

# SheffCare Limited

# Castelayn

## Inspection report

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Date of inspection visit:  
05 April 2016

Date of publication:  
11 May 2016

## 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

Castelayn is registered to provide accommodation and personal care for up to forty two older people. The home is purpose built over three floors. The top floor of the home is dedicated to supporting people living with dementia. The home is situated in the S14 area of Sheffield, close to local amenities and bus routes.

There was a manager at the service who was registered with CQC. 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 and associated Regulations about how the service is run.

Our last inspection at Castelayn took place on 19 May 2014. The home was found to be meeting the requirements of the regulations we inspected at that time.

This inspection took place on 5 April 2016 and was unannounced. This meant the people who lived at Castelayn and the staff who worked there did not know we were coming. On the day of our inspection there were 38 people living at Castelayn.

People spoken with were positive about their experience of living at Castelayn. They told us they felt safe and they liked the staff.

Relatives spoken with had no concerns regarding their relative's care. They told us they knew staff well and they were always kept up to date with any news.

Healthcare professionals spoken with told us they had no concerns about Castelayn.

We found systems were in place to make sure people received their medicines safely.

Staff recruitment procedures were thorough and ensured people's safety was promoted.

Staff were provided with relevant induction and training to make sure they had the right skills and knowledge for their role. Staff understood their role and what was expected of them. They told us they liked their jobs, worked well as a team and were well supported by the registered manager. The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who may not be able to make important decisions themselves.

People had access to a range of health care professionals to help maintain their health. A varied and nutritious diet was provided to people that took into account dietary needs and preferences so their health was promoted and choices could be respected.

People living at the home, and their relatives said they could speak with staff if they had any worries or concerns and they would be listened to.

We saw people participated in a range of daily activities both in and outside of the home which were meaningful and promoted independence.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to. People using the service and their relatives had been asked their opinion via questionnaires, the results of these had been audited to identify any areas for improvement.

## 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.

Appropriate arrangements were in place for the safe storage, administration and disposal of medicines.

There were effective recruitment and selection procedures in place.

People expressed no fears or concerns for their safety and told us they felt safe.

### Is the service effective?

Good ●

The service was effective.

People were supported to receive adequate nutrition and hydration.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

People felt staff had the skills to do their job.

### Is the service caring?

Good ●

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People said staff were caring in their approach.

### Is the service responsive?

Good ●

The service was responsive.

People's care plans contained a range of information and had been reviewed to keep them up to date. Staff understood people's preferences and support needs.

A range of activities were provided for people which were

meaningful and promoted independence.

People were confident in reporting concerns to the registered manager and felt they would be listened to.

**Is the service well-led?**

**Good** ●

The service was well led.

Staff told us they felt they were part of a good team. Staff said the registered manager and senior staff were approachable and communication was good within the home. Some staff meetings were held.

There were quality assurance and audit processes in place.

The service had a full range of policies and procedures available to staff.

# Castelayn

## 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 checked whether the registered 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.

This inspection took place on 5 April 2016 and was unannounced. The inspection team consisted of one adult social care inspector and one 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. The expert had experience of caring for an older person living with dementia.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received about the service and notifications submitted by the service. We asked the provider to complete a Provider Information Return (PIR). This 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. The PIR was returned as requested.

We contacted Sheffield local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted five health professionals who had contact with the service including District Nurses and a GP. All of the comments and feedback received was reviewed and used to assist with our inspection.

During our inspection we spoke with 17 people living at the home and three of their relatives or friends to obtain their views of the support provided. We spoke with 12 members of staff, which included the registered manager, the deputy manager, care workers, team leaders and ancillary staff such as catering and domestic staff. We also spoke with a community professional who was visiting the home during our inspection.

Throughout our inspection we spent time observing daily life in the communal areas of the home and how staff interacted with people and supported them. We spent time looking at records, which included three people's care records, three staff records and other records relating to the management of the home, such

as training records and quality assurance audits and reports.

# Is the service safe?

## Our findings

All of the people living at Castelayn that we spoke with said they felt safe. One person told us, "When I have a shower, they [staff] are ever so careful to make sure that I don't slip or anything. I had falls before I came here which has left me feeling nervous but the staff reassure me and I feel much better about moving around than I did." Another person said, "I have a lovely room. It is ever so clean. They come in and clean every day and if I've dropped anything on the floor they pick it up and put it on the side so I don't fall over it."

