

Alpha Care Castlemaine Limited

Castlemaine Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

We inspected Castlemaine on the 13 and 14 September 2017. This was an unannounced inspection.

Castlemaine Care Home provides care and support for up to 42 older people living with dementia. The care needs of people varied, some people had complex dementia care needs that included behaviours that challenged. Other people's needs were less complex and required care and support associated with mild dementia and memory loss. Most people were fully mobile and able to walk around the home unaided. At the time of this inspection there were 21 people living at the home and one person receiving respite care. Respite care is a short term stay.

Following our inspection in November 2015 warning notices were issued. The provider sent us an action plan that told us how they would address these. We inspected again in September 2016 to check the provider had made improvements and to confirm legal requirements had been met. We found the provider had not addressed the breaches of regulation found. We also identified further breaches of regulation in relation to staff support, procedures for reporting safeguarding matters and deprivation of liberty. The provider sent us an action plan telling us how they would make improvements. We met with the provider and received two monthly updates on progress made in meeting the regulations. We inspected in May 2017 to check what progress the provider had made to ensure legal requirements were met. We found in May 2017 the provider continued to be in breach of legal requirements. We continued at that time with the enforcement pathway.

At this inspection improvements had been made and the breaches of regulation met. However, there were areas that needed further development and embedding into everyday care. Since the last inspection a consultant had been employed to offer guidance and support. The local authority had continued to provide support and the providers had increased their visits and monitoring of the home.

There was no registered manager in post. Following the inspection in May 2017, the registered manager resigned from the post. The deputy manager had taken the post of acting manager and was in the process of submitting their application to be the registered manager. 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 this inspection there was strong managerial oversight to ensure documentation was kept up to date and ensured people received safe, effective, caring and responsive care. A range of audits had been introduced and completed monthly. When audits had identified issues there was evidence of recorded actions taken to address the issues. For example, the poor recording of fluid intake for some people had led to the introduction of new fluid charts. We still found some inconsistencies and these will be addressed further within staff's individual performance supervisions. Accidents and incidents whilst audited did not fully record the actions taken and how these were monitored to prevent a re-occurrence.

This inspection found the management and storage of medicines were safe. There were areas to further develop in respect of the management of 'as required' (PRN) medicines and these were immediately actioned. Risks related to fire safety had been reviewed and advice sought as required. Action plans to address the issues around fire safety had progressed with two actions to be completed this month. Fire safety was now effectively managed.

Staff deployment during meal services was found in need of review on the first day of this inspection as it impacted on the support given to people. This was immediately reviewed when identified and on the second day improvements were visible. This will be continuously monitored by the management team.

People who were supported by the service felt safe. Staff had a clear understanding on how to safeguard people and protect their health and well-being. People had a range of individualised risk assessments to keep them safe and to help them maintain their independence. Where risks to people had been identified, risk assessments were in place and action had been taken to manage the risks. Staff were aware of people's needs and followed guidance to keep them safe.

The staff training had progressed since the last inspection. Staff received a wide range of training to ensure they could support people safely and received support to carry out their roles effectively. People felt supported by competent staff that benefitted from regular supervision (one to one meetings with their line manager) and team meetings to help them meet the needs of the people they cared for. People's nutritional needs were met. People were given choices and were supported to have their meals when they needed them. Staff treated people with kindness, compassion and respect and promoted people's independence and right to privacy. The acting manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and applied its principles in their work. Where people were thought to lack capacity to make certain decisions, assessments had been completed in line with the principles of MCA. The registered manager and staff understood their responsibilities under the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be deprived of their liberty for their own safety.

People received care that was personalised to meet their needs. People were supported to maintain their health and were referred for specialist advice as required. Staff knew the people they cared for and what was important to them. Staff appreciated people's life histories and understood how these could influence the way people wanted to be cared for. Staff supported and encouraged people to engage with a variety of social activities.

The service was continually striving to improve the quality of the service. The management team were honest and transparent and knew there were still improvements to make. They had a vision for the future of Castlemaine and were dedicated to ensure people received safe and good care. Feedback was sought from people and their relatives and used to improve the care. People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy. Leadership within the service was open, transparent and promoted strong staff values. This had resulted in a caring culture that put the people they supported at its centre.

