Unity Homes Limited

Castle Grange

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection of Castle Grange took place on 23 and 24 January 2019 and was unannounced.

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

Castle Grange is located in a quiet residential area of West Derby, Liverpool. The service provides residential and nursing care to older people, including those living with early stages of dementia. The service is close to public transport and within walking distance of local shops and amenities. Castle Grange has 40 rooms across three floors. At the time of the inspection there were 37 people living at the service.

A long-standing registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found at the last inspection that people's care was not always responsive to their needs and that acting on feedback had not been consistently evidenced. Therefore, the service had been rated as 'Requires Improvement' under 'Responsive' and 'Well-led', as well as 'Requires Improvement' overall for the third consecutive time.

We could not improve the rating for 'Well-led' at this inspection, as some governance systems, record-keeping and feedback processes required further development. However, we also saw and heard examples of very good leadership by the registered manager and registered provider. Both were well respected by people who lived at the service, relatives and staff. They were described as supportive at all times and highly knowledgeable of all people who lived at the service.

Through investment and a clear message that the quality of people's care was "at the heart" of the service, the registered manager and provider had also improved the responsiveness of the service. We therefore awarded a better rating of 'Good' for 'Responsive'. We found at this inspection that the team at Castle Grange had made sufficient improvements to award an overall rating of 'Good' for the service. All of the staff we met when we visited were warm, welcoming and engaged with our inspection. All of the feedback we received from people living at the service and their relatives was positive and we observed a close, caring culture between them.

We found a few areas for improvement in risk assessments and the safety of the environment. The provider and registered manager rectified these while we visited. The service's checks had not identified some of the issues we found. There were some refurbishment needs, but generally the safety of the environment was well maintained. Risks for people had been assessed and measures had been put into place to help protect

them.

The registered manager analysed incidents and accidents to learn lessons from what had happened, although this had not been necessary for several months. Staff were knowledgeable about safeguarding procedures and concerns had been investigated appropriately.

People told us they felt safe living at the service and there were enough staff to meet their needs. When agency staff had to help cover shifts at times, they were paired with permanent staff to ensure consistency in support for people. Staff had been recruited using checks in line with the provider's policy.

Medicines were managed and administered safely. The environment was clean and hygienic, which people particularly highlighted in their feedback.

The service worked in partnership with a variety of health professionals to promote people's wellbeing. The service had a particular focus on supporting people to eat and drink well, using a "Good food, good mood" approach.

In the environment we saw signage and contrasting handrails to support people with orientation. The provider was refurbishing the service to continuously develop accessibility. An assessment system helped the service to support people's rights under the Mental Capacity Act 2005 and act in their best interest. Staff felt well supported in their role, had access to frequent supervision and received training.

The majority of permanent staff had worked at the service for a long time. We observed warm, kind and caring interactions that showed staff knew people well. People living at the service and their relatives were involved in decisions over their care and bedrooms had been personalised. Generally, records were kept safely and the provider made further improvements while we visited.

People living at the service and their relatives told us that staff knew them and their needs well. People had a variety of care plans in place. We considered that these at times could show the good knowledge staff had about people in more detail. The activities on offer were still developing, but had significantly improved and there were weekly trips out for people.

People knew how to make a complaint but told us they generally had no reason to complain. Staff planned and provided compassionate care to people at the end of their lives.

The involvement of relatives was an area for development, although we were assured that this took place on an individual basis. Resident meetings and individual consultations took place and general staff meetings occurred every three months. The registered manager and provider had appointed champions amongst the team, to promote staff ownership over particular aspects of care. Relevant notifications had been sent to CQC in line with legal requirements. Ratings from the last inspection were displayed prominently.

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.

People felt safe living at the service. Staff understood their responsibilities to keep people safe.

Risks for people were generally monitored and managed well, with a few improvements required.

There were enough staff to meet people's needs and people did not have to wait long for staff to help them.

Staff managed people's medicines safely and kept the premises clean.