People told us that if they did have a worry or any concern they would tell a member of staff and they were confident they would deal with the concern appropriately and involve the right people.

We found that questionnaires had been sent to people living at Castelayn, to obtain their views of the support provided. 25 people had completed the questionnaire and this had been audited by an independent company. The report from this audit showed that 100% of respondents said Castelayn was a safe and secure place to live.

Relatives spoken with said they had no worries or concerns about the safety of their relative living at Castelayn. One relative told us, "We came to look round and were very impressed by what we saw. Our relative wasn't safe at home any more. They had started wandering and being very confused. It's a real relief to see them here and be confident that they are safe."

All of the staff asked said that they would be happy for a relative or friend to live at the home and felt they would be safe.

People told us they were happy with how they received their medicines. Comments included, "The staff bring me my tablets every day. I don't know what they are for but they tell me that the doctor has sent them so I'm sure that's alright" and "I have to have oral morphine four times a day because of my chronic pain but they are very good to make sure I always get it at the right time. Any delays will let the pain become unbearable but they know that so are spot on with time keeping." One person told us they needed regular oral pain relief and said, "They [staff] are very good. They make sure I have my tablets and they always ask if I've got any pain and if I need anything else."

Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff were clear of the actions they should take if they suspected abuse, or if an allegation was made so that correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the registered manager or senior person on duty and they felt confident that senior staff and management at the home would listen to them, take them seriously, and take appropriate action to help keep people safe. Information from the local authority and notifications received showed that procedures to keep people safe were followed.



We saw that a policy on safeguarding vulnerable adults was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew these policies were available to them.

Employment records were held at the services head office, but these were available to view on the services computer system. We looked at three staff files to check how staff had been recruited. Each contained an application form detailing employment history, interview notes, two references, proof of identity and a Disclosure and Barring Service (DBS) check. We saw the company had a staff recruitment policy so that important information was provided to managers. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. This information helps employers make safer recruitment decisions.

We looked at three people's care plans and saw each plan contained risk assessments that identified the risk and the support they required to minimise the identified risk. We found risk assessments had been evaluated and reviewed to make sure they were relevant and up to date.

One person had made choices that conflicted with advice from healthcare professionals. We checked their care plan and found clear and detailed information regarding this, including a risk assessment that gave full information on minimising the risk. Records showed that relevant healthcare professionals had been consulted and involved. This example shows that people's safety was promoted.

The service had a policy and procedure on safeguarding people's finances. The registered manager explained that each person had an individual record and could access funds from a petty cash float. We checked the financial records and receipts for three people and found they detailed each transaction, the money deposited and money withdrawn by the person. We checked the records against the receipts held and found they corresponded. We saw that the registered manager undertook audits of financial records to ensure they were correct. This showed that procedures were followed to help protect people from financial abuse.

At the time of this visit 38 people were living at Castelayn. We found that six care staff, the registered manager, the deputy manager, a team leader, and ancillary staff that included domestics and a cook were on duty. We saw people received care in a timely manner and staff were visible around the home, supporting people and sharing conversation. We spoke with the registered manager about staffing levels. They said that these were determined by people's dependency levels and occupancy of the home. We looked at the homes staffing rota for the four weeks prior to this visit, which showed that the calculated staffing levels were maintained so that people's needs could be met. The registered manager explained that two staff were always provided on each of the three floors and a team leader was available in addition to the care staff to provide any additional support where needed.

We found that a laundry worker was employed for 16 hours each week. The registered manager told us that care staff undertook some laundry duties. This meant that staff had less time available to people. We discussed this with the registered manager who gave assurances that she would consult the provider regarding additional laundry support.

We found there was a detailed medicines policy in place for the safe storage, administration and disposal of medicines. Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. The registered manager told us she observed staff administering medicines before signing them as competent to make sure they had understood their training

and were following the correct procedure for administering and managing medicines. We found that a pharmacist had inspected the medicines systems in January 2015 and recommendations made had been acted upon. For example, the pharmacist had recommended that a fridge was defrosted and this had been done.