People, their relatives and staff were complimentary about the management team and how the service was run. The acting manager informed us of all notifiable incidents. Staff spoke positively about the management support and leadership they received from the management team.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is

no longer rated as Inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Castlemaine was not consistently safe. Whilst meeting the legal requirements that were previously in breach, practices need time to be developed and embedded, to ensure consistent good care.

There were systems to make sure risks were assessed and measures put in place where possible to reduce or eliminate risks. However there were some areas of as required medicines that needed to be improved. Medicines were stored and administered safely.

Whilst there were enough staff to meet people's individual needs, the deployment of staff needs monitoring at meal times to ensure people's needs were met. Comprehensive staff recruitment procedures were followed

Staff had received training on safeguarding adults and were confident they could recognise abuse and knew how to report it. Visitors were confident their loved ones were safe and supported by the staff.

Requires Improvement 

Is the service effective?

Castlemaine was effective. Mental Capacity Act 2005 (MCA) assessments were completed routinely as required and in line with legal requirements.

People were given choice about what they wanted to eat and drink and were supported to stay healthy.

People had access to health care professionals for regular check-ups as needed.

Staff had undertaken essential training and had formal personal development plans, such as one to one supervision.

Good 

Is the service caring?

Castlemaine was caring. Staff communicated clearly with people in a caring and supportive manner. Staff knew people well and

Good 

had good relationships with them. People were treated with respect and dignity.

Each person's care plan was individualised. They included information about what was important to the individual and their preferences for staff support.

Staff interacted positively with people. Staff had built a good rapport with people and they responded well to this.

Is the service responsive?

Good ●

Castlemaine was responsive. Care plans contained information to guide staff in responding to people's individual health needs.

There were activities for people to participate in as groups or individually.

People told us that they were able to make everyday choices, and we saw this happening during our visit.

A complaints policy was available and complaints were handled appropriately. People felt their complaint or concern would be resolved and investigated

Is the service well-led?

Requires Improvement ●

Castlemaine was not consistently well led. Although they were meeting the legal requirements that were previously in breach, quality assurance systems needed time to be fully embedded.

There was not a registered manager in post at this time.

The home had a vision and values statement and staff were committed to improvement.

People spoke positively of the care. People and visitors had an awareness of changes of management and felt the new management team of the home were approachable.

Castlemaine Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

We inspected the service on the 13 and 14 September 2017. This was an unannounced inspection. The inspection was undertaken by two inspectors.

We reviewed the information we held about the home, including previous inspection reports and the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the action plan provided following our last inspection. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records at the home. These included staff files which contained staff recruitment, training and supervision records. Also, medicine records, complaints, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We looked at six care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at the home. This is when we looked at their care documentation in depth and how they obtained their care and treatment at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection we spoke and met with 12 people and three relatives to seek their views and experiences of the services provided at the home. We also spoke with the acting manager, five care staff and two members of ancillary staff. During the inspection process we spoke to health and social care

professionals that worked alongside the service to gain their views.

We observed the care which was delivered in communal areas and spent time sitting and observing people in areas throughout the home and were able to see the interaction between people and staff. This helped us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At our previous inspections in 2014, 2015, 2016 and 2017, the provider was in breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Following the inspection in November 2015 warning notices were issued that required the provider to be compliant with Regulation 12 by February 2016. At our following inspections 2016 and 2017 the provider was still not meeting the requirements of this regulation.

An action plan was submitted by the provider which detailed how they would meet the legal requirements by August 2017. At this inspection we found improvements had been made and the provider was now meeting the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe. One person told us, "I'm very safe here, they look after me and I feel safe." Another said, "Good people, I have no worries, I am looked after very well." A visitor told us, "Staff look after them, very safe and the staff are very observant."

