Barchester Healthcare Homes Limited

Castle Rise

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?	**Requires Improvement**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

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

Castle Rise is registered with the Care Quality Commission (CQC) to provide nursing care to 40 people with a range of needs including dementia. It is situated in a residential area close to shops and bus routes into Hull.

Bedrooms are provided over two floors accessed by a passenger lift and stairs. Communal rooms consist of three lounges and two dining rooms. There is also a hairdressing salon. The grounds are accessible to people with mobility difficulties.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

The way the medication was handled did not always ensure people received their medication as prescribed. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff told us they had received training and could identify different types of abuse. They also told us they would report any abuse they witnessed and felt this would be dealt with appropriately by the registered manager

The provider ensured people were not exposed to staff who should not be working with vulnerable adults by having a robust recruitment and selection process in place.

Staff understood the needs of the people who used the service and were appropriately trained. They also received updated training on a regular basis to ensure they had the right skills to meet people's needs. However, people's dignity and privacy was not always respected.

People had been assessed as to what level of support they needed to make an informed choice or decision. Where they had been assessed as requiring support the provider had systems in place which ensured as far practicable any decisions made was multi-disciplinary and in the person's best interest. People were supported to be as independent as possible.

Training was provided to staff which enabled them to develop their skills and further their education and qualifications.

The registered manager and provider undertook regular quality monitoring to ensure the service was run in the best interests of those people who used it. They also consulted with any stakeholders who an interests in the care and welfare of the people who used the service. People who used the service were supported to make suggestion about the way the service was run and could raise complaints with the registered manager.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe.

The way the medication was handled did not always ensure people received their medication as prescribed. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff were trained in recognising abuse and how to report this to ensure people were safe.

The provider had robust recruitment systems in place to ensure people were not exposed to staff who had been barred from working with vulnerable adults. Systems were in place to regularly review the risk people potentially faced and protected people without depriving them of their liberty.

People were supported, where appropriate, to make informed choices and decisions following assessments. Meetings were held to ensure any decisions made on the person's behalf were in their best interest.

Is the service effective?

Good

The service was effective. We saw people were involved in their care and were consulted about their preferences and choices.

The provider had ensured staff received training which was appropriate to their role and this was updated as required.

People had access to health care professionals and the staff made referrals when needed and followed their instructions.

People were provided with a nutritious and wholesome diet and their choices were respected.

Is the service caring?

Requires Improvement

Some aspects of the service were not caring.

People's dignity and privacy was not always respected. .

Staff were able to describe people's needs and how these should be met. People's care plans described how staff should meet their needs and they had been involved in its formulation.

Is the service responsive?

Good

The service was responsive.

Summary of findings

People's care plans contained up to date information and were reviewed on a regular basis. Care plans were also reviewed and changed if people's needs changed suddenly or they became ill.

Referrals were made to appropriate health care professionals when needed. Staff carried out the advice provided and undertook the monitoring required to ensure people's needs were met.

People were able to have a say about how the service was run and these were taken into account with regard to any future planning. The registered provider also had systems in place which gathered the views of people who had an interest in the care and welfare of the people who used the service.

Staff were aware of what activities and interests people had and how these should be facilitated. There was an activities coordinator employed who provided a range of activities for people to choose from.

Is the service well-led?

Good

The service was well led.

People who used the service could have a say about how the service was run. The provider held meetings with relatives so they could also gain their views about how the service was run. Other stakeholders were also consulted.

Staff told us they felt supported by the management team and could approach them for support and advice. Staff meetings were held and staff were trained in how to best care for the people who used the service.

The registered provider had monitoring and auditing systems in place which ensured people were safe and their needs were met. The environment was monitored regularly, which ensured people lived in a well maintained and safe home.

There were systems in place which assessed the effectiveness of the service provided and changes were made when identified.

Castle Rise

Detailed findings

Background to this inspection

This inspection took place on 22 July 2014 and was unannounced. The service was last inspected June 2013 and the home met the regulations that we looked at.

The inspection was led by an adult social care inspector who was accompanied by an expert by experience and a specialist professional advisor. An expert by experience is a person who has personal experience of using or caring for someone who used this type of service. The specialist professional advisor had experience of nursing practices.

Prior to the inspection the provider completed a Provider Information Return (PIR). The PIR is a document completed by the provider about the performance of the service. The local authority safeguarding and quality teams and the local NHS were contacted before the inspection, to ask them for their views on the service and whether they had investigated any concerns. We also looked at the information we hold about the provider.

During our inspection we observed how the staff interacted with the people who used the service and their relatives. We used the Short Observational Framework for Inspection (SOFI) in the lounge and dining room. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We spoke with six people who used the service, two of their relatives and four care staff. We also spoke with the registered manager.