Is the service effective?

Good

The service was effective.

Staff ensured people had access to a variety of health professionals to promote their wellbeing.

Staff felt well supported, received regular supervision and training.

Feedback regarding meals was positive and staff supported people to eat and drink well.

People's consent was sought appropriately and the service worked within the principles of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

All of the people who lived at the service and their relatives we spoke with praised staff and their attentiveness.

We observed kind, caring and warm interactions that showed staff knew people well.

People were involved in decisions over their care. People

described the service as their "home".

While we visited the provider made further improvements to the confidential storage of people's records.

Is the service responsive?

Good

The service was responsive.

Overall, people's care was personalised and responsive to their needs. The provider had introduced more staff to achieve this.

The social activity offer had improved and weekly outings took place.

People knew how to make a complaint, but told us they generally had no reason to.

The service supported people at the end of their lives and their families with compassion and dignity.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The robustness of some governance systems and record-keeping needed to be improved.

Staff sought the feedback of people who lived at the service and their relatives, to involve them. Actions and follow-ups required development.

The registered manager and provider led a strong, care quality focused culture and were well respected by everyone we spoke with.

Team meetings took place regularly and the service had dedicated champions to promote staff responsibility.

Castle Grange

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 and 24 January 2019 and was unannounced.

As part of the inspection, we contacted the local authority quality monitoring team to seek their views about the service. We considered this feedback under the question whether the service was well-led. We also checked information we held about the service, such as notification of events about accidents and incidents which the service is required to send to CQC by law. We asked the provider to complete a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We used all of this information to plan how the inspection should be conducted.

The inspection was 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.

During our inspection we spoke with the registered provider, registered manager, the administrator, a nurse, a healthcare assistant, a housekeeper, the cook and the activity coordinator. We spoke to eight people who lived at the service and six of their relatives. We also looked at care plans and records belonging to eight people who lived at the service, three staff personnel files, medication records, staff training and development records as well as information about the management and conduct of the home. We observed the care people received and interactions between staff and people living at the service.

Good

Is the service safe?

Our findings

We found that the safety of the environment was generally well maintained. When we walked around the service, we pointed out a few areas for improvement to the registered manager and registered provider, such as ensuring one particular fire door closed firmly and key locks were operated. However, this was in areas where staff were present throughout the day, which reduced the risk. The registered provider carried out the improvements immediately. The registered provider had recently updated the service's fire alarm system to increase safety, on advice from the Fire Service. There was a business plan to refurbish the service and we saw this was ongoing.

Staff had been recruited using checks in line with the provider's policy. We found that the service had obtained character references when they had been unable to obtain a professional reference from the last employer. We discussed with the provider how this practice could be developed. Other checks helped to ensure that staff were suitable to work with people living at the service, who may be vulnerable as result of their circumstances.

People felt safe living at Castle Grange. The comments from people who lived at the service included, "They are very good to me and I am not frightened about anything", "Certainly I feel safe here the girls (staff) are really nice and kind; they listen to me and they understand how I am feeling and what I want" and "I did not feel safe at home, I much prefer it here."

A relative told us, "The place is safe the staff are efficient. If there is anything wrong they are on it straightaway, there is no waiting about." Another relative stated, "I am confident that [my relative] is safe here and that is pleasing to me because I have been arranging all this and I have been worried that everything is going to be alright."

People and relatives told us there were enough staff to meet people's needs. Staff confirmed this. We observed call bells being answered promptly, so people did not have to wait. A person told us, "I cannot walk at the moment and if I need help I use the call bell I am not left waiting very long day or night." When the service needed to rely on agency staff to cover shifts, the registered manager ensured they paired up temporary staff with long-standing team members. This helped to keep care consistent and none of the people told us the use of temporary workers affected the quality of their care.

