

Tricuro Ltd

Castleman House

Inspection report

Castleman House
Fairfield Bungalows
Blandford Forum
Dorset
DT11 7HS

Date of inspection visit:
11 February 2017

Date of publication:
10 March 2017

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?	Good ●

Summary of findings

Overall summary

This unannounced inspection took place on 11 February 2017.

Castleman House is registered to provide residential care for up to 48 older people. There were 42 people living in the home at the time of our visit, some of whom were living with dementia as well as other conditions such as a brain injury and on going mental health needs. The home was organised into five areas known within the home as cottages. Each cottage had a communal area with a small kitchen. There was also a large communal area used when people got together for events or large group activities.

There was a registered manager 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.

People felt safe and well cared for. They were protected from harm because staff understood how to reduce the risks people faced. They also knew how to identify and respond to abuse and said they would be confident to do so.

People had support and care when they needed it from staff who had been safely recruited and understood their needs. Staff were consistent in their knowledge of people's care needs and spoke confidently about the support people needed to meet these needs. They told us they felt supported in their roles and had taken training that provided them with the necessary knowledge and skills.

People told us they saw health care professionals when necessary. Records and feedback from a healthcare professional reflected that staff responded appropriately to both on going healthcare needs and health emergencies. People received their medicines as they were prescribed.

Staff understood how people consented to the care they provided and encouraged people to make decisions about their lives. Care plans and practice reflected the framework of the Mental Capacity Act 2005. Deprivation of Liberty Safeguards had been applied for when people needed to live in the home to be cared for safely but did not have the mental capacity to consent to this.

People were able to take part in activities that reflected their preferences, including individual and group activities. Activities and events were planned by people and staff.

Everyone described the food as good and there were systems in place to ensure people had enough to eat and drink. When people needed particular diets or support to eat and drink safely this was in place and care was taken to ensure that this food was appetising.

Quality assurance had led to improvements being made and people, visitors and staff were invited to

contribute their views to this process. Staff, relatives and people spoke positively about the management and staff team as a whole.

People were positive about the care and kindness they received from the staff of Castleman House. Staff were cheerful and treated people and visitors with respect and kindness throughout our inspection.

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. There were enough staff to meet people's needs.

People received their medicines as prescribed.

People were at a reduced risk of harm because their risks were assessed and care was delivered to reduce these risks.

People were at reduced risk from abuse because staff were aware of how to identify and respond to actual or potential abuse.

Is the service effective?

Good ●

The service was effective. People were cared for by appropriately trained staff.

People had choices at mealtimes such as what to eat and where to sit.

Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and how this applied to their daily work.

People had appropriate access to healthcare.

Is the service caring?

Good ●

The service was caring. People were cared for by staff who treated them kindly. There was a relaxed and welcoming atmosphere in the home.

People had their privacy and dignity maintained.

People were involved in decisions about their care.

Is the service responsive?

Good ●

The service was responsive. Activities were available for people and those who were unable to participate had one to one time.

People received personalised care and staff were knowledgeable

about peoples preferred routines.

People and relatives could raise suggestions or concerns in a variety of ways. Complaints were managed appropriately.

Is the service well-led?

Good ●

The service was well led. The registered manager was visible and approachable.

Staff were motivated to achieve high standards of care, they were supported and encouraged to do this by the senior team who were committed to on going improvements.

There were systems in place to monitor the quality of the service and to ensure improvements were on going.

Castleman House

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. The inspection took place on 11 February 2017; it was carried out by two inspectors.

Prior to the inspection we requested and received a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we had received from and about the service.

During our inspection we observed care practices and spoke with 12 people, four visiting friends and relatives. We also spoke with four staff and the registered manager. We looked at records relating to ten people's care and a sample of the Medicine Administration Records (MAR). We also reviewed documents related to the running of the home including three staff files, accident and incident records, complaints and compliments and meeting minutes.

After the inspection we spoke with a representative from the local authority quality improvement team and spoke with a health care professional who visited people living in Castleman House.

Is the service safe?