The last inspection identified some areas of medicine management needed to improve. This inspection found that people received their medicines as prescribed. There were systems to manage medicines safely. This included the storage, ordering, disposal and administering of medicines. The provider had up to date medicine policies, procedures and protocols which included 'as required' medicines (PRN) and covert medicines. The protocols for PRN medicines gave clear guidelines as to when they be required and had visual cues for people who were not able to verbally communicate. We looked at people's PRN documents. There were some minor improvements needed to the PRN document, in that the effectiveness of the PRN medicine was not monitored and documented, this was actioned immediately through the introduction of a new form. It was also discussed that in some cases staff were only offering PRN medicines at certain times as prompted by the pharmacy provider and therefore was not considered outside of these times. This was to be discussed with the dispensing pharmacist.

Records relating to the administration of medicine were accurately completed. Medicine administration records (MAR) detailed the medicine administered from a monitored dosage system. Where medicines were not dispensed in a monitored dosage system MAR had details of the medicine which included; dose, strength, method of administration and frequency. Staff had completed medicines training which included competency checks. The storage of controlled drugs (CDs) were safe. All staff had received training in the safe handling and documenting of CDs.

At the last inspection we found fluid records for people who may be at risk of dehydration were incomplete and not added up to provide the total amount of fluids taken. This inspection found it was still an area staff needed to improve as there were inconsistencies seen over a three day period. A check list directed senior care staff to monitor and sign fluids were offered and recorded. We saw despite being signed off as complete and adequate they weren't always completed in full. This meant staff could not assure that people were protected from the risk of dehydration. This had been identified by the acting manager and was to be

discussed with the staff through supervision processes and dealt with through retraining.

At our last inspection improvements were needed in respect of fire safety and emergency evacuations. At this inspection individual personal emergency evacuation plans (PEEPs) for night and day evacuations contained the necessary information such as how many staff were needed were kept with the fire folder. These were kept as a grab and go folder at the front door. These were kept immediately up to date with people changes. The acting manager confirmed this was a daily responsibility. The fire folder contained a list of all updates. For example in July 2017, there were three changes made due to a death, respite admission and a resident returning from hospital.

Following our inspection in May 2017 the Sussex Fire & Rescue fire safety undertook an audit and the provider had followed the specialist advice given. There had been a further fire risk assessment in July 2017 by an external consultant which had led to the current action plan and progress was seen. Two action points were due to be completed by the end of September 2017 and the provider confirmed this was on schedule. Fire safety training had progressed for all staff. All new staff had done fire training as part of their induction. Day and night evacuation drills had been undertaken, with the next unannounced drill programmed for September 2017. There was satisfactory provision for routine weekly and monthly checks of fire safety and alarm equipment.

This inspection found pressure relieving mattresses and seat cushions were used for people who had been identified at risk from pressure damage. These had been set to people's individual weights as directed by the manufacturer's instructions. Systems to check mattresses were set correctly were completed twice daily. All settings were correct during the inspection.

Since the last inspection recruitment processes had been improved. We looked at four staff files. All had Disclosure and Barring Service check (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. At least one reference was in place before the start date, usually two and there was evidence of chasing up references. The checklist stated one reference must be from the person's most recent employer. All had a good record of their interview with the acting manager and provider, with appropriately targeted questions relevant to the post and the needs of people in the home. All had full employment history and evidence of checks on identity. Where people had certification of in-date training from previous employers, this was accepted and recorded in the training matrix and then booked in for further training. Staff were issued with a staff handbook and The General Social Care Council (GSCC) code of practice.

There were sufficient appropriately trained staff to meet peoples' needs. However, the deployment of staff at meal times on the first day of the inspection impacted on the meal service. There were two people currently on 24 hour bed rest and this had meant staff were assisting them with their meal as well as prompting and assisting those in the dining area. We identified the problems to the acting manager and provider and pointed out staff were struggling to ensure everyone had the support they needed. This was acknowledged and the second day a staff member had been allocated to come in at 12 midday to assist with the meal service. This had ensured the staff deployment was meeting individual needs. We were assured that risk was immediately rectified and that the new staffing arrangement would be continued.

There were systems to record accidents and incidents with actions taken to prevent them as far as possible. Accidents were recorded with information about what had happened, such as an unwitnessed fall in a person's bedroom or in the communal areas. The information recorded included action taken to prevent a further accident, such as increased checks and a sensor mat. Audits were carried out for the accident and incident forms to ensure sufficient information was recorded. Accidents were reported to the local authority

in line with local safeguarding policies.