We looked at a selection of care files which belonged to people who used the service, staff recruitment files and a selection of documentation with regard to the management and running of the service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Requires Improvement

Is the service safe?

Our findings

During the inspection we became aware of a medication issue. Someone who had recently been admitted to the service from home had been without vital medication for a period of seven days following admission. Although records showed staff had communicated with the pharmacist and the GP, they had not ordered an emergency supply from the pharmacist, despite this system being available to them. This meant the person had been without medication for a significant amount of time. No record of the incident had been recorded in the person's care plan or the service's incident records. This was addressed during the inspection and the medication was ordered. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

When we spoke with visitors they told us they were happy with the care and attention their relative received. Comments included, "What I see seems to be good" and "They are so kind to him."

When we spoke with people who used the service they told us they felt safe and trusted the staff. We saw staff were kind and caring when they interacted with people and offered support where needed.

Staff were able to describe to us the provider's policies and procedures for reporting any abuse they may witness. They were also able to describe to us different forms of abuse people may experience and what the signs may be. They told us they had received training and were confident if they reported anything this would be dealt with appropriately by the registered manager. One member of staff said, "If we didn't protect the residents who would?"

When we spoke with staff they displayed a good understanding of the Mental Capacity Act 2005, they were also able to describe the use of Deprivation of Liberty Safeguards (DoLS) and when these should be applied for and why. The registered manager understood the process of application for DoLS and had notified the outcome of any applications made to the CQC.

We saw in people's care files that assessments had been undertaken which identified if the person required support with making complex decisions. Where this was the case meetings had been held involving health care professionals, relatives where appropriate and senior staff from the home. This ensured any decisions made on the person's behalf were in their best interest.

People's care files contained emergency evacuation plans for staff to follow if the need arose. There were also general emergency plans for staff to follow in the event of floods or if the home suffered a power cut.

The registered manager described the method they used to assess the numbers of staff needed; this was based on the needs of the people who used the service. We saw rotas which confirmed there were enough staff on duty to meet people's needs. The manager told us they were in negotiation with their line manager with regard to increasing domestic hours as they felt these were currently inadequate. They also told us they considered the skill mix of the staff on duty. Staff told us that on some occasions the staffing numbers were affected by staff ringing in sick at short notice. The registered manager told us they used agency staff when the need arose and always tried to use the same staff to maintain consistency for the people who used the service.

The provider's recruitment and selection procedures ensured people were not exposed to staff who had been barred from working with vulnerable adults. Staff recruitment files we looked at evidenced references had been sought usually from the previous employer were possible and checks had been undertaken with the Disclosure and Barring service (DBS) prior to employment. The registered manager explained that if anything should appear on the employee's DBS check this was discussed with them prior to commencing employment and a decision was made as to the suitability of their employment. Nurses' registrations had also been checked with the body which maintains and regulates this, the Nursing and Midwifery Council (NMC). This ensured their eligibility to carry out a registered nurses role.

Good

Is the service effective?

Our findings

Care staff and nursing staff we spoke with told us they received training which was relevant to their role and equipped them to meet the needs of the people who used the service. They told us they received regular training in safeguarding adults, moving and handling, food hygiene, infection control and fire safety. They also told us they could request further and more specialised training for example in dementia to further their development. There were systems in place which alerted the manager that staff's training needed up dating. Staff told us they were not allowed to work at the service unless they had completed training.

Visitors we spoke with were happy with the care attention their relatives received. Comments included, "They are very well cared for" and "They check if he needs the doctor or opticians" and "They keep an eye on him."

All staff we spoke with felt the registered manager was approachable and staff supported each other.

The induction process for newly recruited staff provided training on the needs of the people who used the service. Newly recruited staff were supernumerary for three to four shifts before they became part of the staff team.

We saw the food provided on the day of inspection was nutritious and well presented. Choices were available for the main meal and the dessert. People's diets were catered for including low fat and diabetic options. People were asked prior to the meal time what they would like, however if they changed their minds at the meal time this was catered for. We saw staff supporting people sensitively and discreetly. Many of the people who used the service chose to eat in their rooms. Staff made sure meals taken to people in their rooms were covered.

We asked people who used the service about the food. Comments included, "It's alright", "Been alright up to now" and "There is some choice." We were told that any special diets or supplements were assessed on admission and managed by the main kitchen staff.

We undertook a brief observation during lunch time. This showed us that people viewed the occasion as time to talk with friends and socialise with others. We heard staff talking to people about their day and if they were enjoying their meal. We heard people telling staff how much they liked the food. Staff were observing people and making sure they were able to eat their meals, they offered assistance where necessary discreetly and sensitively.