Our findings

Medicines were stored appropriately and checks were made to ensure people received their prescribed medicines correctly. Some people took medicines that required additional checks because they were covered by the Misuse of Drugs Act. We saw that these medicines were stored correctly. We observed people receiving their prescribed medicines safely and being offered any medicines they were prescribed to take when they needed them for pain relief. Some people required cream to be applied for skin protection or pain relief. The recording of these creams was inconsistent. This meant it was difficult to review the treatment people were receiving. We spoke with the registered manager about this and they told us they would review this as part of on going improvements to the administration of medicines.

People were supported by sufficient, safely recruited, staff. One person told us: "I press my bell and they come." Staffing levels had been worked out to reflect the needs of people living in the home with more staff available to support them at times they needed and preferred support. For example one member of staff started work at 6am to work alongside night staff as some people liked to get up early. The registered manager explained that there had been a period of low staffing due to vacant posts but that these had now largely been recruited to.

People were protected from risks of harm and abuse. Staff were able to describe to us how they would recognise abuse and understood the correct processes to follow in order to report abuse, including how to whistle blow if they had concerns about poor practice. One senior member of staff described how they had raised concerns appropriately with the local authority's safeguarding team. People told us they felt safe living in the home and had confidence in staff to look out for them. One person told us "They look after me very well."

People were protected from harm because staff understood the risks they faced and understood what they should do to reduce these risks. People's needs were assessed and this included specific risk assessments. For example people were assessed for risks associated with keeping their skin healthy, eating and drinking safely and moving around the home and outside. When a risk was identified there was a care plan which provided guidance to staff about how to support the person in such a way as to reduce the risk whilst promoting their independence and dignity. For example some people were at high risk of falls and there was guidance on how to support them to minimise the risks including how many staff were needed to support them and if they required any equipment. We saw that staff followed this guidance and, when necessary, prompted people to use their equipment safely whilst moving around the building.

Accidents and incidents were reported and monitored. We saw that they were investigated and actions taken/followed up in a timely way. For example, where errors had been made in medicine administration staff had been given additional training and had their competency reassessed. When people had fallen consideration had been given as to whether referrals to health professionals were needed. This meant that people were safer because learning from accidents and incidents made them less likely to reoccur.

Is the service effective?

Our findings

People told us the food was good. One person told us "The food is lovely and they will always give me an alternative if I don't want it." Another person told us "The food is very good." People were provided with a choice of where to sit and what to eat. The head cook spoke with people daily to discuss their food choices and was passionate about ensuring people who needed special diets to keep them safe could still have all the foods they loved. This commitment had led to them creating a wide range of pureed foods including 'pigs in blankets' for Christmas and "biscuits". Their work had been recognised as they had won a regional care award and were through to the national finals at the time of our inspection. People had their nutritional needs assessed and if necessary they were referred for a specialist assessment with the Speech and Language Team (SALT). Staff were able to describe to us people's individual dietary needs including any SALT guidance which we saw was reflected in people's care plans. This demonstrated that staff understood people's dietary needs and that people were supported to have enough to eat in the correct format. If people were identified as at risk of not having sufficient to eat or drink staff completed charts to ensure this could be monitored and professional advice sought. People enjoyed relaxed meal times and were supported to eat where they chose to. Those people that ate communally sat at tables that had been set with cloths and condiments were available.

People received care and support from staff who had the appropriate skills and training. One person said: "they are very good at what they do." Another person told us: "They have the skills they need – definitely." Staff told us they had the training they needed to carry out their roles with confidence and that they felt supported through informal and formal supervision. One member of staff told us "We have regular supervision – you can bring up any concerns." Staff told us they were up to date with their training and the registered manager described the courses that they all took. They had recently added to the mandatory training to ensure all staff had a working knowledge of the Mental Capacity Act 2005. This meant they reviewed training to reflect the needs of people living in the home and people were supported by staff who were up-to-date with current knowledge and skills. New staff undertook the Care Certificate which is a national induction for people working in health and social care who have not already had relevant training.

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 by 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. The application procedures for this in care homes and hospitals are 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 were being met.