We found identified staff were designated to administer medicine. We observed staff administering part of the breakfast and lunch time medicines. We saw medicines were given to people from a medicine pot and each person was offered a drink. The member of staff stayed with the person until they were sure they had taken their medicines. When the person had taken their medicines the member of staff signed the MAR (Medication Administration Records) sheet. We heard staff asking people if they needed their pain relief and respecting their responses.

We found that night staff were trained to administer medicines so that people's needs relating to medicines could be met.

We found that policy and procedures were in place for infection control. Training records seen showed that all staff were provided with training in infection control. We saw that monthly infection control audits were undertaken which showed that any issues were identified and acted upon. We found Castelayn was clean. Two domestic staff spoken with said they always had enough equipment to do their jobs and had clear schedules and routines to make sure all areas of the home were kept clean. This showed that procedures were followed to control infection.

# Is the service effective?

## Our findings

People living at Castelayn said their health was looked after and they were provided with the support they needed. Comments included, "When I'm poorly, they [staff] bring the doctor and they let my daughter know as well. It's never a problem because the doctor is here every week anyway so anybody who needs help can be seen," and "They [staff] are very good here. You see the doctor when you want; nurses come when they're needed. I get my feet seen to. I am very happy. I'm well looked after. We all are."

We looked at the report compiled from questionnaire results and this showed that 100% of the 25 respondents said they were satisfied with the care and support they received.

Relatives spoken with had no worries or concerns regarding the healthcare support provided to their loved one. One relative told us, "This place is amazing. You hear all these horror stories but there's nothing like that here. The staff are brilliant. They keep us in touch all the time about how they are and it's a complete open door. I've come in very early in the mornings sometimes and they don't mind a bit. I've been told that I can come in whenever I want and at any time that I want."

We spoke with a visiting community professional during our inspection. They told us they had no concerns about Castelayn and commented, "I have a lot of contact here (Castelayn). I am often popping in. I think it is a smashing home, no worries at all."

Prior to our inspection we received comments from a healthcare professional who told us, "I've no concerns from my perspective. I work incredibly well with the team leaders and the managers."

People told us the food was good and they enjoyed the meals. Comments on the food included, "I eat better than the Queen, I'm sure. We get asked every day what we would like from the menu but if there's nothing there we fancy, then the staff give us ideas about what else we might like. Everything here is A1. This is my home and I wouldn't want to be anywhere else," and "I love Saturdays because we have a full English breakfast with all the trimmings – mushrooms, sausages and fried bread as well as bacon and eggs. It's better than living in a hotel."

In their questionnaires, 100% of the 25 respondents said the menu offered good choice and variety, 96% of respondents said the food was of good quality, 4% did not express an opinion.

We saw some people in one dining area at breakfast and another dining area at lunch time. The rooms were clean and bright. There were clean table cloths on the tables and we saw meals were nicely presented; the food looked appetising. People said they were enjoying their food. Staff were chatting to people as they served meals and there was a pleasant atmosphere in the room. People were allowed to eat at their own pace and we saw people had different meals according to personal choice. No one was left waiting for help and the staff were cheerful and encouraging. People were sat in various dining areas of the home to eat their meals according to personal choice. This showed a flexible approach to providing nutrition. During lunch we saw one person going round filling up everyone's juice and water. This showed people's independence was

encouraged and promoted.

People told us there were plenty of warm and cold drinks served during the day. We observed drinks being regularly taken into the various lounges during our visit. We saw people who preferred to spend time in their bedrooms also received drinks. Staff were aware of people's food and drink preferences and respected these.

We spoke with the cook who was aware of people's food preferences and special diets so that these needs could be met. We looked at the menu for four weeks and this showed that a varied diet was provided and choices were available at all mealtimes. The records showed that people's dietary and cultural needs were met. Where people wanted different to the menu, this was provided. For example, during breakfast we saw people eating different hot and cold foods according to their choice. Whilst two choices were provided for lunch, we saw three people had chosen different to the menu and this had been respected. This demonstrated that staff had a good knowledge of the people in their care and people's opinion had been sought.

Staff told us the training was 'good' and they were provided with a range of training that included moving and handling, infection control, safeguarding, food hygiene, equality and diversity and dementia awareness. We saw a training matrix was in place so that training updates could be delivered to maintain staff skills. Staff spoken with said the training provided them with the skills they needed to do their job.