As far as possible, people were protected from the risk of abuse or harm. Staff had received safeguarding training, they demonstrated an understanding of different types of abuse and described what action they would take if they had any concerns. Staff had read the whistleblowing policy; they stated they would report any concerns to senior staff on duty and the registered manager and they were confident their concerns would be dealt with. Staff were also aware they could inform the local authority or CQC and the contact details for the relevant bodies were available in the office. People, relatives and staff said they had not seen anything they were concerned about. Relatives told us of resident and family meetings and an open door policy enabled them to raise any concerns with the acting manager or senior staff at any time.

Staff were aware of the risks to people and used the risk assessments to inform care delivery and to support people to be as independent as possible. Risk assessments included risks associated with: medicines, mobilisation, skin integrity, nutrition and environment. Ways of reducing the risks to people had been documented and staff knew the action they would take to keep people safe. For example, when the risk of falls had increased staff had placed sensor mats in people's rooms and regularly checked their safety whilst they were in their bedroom. There was also clear guidance to manage health related risks such as, diabetes and swallowing problems. People who had a swallow problem had clear directives in place for positioning and what sort of food was safe for them to eat and what consistency was required. Staff knew each person's individual traits and were quick to respond to signs of distress, agitation and discomfort with appropriate techniques. Care plans also contained information about people's skin integrity alongside the risk assessment to identify people's individual risk to pressure damage. One person's care plan directed staff to offer a change of position every two hours as they were at high risk from pressure damage.

Due to the reduced occupancy numbers the home was no longer using the top floor of the home. There were good systems to ensure equipment was serviced, checked and maintained to a safe standard. These included checks on the hoists and slings, weighing scales, wheelchair maintenance and the lift. There were monthly checks of the nurse call system and window restrictors. Water temperatures had been tested weekly and portable appliances annually. Checks were also carried out in relation to gas and electrical servicing and legionella.

Is the service effective?

Our findings

At our inspections in September 2016 and May 2017 the provider was in breach of Regulations 11 and 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because there was no proper system to ensure all staff were suitably trained and to ensure they were appropriately supervised and supported. There was also a lack of understanding of the Mental Capacity Act (MCA) and of Deprivation of Liberty Safeguards (DoLS). Following the May 2017 inspection the provider sent us an update to tell us that the regulations were met.

We found improvements had been made and the provider was now meeting the requirements of Regulations 11 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found staff were not always working within the principles of the MCA. We found improvements to care documents had been made and that families were involved and best interest meetings held. The MCA says that assessment of capacity must be decision specific. It must also be recorded how the decision of capacity was reached. We found the reference to people's mental capacity was recorded and included the steps of how it was reached. We saw people's mental capacity was reviewed regularly to ensure that decisions made were still valid and in their best interest. Throughout our inspection we saw staff offer people choices, such as where they wanted to sit, walk and what they wanted to drink and eat.

Staff had attended training in DoLS, which is part of the MCA framework. The purpose of DoLS is to ensure people, in this case, living in a care home are only deprived of their liberty in a safe and appropriate way. This is only done when it is in the best interest of the person, and has been agreed by relatives, health and social care professionals and there is no other way of safely supporting them. Staff were aware that the locked front door, which prevents people entering and leaving the home was a form of restraint and applications had been made to the local authority under DoLS about this as necessary. Other forms of restraint such as lap straps on wheelchairs, bedrails and recliner chairs had been reviewed and where necessary had been submitted as a DoLS referral. The acting manager had a folder that contained the referrals, dates that they had been submitted and of when the DoLS team were contacted for a progress update.