Staff understood the principles of the MCA and how it applied to their work. They were able to describe how they promoted choice and checked that people wanted the care they were providing. They also understood how they supported people who could not consent to their care when they refused. For example, they described distraction methods, coming back after a short while or another member of staff. They told us if these approaches did not work they would talk with senior staff and record their actions. Care plans reflected the framework of the MCA. For example, records detailing how actions were to be taken in people's best interests explained how these actions reflected the least restrictive option. Many of the people living in the home did not have capacity to consent to living there to receive care and support. The registered manager had made the appropriate DoLS applications to the local authority. Two people had a DoLS authorised by the local authority, with conditions attached and we were able to see that these conditions were being met.

People had access to healthcare for on going and acute health conditions. We saw that care plans reflected people's physical and mental health needs and these were reviewed regularly. A relative told us they were kept informed whenever their relation had a health concern and they were confident that changes in health were observed and responded to quickly. A person told us that staff had always spotted infections quickly and acted appropriately. A health professional who visited the home regularly told us they were confident that they were called in appropriately. They told us that the staff always knew people well and were able to support them to achieve the best outcome and they followed guidance appropriately.

Is the service caring?

Our findings

People were supported by staff who were kind and caring. One person told us "They are kind and caring- it is like a big family." Another person told us "They are very good here – they look after us."

Staff told us they enjoyed working in the home and spoke positively about people. One member of staff told us "I love my job. I love coming in." A display in the large communal lounge shared photos of smiling people and staff alongside comments about how they felt about the home under the heading Live Life Well. These comments reinforced what people and staff told us; they enjoyed spending time together.

We saw staff interacting with people in a relaxed and friendly way. Staff were aware of people's life histories and their interests. One member of staff referred to information they had learned from a person's care plan and described how this had helped them understand them better and talk to them. This knowledge meant that staff could have meaningful conversations with people about things that were important and of interest to them.

People were supported to maintain contact with people who were important to them. Visitors told us they could visit any time and that they felt welcome. During our inspection a number of people received visitors and were able to spend private time with them in different communal rooms in the home. Visitors were all greeted warmly and told us they felt welcome and involved.

Staff were respectful of people's privacy and dignity. One person told us "They respect my privacy and dignity." This approach had been supported by group work with people and staff creating a 'dignitree' with quotes about what dignity meant hanging from its branches. This respect had a positive impact on how people felt about themselves. One person told us that previously in life they hadn't felt cared for but now they did. They told us: "They really like me here." Personal care was always carried out discreetly and staff asked permission before entering people's rooms. Staff told us if people did not want them in their room, or did not want help at that time, they were respectful and came back later.

People told us their independence was encouraged. For example one person described how they were encouraged to do as much of their own personal care as possible. We saw a member of staff using visual prompts to remind someone how to eat their dinner and this enabled the person to carry on with their meal without being physically assisted.

People were encouraged to make day to day decisions about their care. We observed staff consulting with people about everyday decisions such as if they wanted to get out of bed, what they wanted to eat and checking back that they were happy with the decisions they had made. One member of staff and a person chatted together about the person's choice of clothing and how well their outfit went together. People's choices were respected and valued.

The staff team had received many letters and cards from relatives thanking them for their kindness and care after people had died. Staff were committed to providing quality care to people at the end of their lives and

where appropriate had gathered the information they would need to do so in a way that reflected people's detailed preferences and wishes. The support provided to people at the end of their lives had been acknowledged by the home being awarded beacon status in respect of their implementation of the Gold Standards Framework for end of life care. The Gold Standards Framework is a model that promotes good care for people at the end of their lives.

Is the service responsive?

Our findings

People had access to activities which were organised by the home. For example, games, exercise and reminiscence activities. People discussed activities and special events at regular resident's meetings and this feedback was used to plan the activities program. For example people discussed inviting a local school in to the home to share memories that related to a project the children were studying. The way activities were provided had also been reviewed to reflect people's needs. The activity staff were now providing activities to two smaller groups on three days of the week rather than always running the group activity as a large group. This meant people were able to take part in activities for a longer time. During our inspection we saw some people preferred to organise their own social time such as watching television, reading or knitting. Another person was carrying out household tasks and told us they were happy doing this. One person told me "I have plenty to do." One to one time was organised for some people who were unable, or chose not, to participate in communal events. One person who preferred to stay in their room told us this was their choice and the staff were able to chat to them throughout the day.