We found that the service had policies on supervision and appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. Records seen showed that staff were provided with supervision and annual appraisal for development and support. Staff spoken with said supervisions were provided regularly and they could talk to their managers at any time. Staff were knowledgeable about their responsibilities and role.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager was aware of the role of Independent Mental Capacity Advocates (IMCAs) and how they could be contacted and recent changes in DoLS legislation. Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed that they had been provided with training in MCA and DoLS and could describe what these meant in practice. This meant that staff had relevant knowledge of procedures to follow in line with legislation. The registered manager informed us that where needed DoLS had been referred to the Local authority in line with guidance and we saw records of these applications.

We looked at three people's care plans. They all contained an initial assessment that had been carried out prior to admission. The assessments and care plans contained evidence that people had been asked for their opinions and had been involved in the assessment process to make sure they could share what was

important to them. We saw care plans had been signed by the person or their representative to evidence their agreement where they had been able to sign.

The care records showed that people were provided with support from a range of health professionals to maintain their health. These included district nurses, GPs, speech and language therapists (SALT), chiropodists and dentists. People's weights were monitored monthly and we saw evidence of involvement of dieticians where identified as needed.

## Is the service caring?

### Our findings

People told us they were happy living at Castelayn, the staff were kind and they had choices. Their comments included, "They [staff] are all marvellous. Nothing is too much trouble for them. We get everything we want," "I get up when I want and I go to bed when I want. Everything I do is up to me" and "I don't want to sit in the lounge. I love my room. I've got it just how I want it and I like to watch my own TV. I go down to the dining room for my lunch but I like to come back here. I have the door open and everybody stops for a little chat as they go past."

We looked at the report compiled from questionnaire results and this showed that 100% of the 25 respondents agreed their privacy was respected and they could have visitors when they wanted. This showed that people's choices and opinions were respected. In addition, the report showed that 100% of respondents agreed they were treated with kindness, dignity and respect.

Relatives told us the care staff were kind and caring. They told us they could visit at any time. One relative commented, "I come three times a week and always at different times depending on what else I'm doing. I've been told that it doesn't matter when I want to come. I could come at midnight if I wanted."

The registered manager said that visiting times were flexible and could be extended across the 24 hour period under certain circumstances and with the agreement of and the consent of the person using the service. Relatives spoken with said that they visited regularly and at different times of the day. We saw the home was busy with visitors throughout the day and all were greeted warmly by staff that knew them.

During our inspection we spent time observing interactions between staff and people living at the home and their relatives. It was clear that staff had built positive relationships with people and they demonstrated care and compassion in the way they communicated with and supported people. We saw that in all cases people were cared for by staff that were kind, patient and respectful. We saw staff acknowledge people when they passed them in a corridor or entered a communal room. Staff shared conversation with people and were attentive and mindful of people's well-being. We heard a care worker patiently reassure a person and support them with an activity. We saw staff notice a person was sitting in direct sunlight, and ask them if they wanted the curtain drawing to provide shade. We saw care workers knock on bedroom doors before entering. People were always addressed by their names and care staff seemed to know them and their families well. People were relaxed in the company of staff.

All of the staff spoken with said they would be happy for their loved one to live at Castelayn. One staff said, "I would be happy for my Nan to live here, she would be happy and safe."

All assistance with personal care was provided in the privacy of people's own rooms. We saw staff supporting people to their rooms so that health professionals could see them in private. We heard staff speaking to people and explaining their actions so that people felt included and considered.

We did not see or hear staff discussing any personal information openly or compromising privacy.

We found the home had a dignity champion and an end of life champion whose roles were to share good practice with staff. Staff told us that the topics of privacy and dignity were discussed at training events and they found these informative and helpful.

We saw a leaflet 'when a loved one dies' and 'tender loving care' in the information point in reception which provided practical advice and guidance relating to the death of person should relatives choose to use this. Staff spoken with were very clear that end of life care was individual to the person.

One person was being supported with end of life care. We looked at their care plan which contained clear and detailed information about the support needed. The plan also showed involvement from relevant health professionals. Staff spoken with were aware of the actions required to support the person at this time.

The care plans seen contained information about the person's preferred name and how people would like their care and support to be delivered. This showed that important information was available so staff could act on this.

The care plans seen had been signed by the person or their relative to show their involvement.

We saw evidence that information was provided to people who used the service about how they could access advocacy services if they wished. A leaflet on advocacy services was on display at the information point in the reception area. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf.

