support from staff, which they were pleased about. A relative told us, "The doctor goes in when needed, the chiropodist goes in and the Parkinson's nurse pops in and will also contact me."
● People's care records confirmed the involvement of other professionals such as the GP, mental health team, speech and language therapy (SALT) team and emergency care practitioners.

Good

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 were well cared for and treated kindly by staff.
- Staff engaged warmly with people and were considerate and caring in their approach.
- People spoke highly of the staff and were happy with the care provided. Comments included, "The care is excellent, the staff are kind and cheerful" and "They are a fantastic bunch of staff who treat me very well."
- Relatives also praised the staff, the atmosphere and spoke of the compassion extended to them. Comments included, "The staff are very caring; the atmosphere is open and friendly, and staff are good at greeting us" and "Staff welcome me with open arms; they make sure I am okay too."
- Staff had completed training in equality and diversity. People's diversity had been respected and promoted.

Supporting people to express their views and be involved in making decisions about their care
- People were involved in decision making and their choices were respected by staff. One person said, "I can choose my own routines. Staff try to be flexible, and I can have a shower when I want one."
- People and their relatives or advocates were involved in the development of their care plan and reviews. One person said, "We spoke about my care plan when I first came here." A relative told us, "We set up the care plan two to three years ago. They [staff] asked us to come in and we went through it, then they sent it to us. We have reviewed this over the phone, and it was very much the same."

Respecting and promoting people's privacy, dignity and independence
- People were treated with respect and their privacy and dignity was maintained. Comments from people included, "Staff are respectful, and they always knock on the door. They call me by my name and have definitely helped me to settle" and "They [staff] very much respect me; they are very kind, friendly and helpful people."
- People looked clean and comfortable and had been supported by staff to maintain their appearance. Comments from relatives included, "They are happy, have a smile and are always clean" and "[Family member] had neglected themselves before moving to the home and now I have never seen them so clean; always shaved and wearing the clothes we have bought."
- People told us staff encouraged and enabled them to be as independent as possible.

Good

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people's needs were met through good organisation and delivery.

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

- The staff had supported people to keep contact with relatives and friends during the COVID-19 pandemic. The service was following Government guidance in relation to visiting.
- An activity coordinator provided support with some group activities such as singing and games.
- There was limited social stimulation for people in order to prevent boredom and isolation. Many people had dependent needs and remained in their rooms. There was little time and opportunity for staff to support people to participate in meaningful activities or to sit and chat with them.

We recommend the provider seek support and training for staff about their approach to providing effective sensory support and involvement in meaningful activity.

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

- People received person-centred care.
- People and relatives were satisfied with the care provided. A relative told us, "The best thing is knowing [Family member] is cared for, safe and getting the attention they need."
- People's care records were variable; most were detailed with person-centred information reflecting individual preferences and needs. However, one person's care plan had not been written following their admission as the member of staff had not had time. The manager confirmed this had been completed following the inspection.

End of life care and support

- People and relatives were sensitively supported to discuss and make decisions about their end of life care. Their wishes and preferences were clearly detailed in end of life care plans.
- A relative told us, "I have got the end of life arrangements all set up. The funeral arrangements are in the plan and the decision not to resuscitate. The manager is very good at dealing with things like that."
- The hospital discharge team had recently passed on positive feedback from relatives praising the standards of palliative care at the home and the staff's empathetic and caring approach.

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.

● Information was available in an accessible format to meet peoples' needs.
● Peoples' communication needs were assessed and recognised. For one person, staff had provided a comprehensive pictorial booklet with key words and phrases in their first language.

Improving care quality in response to complaints or concerns
● People and relatives knew how to raise a complaint and felt confident these would be addressed. One person said, "Nothing to complain about, but I would speak to the manager if I needed to and he would listen."
● A complaints policy and procedure was in place. We asked the manager for the complaints log and they confirmed they had not received any complaints.

Requires Improvement

# 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

This is the first inspection for this newly registered service. This key question has been rated 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 governance systems in the service were limited and had failed to pick up the shortfalls we identified during our inspection. These included staffing, risk management, activities and essential refurbishment. As a result, the provider was unable to effectively identify and address quality shortfalls in a timely manner.
- The provider's representative completed regular visits to the service, but records to evidence what they had checked and whether any action was required was inconsistent.
- The manager logged accidents and incidents, but full analysis was not established, which did not assist the process of learning lessons to prevent reoccurrence.
- There were concerns with recording on specific documents. For example, gaps on topical medicine administration records and care monitoring charts.

Failure to have a robust quality monitoring system and accurate recording was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service did not have a registered manager. The manager had cancelled their registration to step down to the clinical lead post in 2020. Further changes in management had prompted them to reapply for their registration.
- The provider and manager were keen to make improvements and proactive when issues came to light at the inspection.

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

- The provider and manager were aware of the need to admit when things went wrong, to attempt to put things right and to offer apologies.
- The provider notified agencies such as the local safeguarding team and the Care Quality Commission when incidents occurred which affected the safety and wellbeing of people who used the service.
- People gave positive feedback about the person-centre care provided. A relative said, "The home is very friendly, very homely, very caring and very positive."
- Effective communication systems ensured staff were kept informed of any issues and actions required and provided them with an opportunity to raise any matters.
- Staff described a supportive management team and positive team approach but felt morale had been

affected at times by the staffing shortages.

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

● The provider had mechanisms in place to gather feedback from people, their relatives and members of staff. Feedback was analysed to look for themes and trends, to help identify how the service could be improved.

● People gave positive feedback about the management of the service. A relative told us. "The manager rings me up and tells me what is happening; he asks me my opinion and tells me I can go and see him anytime; I have got no qualms."

● The manager and staff understood the importance and benefits of working alongside other professionals.

● Feedback from visiting healthcare professionals during the inspection was positive. Comments included, "The standards of care at the home are very good. The staff work well with our team and are responsive to people's changing needs."

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The provider had not established and operated effective systems to manage risk, improve quality and ensure accurate records.<br><br>Regulation 17(1)(2)(a)(b)(c). |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>The provider had not ensured sufficient numbers of staff were deployed.<br><br>Regulation 18(1). |