Staff were knowledgeable about people's preferred routines and their likes and dislikes. For example one member of staff talked to us about a person's sleep pattern and how they were supported safely with this. This information was captured in the person's care plan and the records staff kept reflected that they followed this guidance. Another staff member described the importance of a personal relationship for a person highlighting the community role of the home within the town. This showed that staff understood what mattered to people and understood the details that made their experience of care positive. People reflected this to us. One person said. "They always help me nicely."

There were regular reviews of people's care and we saw that changes were detailed prominently in records. Staff were aware of recent changes and told us they read them in care plans and learned about them at handover. We spoke to a member of staff who was ensuring they had made themselves aware of any changes for people in one of the cottages as they would be working there later in the day. One person described how they had moved into another cottage because staff had offered this after they realised the person might prefer more chatter. They told us this was a positive move.

People and visitors were asked to contribute their views and opinions in a variety of ways. All the visitors and people we spoke with told us they were happy to speak directly to staff or the registered manager if they had any concerns. There were also regular meetings with the opportunity to discuss issues relating to the home such as food and drink and activities. The recent changes to activities had been discussed at the most recent meeting with an opportunity for people to comment on how they felt this was going.

Compliments and complaints were logged and responded to according to the homes'; policies and procedures. Complaints were managed appropriately and were responded to within the correct timescales. In the last 12 months one complaint had been received. This had received appropriate attention and had resulted in a satisfactory resolution that had been acknowledged with gratitude by the person who raised their concern. It was evident from the records that a caring, solution focussed and personal approach had been taken throughout this process. Compliments were shared with the staff team and reflected

appreciation for kindness and skilled care.

Is the service well-led?

Our findings

People and visitors held the home in high regard. Relatives felt confident they could talk with all the staff and be listened to. The registered manager was visible and accessible, their office was centrally based in the home and they told us they had an open door policy. We observed people, visitors and staff were relaxed in the registered managers company and shared conversations as they passed their door. One relative commented as they passed on their way out of the home: "(Relative) is in super hands."

The registered manager was supported by Tricuro the provider organisation and had regular contact with colleagues who managed similar services and their line manager. They discussed how important this support had been and continued to be to them. For example they shared how they had discussed good practice related to emergency evacuations as a group and been able to share ideas that they had brought back and implemented in the home. The provider organisation was a local authority trading company and this meant the registered manager retained access to support around some aspects of their role from the local authority. They described how the human resources support enabled them to carry out some aspects of their role confidently and competently.

There were changes being implemented to the terms and conditions of Tricuro employees and this had affected staff morale over the previous months. Staff and the registered manager acknowledged this but spoke positively about the support of their colleagues and commitment to ensuring people received the best care. This ethos of providing the best and promoting a family feel was shared across the service and we heard it reflected in the comments made by people, staff, visitors and the manager. The ethos and commitment of staff, and senior team, had supported them during a challenging time. .

The registered manager told us they considered it important to communicate with people, relatives and staff effectively. They held meetings for staff which we saw provided an opportunity for staff to share ideas and concerns as well as discuss practice and organisational issues. Minutes of meetings were recorded and actions carried forward. Senior staff and people also had regular meetings. As well as planned meetings the registered manager told us they chatted with people, relatives and staff on a daily basis informally. People and relatives talked to us about the registered manager by name and visitors confirmed they saw the registered manager regularly and chatted with them.

There was a system for quality monitoring within the home which included a number of quality audits. For example a monthly audit of care records and medicines. A walk of the building was also carried out to identify health and safety concerns and to identify environmental improvements needed. The registered manager described how areas for improvement were identified we saw that actions had been taken. This was demonstrated in a plan that had been agreed to improve storage facilities for equipment. People and relatives were also able to contribute to the quality monitoring process.

Feedback gathered informally and through a survey highlighted suggestions and these had been added to the list of improvements that were on going or planned.