People were supported to have enough to eat and drink to maintain their health and well-being. Most people told us the food was 'good,' 'tasty,' and 'really good'. People told us their favourite foods were always available. Diabetic, vegan, soft or pureed and other special diets were available when required. The menu offered choices of well-balanced nutritional food at mealtimes. Staff were aware of people's dietary needs and preferences. Staff told us they had the information they needed and were aware of people's individual needs. People's nutritional needs and preferences were also clearly recorded in their support plans. Care records showed staff discussed people's dietary needs and support on a day to day basis and people received the support they required. Staff told us they were aware of the importance of encouraging people to have a good intake of fluids and food. However, two people and a visitor also told us the meals were too big and it put them off from eating. We discussed this and the fact there was a lot of food wastage. Meal

times were also discussed and it was decided that it may be beneficial to serve the main meal a little later to ensure an appropriate gap between meals as some people were having breakfast later. The staff feedback about the meal service changes on the second day of inspection were positive. One staff member said, "People ate more and really enjoyed it." A new chef had been employed and was due to start at the end of September 2017.

People's nutritional risk had been assessed, reviewed and monitored if people were at risk of weight loss. People who required their weight to be monitored had been weighed regularly and staff were aware that any changes in people's weight required prompt action. There was clear information available for kitchen staff on people's nutritional requirements and where appropriate, this reflected the guidance from health care professionals such as speech and language therapists (SALT).

Staff supported people to eat when necessary. We saw good practices throughout the inspection process. For example, we saw staff support people in bed whilst sitting next to them maintaining good eye contact and a kind approach. Staff also sat at the dining tables with people to offer encouragement and a prompt. Staff monitored people's appetites and the records stated what action staff had taken when there was an identified weight loss. For example one person was losing weight. Action was recorded in the care plan that they had been referred to the GP and dietician and fortified food was being offered. We were told snacks were available during the evening and night if someone felt hungry. Not everyone was aware of this, but as one person said, "If I was hungry I would ask anyway." Fresh fruit was available as were a variety of cold and hot beverages.

People received effective on-going healthcare support from external health professionals. People commented they regularly saw the GP, chiropodist and optician and visiting relatives felt staff were effective in responding to people's changing needs. Staff had referred people to the Tissue Viability Nurse (TVN) and speech and language therapist (SALT) as required.

We received feedback from people, relatives and health professionals. People told us that they were happy living at Castlemaine and felt their needs were being met. A visitor told us, "Really pleased with the improvements here, it's comfortable, clean and the staff are great." A health professional told us, "The staff are courteous and knowledgeable about their residents."

Is the service caring?

Our findings

At our last inspection staff were not always observant of people's needs which had led to peoples' dignity not always being protected. This inspection found people were treated with kindness and compassion in their day-to-day care. People stated they were satisfied with the care and support they received and were fond of the care staff. One person said, "Nice staff and my room is very nice," and another person said, "They're all nice and they look after us well." A visitor said, "The staff have been very kind, it's lovely here, friendly and homely." Our observations confirmed staff were caring in their attitude to the people they supported.

We observed many caring interactions between staff and the people they were supporting during our inspection. People's preferred names were used on all occasions and we saw warmth and affection being shown to people. Staff were respectful in their approach to ensure people were not distressed or worried by having an inspector in their homes. The inspector was introduced to people and to staff. Staff told us how each person preferred to communicate and shared important information with us so we could talk to people without causing distress. Understanding people's specific ways of communicating also meant staff ensured people were able to consent to and be involved in decisions about their care. For example, if one person walked away staff knew this meant the person did not want to engage at that moment and would leave them until they could try again.

Staff strove to provide care and support in a happy and friendly environment. We heard staff patiently explaining options to people and taking time to answer their questions. We also heard laughter and good natured exchanges between staff and people throughout our inspection. One visitor said, "Most of the staff have a great sense of humour, and I think they are all lovely."

People were consulted with and encouraged to make decisions about their care when it was appropriate. When it was not appropriate to consult with someone or if the person refused to be involved, a best interest meeting would be held. Staff were knowledgeable about people and would be alerted if a person became unwilling to receive care or support.

People's individual preferences and differences were respected. We were able to look at all areas of the home, including peoples own bedrooms. Whilst rooms were in need of attention in that they were bland and lacking in personalisation, people's personal possessions were looked after by staff. This included clothing, photographs, glasses and dentures. The provider confirmed that there was a planned redecorating programme to commence once the fire safety works were completed.