We saw the menu folder was displayed in the hallway and dining area. It was clearly written and there was a list of food people could choose from. There was also a choice of options if people did not want or like what was on offer that day. Staff told us they would offer alternatives to people if they did not want what was on the menu. Staff also told us drinks were offered to people hourly and people could also request drinks between these times.

Staff knew the likes and dislikes of the people who used the service and interacted well throughout the course of the lunchtime with everyone in the dining room. We also saw staff assisting people in their rooms to eat their meals; this was undertaken sensitively and staff moved at the person's pace offering quiet encouragement. People's likes and dislikes were also recorded in their care plans.

Some of the people who used the service were fed by a tube which went directly into their stomach. Staff were aware of the importance of monitoring their food and fluid intake. They were also aware of the procedures to be followed with regard to the care, attention and monitoring of this type of feeding aid.

When needed referrals had been made to the dietician, this usually followed a period where the person may have been off their food or was experiencing a problem swallowing or choking. We saw that monitoring charts had been completed and these were used as part of the on-going assessment of the person's dietary needs. Health care professionals involved with people's care told us the staff followed their instruction and completed monitoring charts which helped them to provide support to the person.

Requires Improvement

Is the service caring?

Our findings

Some of the people who used the service were nursed in bed; this was due to their needs and risk. This meant people spent long period of time in their rooms. During the inspection we observed that people's dignity was not always respected as we saw people lying on their beds either in their night wear, not covered over or in various states of undress which did not ensure their dignity or modesty. This was discussed with the manager and they assured us this would be addressed with the staff.

People who used the service told us they were satisfied and happy with the level of care and attention they received. They told us the care staff were caring; comments included, "The staff are really caring and kind", "You can't fault them really, they take me out and drive me around" and "I am happy living here."

Staff treated people with kindness and compassion. We saw and heard staff communicating well with people who used the service and explaining what they were doing and why. They also asked the person for their cooperation and how they would like the person to help them to ensure their safety. We saw staff caring for people with limited communication in a sensitive and compassionate way. They gave people time to respond and spoke quietly and slowly confirming the person had understood what had been said. They also used nonverbal cues as well as verbal, this included smiling and thumbs up signs to confirm people were happy with what was happening and they had understood them.

Staff could describe to us how they would maintain people's dignity and ensure their choices were respected. They told us they would ask people and make sure they had understood what had been said. They also said they would give people time to answer. Care plans we looked at contained information about people's preferences, likes and dislikes and their past lives. Staff we spoke with were able to describe people's needs and how these should be met.

Staff told us they took the time to get to know people and their past lives. They told us they found this interesting and it gave them an insight into the person. They also told us they liaised with families and friends to build up a picture of the person. They told us they took time, when possible, to sit and talk to people, one member of staff said, "Even when we're busy we make the time." When asked if they would recommend this service to a relative all staff said "Yes" and "I would be happy for my mum and dad to live here." One staff member said, "They are all given time." They also told us "It's great to see personal improvements with residents and receive positive comments from relatives."

The provider had a range of policies and procedures in place for staff to follow which reinforced the need for staff to be mindful of people's background and culture. This was also recorded in people's care plans along with their preferences about how they chose to be cared for and spend their days.

Care plans we looked at contained evidence people who used the service, or those who acted on their behalf, had been involved with its formulation. We saw reviews had been held and people's input into these had been recorded. Those family members we spoke with and who had an input into the care and welfare of their relatives told us they knew what was in their relative's care plans and the registered manager kept them well informed about their relative's welfare.

All confidential information was stored securely and staff only accessed this when needed. Visitors told us they were not restricted to visiting times and could visit whenever they wanted.

Good

Is the service responsive?

Our findings

We saw evidence of person centred care being provided throughout the service. When we spoke with staff they could explain how they minimised the risk to people and how they liaised with other health care professionals to ensure people received the best care possible. As part of the information gathering process prior to the inspection visit we contacted health care professionals who were involved in the care the people who used the service received. They told us they felt confident the staff at the home followed their advice and guidance.

We saw care and management staff were going about their duties in a calm and professional manner. Due to people being nursed in bed there was a formal system in place to ensure they were checked and consulted with on regular basis also. We saw and heard staff asking people if they were ok or if they needed anything.

The registered manager had regular meetings with the people who used the service to gain their views about how the service was run. Following one of these meetings a request had been made by the people who used the service for a life skills kitchen to be available for them to use. We saw that this was virtually complete and was located within the dining room. Staff told us they intended to undertake activities like baking and preparing simple meals, so people could enhance or maintain their independence. The registered manager had also responded to requests for chips to be made available for people during the evening.

Care plans were well ordered, easy to read and person centred. Some people had agreed to a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) due to ill health and, where relevant, this was clearly visible in the care plans. Detailed life histories were also in place in people's care plans. The daily notes and records made by the staff in people's care plans demonstrated they provided the care and attention to meet people's needs. For example, daily notes documented what the person did, how the staff supported them and any changes in the person's needs. The daily notes also documented who the staff contacted and what advice had been given and what assessments had been undertaken if the person's needs changed.