Staff were knowledgeable about safeguarding procedures and their responsibilities to keep people safe. None of the staff we spoke with had any concerns about the service. A staff member said, "I like to know people are looked after and they are here. I look after them, make sure their needs are met. I meet their personal needs, turning needs, pressure relief needs, as well as their eating and drinking needs." Staff told us they had confidence that the registered manager or provider would address any concerns. Staff also were confident to 'whistle-blow' to other organisations, such as the local authority or CQC, if appropriate. Safeguarding concerns had been investigated appropriately by the registered manager.

Risks people may be exposed to had generally been assessed and risk assessments were reviewed regularly

to help protect people. This included risks of falls, malnutrition or pressure sores. Risk to people who smoked was alluded to in other risk assessments, but following conversations with us the registered manager developed specific risk assessments around smoking.

The registered manager completed a monthly incident and accident overview, to analyse and learn from events and help prevent reoccurrence. However, there had not been any falls recorded for several months prior to our visit. The registered manager explained that their pressure sore prevention had been effective and none of the people living at the service currently had any such sores. A relative confirmed this and told us, "They check on [my relative] every two hours and they turn [my relative] over to make sure they do not get bed sores."

Trained staff supported people with their medicines effectively and medicines were managed well. People told us they received their medicines on time. The provider had their "own pharmacy", a part of the family business, who worked in collaboration with the service. We saw that staff had signed records appropriately when giving people medicines. When people had refused medicines, the registered manager and staff had consulted with their GP to obtain advice. Overall, we found clear plans to guide staff when administering medicines, including people's 'as required' prescriptions. We checked several controlled drugs the service kept safe for people and found the amount held matched records. Controlled drugs require specific storage and management to prevent abuse.

The environment was clean and hygienic. People wo lived at the service and their relatives we spoke with complimented the staff about this. A relative described, "I come every day and this place is clean and when I come I am 'falling over' cleaners, they seem to be here all day." The service had an infection control champion to take the lead on good cleanliness and hygiene throughout the home. Hand sanitising stations and 'personal protective equipment', such as gloves and aprons, were available throughout the service.

Good

Is the service effective?

Our findings

People and relatives told us they felt staff were competent in their roles. A person told us, "The staff are very good they do not moan or get annoyed. Honestly, I cannot say a single thing I do not like about the staff or the home." Another person who lived at the service said, "I think the staff are very well trained they seem to know what they are doing." A relative confirmed this and said, "I come every day and as far as I can see the staff are very good and know how to do their job."

Staff had access to frequent supervision meetings with their manager and felt well supported. A staff member told us, "[Registered manager] is fantastic, she supports us every day, not just through supervision." Staff received an induction when they started their employment and were enrolled onto the Care Certificate within three months of being in post. The Care Certificate is a recognised induction standard for staff working in health and social care. Staff had access to yearly training sessions in a variety of subjects to guide them in their role. The registered manager regularly assessed the competency of those staff who gave people their medicines.

People had access to a variety of health professionals when they needed them, to promote their wellbeing. We found the service made appropriate referrals and worked frequently with professionals including a community matron, district nurses, GPs, speech and language therapists, physiotherapist, chiropodists and dieticians. A person told us, "If I wanted a doctor, they would get me one."

People were supported to eat and drink well. There was plenty of food and drinks on offer throughout the day and people were complimentary about it. A person said, " The food is very good. I have toast and marmalade in a morning and they come round every day to see what I want off the menu. I am having sausage and mash today." Another person said, "The food is lovely I get a menu each day and they come and ask me what I want. Its nicely cooked and I get plenty to drink."

The cook explained that there was one main meal option for lunch and dinner. However, in the morning, the cook walked around and discussed this with each person. When people did not like the main option, they could ask for anything else they wished for. The cook endeavoured to make this and if they did not have all the ingredients on the day, they either obtained them or prepared the wished for meal the next day. At lunch, we observed one person not wanting to eat the main option. Staff checked if they would like something else. The person stated "something cheesy", which kitchen staff prepared for them. The person then ate this with great appetite.