Staff told us how they assisted people to remain independent, they said, "A resident wants to do things for themselves for as long as possible and our job is to ensure that happens. When someone can't manage to dress themselves any more without support we encourage them to do as much as they can, even if it means taking a while." We saw staff encourage people to walk and with eating and drinking. People looked comfortable and were supported to maintain their personal and physical appearance. For example people were seen talking about the jewellery they were wearing. Men had been supported to dress smartly in line

with their preferences in care documentation. People told us staff were caring and respected their privacy and dignity. People were consulted with and encouraged to make decisions about their care. Staff supported people and encouraged them, where they were able, to be as independent as possible.

People told us staff respected their privacy and treated them with dignity and respect. One member of staff told us how they were mindful of people's privacy and dignity when supporting them with personal care. They described how they used a towel to assist with covering the person while providing personal care and when they had a bath. This showed staff understood how to respect people's privacy and dignity. We saw staff ensured people's modesty was protected when assisting them in personal care in communal areas. Two people were moved with an electric hoist. An electrical hoist moves people who are unable to move themselves. This was done by placing screens around them for privacy and the move was made with great care. Staff members talked to them quietly, telling them what was happening.

People's care plans contained personal information, which recorded details about them and their life. This information had been drawn together by the person, their family and staff. Visitors confirmed they were involved in discussions about care plans and changes to the care delivery. One visitor said, "So caring, not just to my loved one but to me as well, I come for lunch and stay as long as I wish to." Staff told us they knew people well and had a good understanding of their preferences and personal histories. The acting manager told us, "People's likes and dislikes are recorded, we get to know people well because we spend time with them."

Care records were on computers and password protected. Confidential Information was kept secure and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality and had received training on this.

The acting manager told us, "There are no restrictions on visitors." Visitors told us, "We can visit any time, no problems."

Is the service responsive?

Our findings

At our inspections in September 2016 and May 2017 we found that the provider had not taken pro-active steps to ensure that people received person centred care that reflected their changing health needs. The provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Provider submitted an action plan detailing how they would meet their legal requirements by September 2017. Improvements had been made and the provider was now meeting the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This inspection found that people were happy with the standard of care provided and that it met their individual needs. One person told us "They keep an eye on my health and get me the right care." Another person said, "I am very well looked after, they listen and I am very happy with the care."

Staff undertook care which was suited to people's individual needs and preferences. People's needs had been re-assessed since the last inspection. Staff had reviewed this information and updated it with the help of relatives, friends and representatives. The care delivery was person specific and in line with people's preferences. For example, what they preferred to eat and drink, what time they got up and what time they returned to bed. For people unable to tell staff their preferences we saw that staff had spoken with families and friends. Staff told us, "People change and we adapt their care accordingly with help from family, friends and our staff."

Each care plan looked at the person's individual needs, the outcomes the support and care aimed to achieve and the action staff had taken to achieve this. For example, one person who lived with diabetes had guidance within their care plan of how to respond if their normal blood sugar varied and what action to take. For example, if their blood sugar was lower than their normal range, staff were to give a glass of milk or a biscuit and to retake their blood sugar level. This meant that care delivery was responsive to people's individual needs.

Activities at Castlemaine were planned and a programme displayed in the communal areas of the home. There was a dedicated activity person, however they were away during our visit and care staff had taken over the responsibility. We noted times when care staff were busy that the atmosphere was not always stimulating and engaging. Staff told us that people had enjoyed sitting outside and enjoying the garden during the warmer weather, but acknowledged that more could be done to engage with people when inside. The staff team discussed ideas that they planned to introduce and confirmed that the 'in-reach team for dementia had been approached for support. The 'in reach' team are a multi-professional team from Sussex Partnership NHS Foundation Trust who work in partnership with care and nursing homes to improve the quality of life of people with dementia. They work with managers and staff to develop an action plan for time-limited work of up to 16 weeks.

The provider also confirmed they would be providing support and training to the activity person to improve

activities and provide a more stimulating environment. This would include colour schemes and more interactive equipment for people. The acting manager had spent time designing a sensory room. She had involved people and staff to discuss colour schemes and ideas. It was due to be completed the week of our inspection. During our inspection we saw a number of activities taking place and enjoyed by some people. One care staff member came in to provide magic tricks and pet therapy which was enjoyed and another did a singing quiz. Praise and encouragement was done in a respectful manner and people were relaxed and enjoying their activity.