There was lots of interaction between the staff and the people who used the service. An activities coordinator was employed by the provider and they provided activities to the service. They also had responsibility to provide activities to the other locations in the group. They had devised a range of activities which people could choose from on a daily basis; this included arts and crafts, bingo sessions and exercise. Staff told us people were encouraged to maintain interests. They told us, "One lady loves card making" and "One of our residents loves Roger Moore and we help her collect stuff" and one man had a collection of guitars. However, one person told us they would love to paint but only bingo was on offer.

People's care plans demonstrated the person or their representative had been involved with its formulation. Sections of the care plan showed the person's needs had been assessed and described how staff should meet these. Other sections of the care plan described the potential risk to people's health and wellbeing. This included the risk of falls, nutritional risk and tissue viability. These had been reviewed on a regular basis and changes made where needed. There was also evidence of consultation with health care professionals where needed. Relatives we spoke with told us they felt staff knew what they were doing. One relative said, "I had to call girls in, they all came and they knew what to do."

We saw that a complaint procedure was displayed around the home and people told us they knew they had the right to complain and who they would complain to, one person told us they "Would speak with the manager." Relative told us they knew they could raise complaints with the management of the home. Staff were able to describe to us how they would deal with a complaint and how they would pass these up to higher management if they could not resolve them.

The complaint procedure explained how people could complain in the first instance to the management team. It also explained within what time scale people should expect a response. It also explained people had a right to complain to other bodies, for example the CQC, the local authority and ombudsman. The registered manager told us they welcomed complaints and saw them as an opportunity to develop the service.

The registered manager told us they had identified a need for another member of staff whose role would be to fill in the gaps when the shifts are busier and working predominately with the clients. They were in discussion

Good

Is the service responsive?

with their line manager about this proposal. Care staff were supported by ancillary staff, for example domestics and cooks, so they could concentrate on caring for people who used the service.

The registered manager also described to us how they were working locally with the palliative care team to implement a 'virtual clinic'. This would ensure people who had a medical condition that was worsening would be able to have their symptoms observed via electronic technology. Specialist nurses and doctors would be able to give advice remotely without any disruption to the person's routine.

Good

Is the service well-led?

Our findings

The registered manager ensured people could have say about how the service was run. They held meetings with the people who used the service and their families and friends; they also sent surveys to people who used the service their families and any visiting health care professionals. They also told us they made sure they talked to people on a daily basis. The surveys asked people about their satisfaction in a particular area, for example care provided the cleanliness of the building and the staff. The registered manager then collated these views and produced an action plan to address any issues raised. We saw minutes of the meetings and the reports the registered manager produces following the collation of the surveys.

Staff felt the service was well led, they told us, “Everyone has their own routines and know what is expected.” All staff said they liked working at the service. Their comments included, “I love coming in on a morning and seeing clients smile, it's rewarding", "I love everything about caring" and "I like to treat people how I treat my Mum."

The staff told us they attended regular team meetings where there was an opportunity to have a say about how the service was run and suggest new ways of working. They also told us they received regular supervision and had the opportunity to attend training relevant to their roles. Their career development was supported and they had yearly appraisals during which developmental objectives were set and reviewed. One member of staff had suggested PEG training for all staff and this was acted upon, they told us “I feel we can make suggestions and these are listened to.” They also told us, “(the registered manager) has a vision for the home which staff and patients have contributed to”, "It’s second to none care here, I've worked with lots of families and it's good here", “Communication is very good here”, “Open door here, we can turn up at any time and be listened to by the manager” and “XXXX (the registered manager) has done a marvellous job is very dedicated and is hands on.”

We saw the registered manager undertook audits of the service provided, these included weekly audits of medication, the environment, policies and procedures and staff working practices; any areas of concerns were discussed at staff meetings and areas of improvement identified.

The registered manager undertook audits of the care and attention people received and of the equipment used by the staff to meet people’s needs. We saw people’s weight was monitored and their general wellbeing through the auditing of care plans. Any incidents or accidents were analysed and any learning or patterns identified resulted in changes to staff’s working practice and policies and procedure where needed. Any action plans set as result of these audits were time limited and reviewed to ensure they were effective and addressed any identified shortfalls to the service.

The registered manager had just commenced a ‘10 at 10’; this was a daily meeting which lasted ten minutes at 10am with the senior staff to discuss the day’s work and any issues.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 of the Health and Social Care act 2008 (Regulated Activities) Regulations 2010. People who used the service were not protected against the risks associated with the unsafe use and management of medicines because appropriate arrangements were not in place for the obtaining of medication. Regulation 13.