The service had a particular focus on a model called "Good food, good mood." This meant they explored with people who might not eat very much what they would really like. Staff were knowledgeable about people's nutritional needs and there was an overview available of this. The cook went to those at particular risk of malnutrition, to find out how they could better stimulate their appetite. Staff went around the service with a trolley of fresh fruit, snacks, drinks and fortified milkshakes in the morning and afternoon, to provide additional nutrition.

The provider was continuously developing the accessibility and dementia-friendliness of the service. When we walked around the home, we saw that handrails had been painted in contrasting colours. This is recognised as good practice when supporting people's orientation, particularly for those living with dementia. Adaptations had been made to some shared bathrooms, such as raised toilet seats. The provider had ordered further accessories to develop this throughout the service and there was an ongoing refurbishment plan. New comfortable chairs had arrived for the conservatory and the lighting was being upgraded when we visited, to make rooms brighter.

The service sought consent appropriately and was working within the principles of the Mental Capacity Act 2005. 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The service used a toolkit to assess people's capacity around specific decisions and documented best interest meetings.

People and relatives had been involved in discussion over advanced care plans and agreements of access to their personal files. The registered manager was able to explain personalised measures taken to maximise people's involvement in decisions. We discussed some aspects of consistency in people's records with the registered manager and considered this under the question whether the service was well-led.

Good

Is the service caring?

Our findings

People told us staff treated them with respect, kindness and dignity. All of those we spoke with talked highly about the staff team and the registered manager.

One person told us, "I came in [a while ago, due to circumstances at the time]. I have decided to stay because I like it so much here. The staff are friendly, the food is fine and it is like home to me now. I have still got a home outside but I like to stay here."

Other comments from people included, "If I am feeling a bit down they will have a chat because they can see how I am and they will listen" and "There is not a single member of staff here I am not keen on." Relatives agreed and one told us, "We come to see [our relative] a lot and we have no complaints about how [they are] being looked after. The staff are lovely with [our relative] and they can have a bit of fun with the staff."

We observed kind, unrushed interactions between people who lived at the service and staff members. Most of the staff had been working at the service for a long time and it was clear they knew people well. Staff members called people by their preferred names and we observed a personalised, positive rapport between people and staff. At lunchtime, there was much chatting between people using the service sitting at their tables together, as well as between people and staff. People were laughing and some were singing. Chats between staff and residents showed that they knew each other well on first terms name. There were gentle, good humoured interactions taking place. These were both friendly and professional.

The lunchtime tables had been laid by a person who lived at the service, who enjoyed helping the team and liked to be involved in this way. The tables had tablecloths on them, which were clean, as well as cutlery, condiments and serviettes. We observed several people being assisted from the main lounge to the dining room and helped to the table and found this was done in an unrushed, appropriate manner. Suitable adapted drinking vessels were provided for those who needed them. Staff assisted those people who needed help with their food. Other staff were serving and encouraging people to eat in a gentle manner. We tried the food and found it to be hot and tasty.

People and their relatives were involved in decisions over care. We saw that people or their relatives, where appropriate, had signed care plans to confirm their agreement. Information about local advocacy services was displayed in the reception area, for people who may need someone to speak up on their behalf. People's bedrooms were personalised with their own decorations, possessions and for one person a pet bird.

All of the staff we met and observed during the inspection were very polite and kind. Staff explained the caring culture at the service and told us the registered manager and provider led on this. Both were praised for their detailed person-centred knowledge of all the people who lived at the service. A staff member said, "We spend time with people, we know our residents and the routines that are important to them. [Registered manager and provider] know all of the residents so well, [registered manager] will check on any concerns we have." In our conversations with the registered manager and provider, we also found this.

People's care plans were kept in a locked office, to ensure security and confidentiality. We asked people and relatives whether staff respected their dignity, privacy and confidentiality. We were told, "Oh yes, they treat me with respect. I have a bed wash and they ask before they do anything and I am comfortable with it. I have no complaints." Another person said, "I treat them with respect and they treat me with respect that is the way it should be. I have no problems with the staff they are very friendly and I can have a laugh with them." Nobody we spoke with had any concerns about people's confidentiality being protected.