Regular staff and resident and family meetings were now being held and we saw that times of meetings were displayed, details of suggestions and discussion points were recorded and actioned. For example, meal choices. The action plan stated they had sent out surveys and regular meetings were held. This was confirmed by the improvements seen.

A complaints procedure was in place and displayed in the reception area of the home. People told us they felt confident in raising any concerns or making a complaint. One person told us, "Yes I know how to moan." Another said, "I would tell one of the staff if I was unhappy." Complaints were recorded and responded to in line with the organisational policy. A complaints log was kept and monitored by the acting manager and provider. The complaint log showed complaints were investigated and responded to appropriately.

Is the service well-led?

Our findings

At our previous inspections in 2014, 2015, 2016 and 2017, the provider was in breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because people were put at risk because systems for monitoring quality were not always effective and records were not accurate. Following the inspection in November 2015 warning notices were issued that required the provider to be compliant with Regulation 17 by February 2016. At our following inspections in 2016 and 2017 the provider was still not meeting the requirements of this regulation.

The Provider submitted an action plan detailing how they would meet their legal requirements by May 2017. This inspection found that Regulation 17 was met however, there were still some improvements required to improve outcomes for people and embed good practice in to everyday care delivery.

There was no registered manager in post. The registered manager left the service in May 2017. The deputy manager was promoted to acting manager and was in the process of submitting their application to be registered with CQC. Not having a registered manager is an automatic ratings limiter and this question can only be rated as Requires Improvement because of this. The management structure and staff recruitment at Castlemaine had been consistent in the three months since the acting manager had taken up the role and this impacted positively on the action plan delivery. We found that the breaches of Regulation of the Health and Social Care Act 2014 had been met and the supplied action plan fulfilled. Since the last inspection a new consultant had been employed to offer guidance and support. The Local Authority had continued to provided support and the providers had increased their visits and monitoring of the home which gave them oversight of the home.

There was a quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised. Areas for improvement were on-going such as care documentation. The acting manager said it was an area they wanted to continuously improve. All care plans were up to date and reflective of people's needs. Where recommendations to improve practice had been suggested, from people, staff and visitors, they had been actioned. For example, the laundry service and menu choices.

As discussed there were areas that needed to be developed to ensure the actions taken by the acting manager were clearly recorded. For example, the actions taken to address the shortfalls identified by the audits of poor fluid recording and the actions taken in respect of prevention of repeated incidents and accidents.

Effective management and leadership was demonstrated in the home. The acting manager took an active role with the running of the home and had good knowledge of the staff and the people who lived there. They told us the philosophy and culture of the service was to make Castlemaine a 'home'. She also told us, "It's important that we make it comfortable, homely and safe. We still have a lot to do but we are committed and we know the improvements will continue." There were clear lines of responsibility and accountability within the management structure. The culture of the service was described as open, honest and friendly by people

and staff. The acting manager said their door was always open if staff wanted to have a chat with them. One member of staff said; "It's a different place now, open and transparent, easy to talk to management team." Staff were happy to challenge poor practice if they saw it and would contact the acting manager or other senior staff immediately if they had any concerns.

Everyone knew the acting manager and referred to her by name when describing their experiences of life at Castlemaine. One visitor said, "Is always here, very knowledgeable and honest, runs a good place." Staff said they worked as a team, "It's a really nice atmosphere to work in." We asked staff what they would change if they could, all said, "activities," and "I really can't think of anything, except perhaps brighter coloured bedrooms, the sensory room will be really beneficial."

The provider told us one of the organisational core values was to have an open and transparent service. The provider was supporting staff, visitors and the people who lived at Castlemaine to share their thoughts, concerns and ideas with them in order to enhance their service. Friends and relatives meetings had taken place and surveys were to be conducted to encourage people to be involved and raise ideas that could be implemented into practice. People and their visitors told us that they would like to be involved and welcomed the opportunity to share their views. One visitor said, "I think they really want our input."

Staff meetings had been held regularly over the past six months, and staff felt informed about changes and plans for the home. One staff member said, "It's really great to be involved."

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.