People's medication records were kept in a locked room, but to ensure further protection during medication rounds, the provider installed additional locked cupboards in a communal area when we visited. To assist staff with drinks and food preparation, there was a list of people's fluid and nutritional support displayed in the kitchen, as well as just outside of the kitchen, in the dining room. Although people were not directly named, we considered this information could be kept more discreetly and the provider changed this straightaway. We considered this further under the question whether the service was well-led.

Good

Is the service responsive?

Our findings

At our last inspection we found that the social activities offer needed to be improved and that people's care was not always responsive their needs. At this inspection, we found the service had improved both aspects.

People living at the service and their relatives told us staff were always available quickly when they needed them and knew about their needs. A person said, "They speak to me all the time about what I need and if I am okay." A family member told us, "[My relative] is in for an assessment so I have been talking to the manager and staff a lot in organising things and they have been very helpful."

We observed that when people asked for help or rang their call bell, they did not have to wait for long. The provider had introduced additional staff, so that the service could meet people's needs better.

People had a variety of care plans in place, to provide guidance for staff. These were based on an initial assessment carried out by the registered manager. Care plans included life stories which had been written together with the person. People's care files also included risk assessments, as well as outcome based plans to support people's needs and wellbeing. We considered with the registered manager that at times care plans did not reflect the detailed person-centred knowledge staff showed when speaking about or caring for people. Care plans and risk assessments were reviewed regularly.

Activities on offer for people had improved and there were weekly outings available for people who lived at the service. We heard that trips had included visits to the Albert Dock and Knowsley Safari Park. A family member told us, "[My relative] also looks forward to the bus trips on a Friday where they go out around the city and they can point out where they used to go to school or work or where they got married. They really enjoy that."

An activities coordinator was in post, as well as an activities champion. The activities champion had been signed up with a nationally recognised programme, to receive additional training and guidance, to further develop activities within the service. Both spoke with great enthusiasm about what they had already introduced and their further plans. This included reaching out to different local churches, to meet people's diverse faith needs. A weekly holy communion service was already on offer, which had been well received.

There was an activities log book, which captured pictures of people taking part in and enjoying activities. Within this comments from people on activities were also recorded, including wishes for specific things to do. When people wished to remain in their bedrooms, the activities personnel still reached out to them to avoid isolation. People we spoke with confirmed this.

People and their relatives knew how to make a complaint, but told us there had been no reason to. A person said, "I have nothing to complain about, but if I did I would just speak to the girls or get my [relative] to sort it out." The views of people living at the service and their relatives were recorded in individual consultations, which we considered under the question whether the service was well-led. A complaints procedure was prominently displayed in reception and included in the service user guide everyone received. The provider

explained this could be printed in larger fonts to make it accessible when needed. The service also used a book of pictorial signs to support people's communication around needs and wishes.

The service provided compassionate and dignified care for people at the end of their lives. People had relevant care plans in place and the service's staff worked together with other professionals, as well as families, to provide this support. Care plans explained that staff needed to afford dignity and respect to the person and their family when providing support at the end of the person's life. We considered with the registered manager that in these plans the clearly good staff knowledge of people's individual preferences could also be reflected in more detail. We discussed with the provider how including an 'end of life' champion amongst their dedicated staff champions could provide additional support.

Requires Improvement

Is the service well-led?

Our findings

We found some good examples of leadership by the provider and registered manager. It was clear they led on a culture that was focused on people receiving safe, effective, compassionate and quality care and this was at the heart of the service. We found them warm and welcoming. Both engaged well with our inspection and responded positively to our feedback.

There were a number of minor issues when we considered whether the service was safe, effective, caring and responsive, which we considered overall did not affect the good rating. We considered however that systems underpinning these areas, such as record-keeping, governance and feedback processes, at times needed to be more robust for the service to be consistently well-led.

For example, although safety checks of the environment and equipment were carried out regularly, the issues we found in respect of a particular fire door had not been identified and recorded as part of the checks. We also considered that the display of some information that needed to be kept more discreetly should have been identified by internal audits.

A range of policies and protocols were in place to guide staff in their role. However, we considered that some updates were required. The provider's Safeguarding policy had last been reviewed in 2016. It noted to be compliant with the 'No Secrets' guidance from 2000, but this had since been replaced by the statutory guidance provided by the Care Act 2014.

Care plan audits took place that checked the quality of information. We considered with the registered manager that generally these had been effective, but on occasion information needed to be recorded more clearly. From our observations, staff had good person-centred knowledge, but this had not always been reflected in their plans. For example, a person had been involved in decisions, but their relative had signed the care plan. The registered manager explained this person could not write, however we considered this should have been noted.

The service used a variety of audits and feedback gathering processes. The use of these had improved since our last inspection, and residents' meetings were taking place regularly. Staff also used individual consultation with people and relatives to record what had been going well and what needed to improve. We found that although there were some follow-up notes, learning and improvement from what people told the service needed to be recorded more consistently.

We found that in the large majority of cases people who lived at the service and their relatives had given good or excellent feedback. However, the consideration of the less than optimal feedback would help to further develop the service through stakeholder engagement. We reviewed with the registered manager and provider quality assurance processes in place, including night visits and 'walk arounds'. We discussed that these did not always lead to clear, accountable action plans to ensure a good audit trail and evidence of completion.

However, we also note that the majority of feedback people who lived at the service and their relatives had given in their consultations about people's lived experience of care was very positive. One comment included stated, "This nursing home is without a doubt an asset to nursing care in Merseyside. I would recommend it to anybody, without hesitation." All of the people we spoke with spoke positively about the service, the registered manager, provider and staff team. A person told us, "[Name] is the manager she is very good, she is always about the place."

A family member told us, "I am really happy my [relative] can live here. Other homes did not even want to assess [them], but we spoke to [registered manager] and they helped us. [Registered manager] is always looking for improvements and never stops looking for them." Another relative commented that staff treated them as an individual, by name and "not as a number".

The registered manager had been in their current post for nearly three years, but had worked at the service for much longer. People we spoke with either knew the registered manager and provider by name or by sight. Staff also spoke highly of both. A staff member said, "[Registered manager] is always out on the floor and helping us, never stuck in the office." Other staff echoed these comments.

Team meetings for all staff took place regularly. Staff suggested that smaller meetings by department may also be beneficial, to discuss issues relevant to their individual teams. We saw there were minutes issued following each meeting and staff had signed these. It was clear from these minutes that the registered provider was actively involved in the development of the service and the drive to improvement. We found when we visited and saw from business plans that the provider was continuously investing in the service, both financially as well as through staff engagement.

An example of this was the creation of staff champions. The service had champions in place for infection control, care, dignity, activities and nutrition. Champions had a clearly defined job description. This helped to promote staff ownership over aspects of care and responsibilities.

We asked staff what it was like to work at Castle Grange. All staff spoke positively about the service and its culture. A staff member said, "Nothing has got worse, we just get stronger. We work together better, we all work in tune, with the activities coordinator, people and families. The better you get to know people the better the care."

We saw in the provider's Equality and Diversity policy a clear statement to promote residents' wellbeing "in a way that is sensitive to their race, age, gender (including gender identity), sexual orientation, disability, religion or belief." These are also referred to as 'protected characteristics'. We asked staff, the provider and registered manager how they did not just support, but welcomed people's diversity. They gave us several good examples of how they had cared for people with different protected characteristics.

The ratings from our last inspection had been displayed prominently in the reception area of the service as required. The registered manager had submitted notifications about relevant events to CQC in line with their legal obligations.