## Is the service responsive?

### Our findings

People living at the home said staff responded to their needs and knew them well. They told us they chose where and how to spend their time, where to see their visitors and how they wanted their care and support to be provided. Comments included, "There is always plenty going on. We're having bingo this afternoon and it's up to you whether you want to go or not. You don't have to play," "We have dominoes and cards. We have entertainers come in as well. Singers and somebody called Spiderman who throws himself all over. He's daft he is," "In the summer we go out on the minibus. Sometimes we go to the coast. That's why we have the raffles and things because it puts money in the kitty to buy everyone ice cream" and "There is always something going on. The hairdresser comes every Monday and you can get your fingernails painted if you want."

We saw three people were sitting together near the main entrance and they told us they like to sit there to watch the comings and goings of people in and out of the home. They were chatting and seemed to be having a good time. One person told us, "These are my friends, we are all right here, very lucky."

We looked at the report compiled from questionnaire results and this showed that 100% of the 25 respondents agreed that they could take part in activities if they wanted to.

One person spoken with said they sometimes got bored, and commented, "I just sit here. It's boring. A lot of people fall asleep in the afternoon and we are just waiting then for teatime and getting ready for bed. Every day is just the same."

People living at the home and their relatives spoken with all said that they could speak to staff if they had any worries. People commented, "I would tell my family. They see to all that kind of thing" and "There is nothing to complain about. You would have to be a funny person to complain here."

The report questionnaire results showed that 92% of the 25 respondents agreed that staff dealt with complaints and concerns, 8% did not express an opinion.

Relatives told us they found the home very responsive and we heard staff asking visitors if they needed anything and checking all was well. Staff appeared to know relatives well and greeted them by name.

We found an activity worker was employed for 30 hours each week. We found a variety of leisure opportunities were provided for people to enjoy as they chose. The home had access to a minibus to facilitate trips out of the home so that people were provided with more leisure opportunities. We saw a calendar of activities on display and people told us the activities provided included quizzes and games, trips out, visiting entertainers, and crafts. During our inspection we saw a variety of activities, both in groups and individually. We saw people being supported and encouraged with craft work. We saw a person choose to spend time completing a colouring book for adults with staff, and we saw people participate in a game of bingo in the afternoon.



People told us about a 'meal night' that had been introduced as part of the activities and choices available. Each month a themed meal would be organised. The person that had won the quiz had the opportunity to choose the theme. So far, a Greek and Italian theme night had been held. The person who had won the most recent quiz had chosen a pork pie themed meal night. This shows that people were encouraged to be involved and have choice.

Throughout our inspection we saw and heard staff asking people their choices and preferences, for example, asking people what they would like to drink and if they would like to join in activities.

Peoples care records included an individual care plan. The care plans seen contained details of people's identified needs and the actions required of staff to meet these needs. The plans contained information on people's life history, preferences and interests so these could be supported. Health care contacts had been recorded in the plans and plans showed that people had regular contact with relevant health care professionals. This showed people's support needs had been identified, along with the actions required of staff to meet identified needs.

Staff spoken with said people's care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual health and personal care needs and could clearly describe the history and preferences of the people they supported.

We saw that one person needed specific equipment to support them. We checked the persons care plan and found clear details and explanation for this. We found another person had a specific health need. We checked their care plan and also found clear details of this and the actions required of staff at the home and the intervention from other healthcare professionals to support the person. These examples showed that care planning was person centred care plans contained relevant and accurate information.

One person told us about a specific health issue they had which had temporarily restricted their choice in how they were supported with personal care. They told us staff had reassured them and made sure they still received the personal care they needed. The person told us staff were 'very good' at organising support around the district nurse visits. This showed a responsive approach.

Another person told us they found staff very responsive to their needs and said, "I go to bed at 10pm but I'm not a good sleeper and I'm usually awake until the early hours. The staff know that, so they will pop in and bring me a cup of tea at about 2 or 3 o'clock and sit and have a chat with me. I tell them all my old stories about when I was young. I'm sure they've heard it before but they still listen and have a laugh."

There was a clear complaints procedure in place and we saw a copy of the written complaints procedure and 'Tell us how it really is' leaflets on display in the entrance area of the home. A suggestions box was placed in the entrance area so that people had further opportunity to voice their opinion. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. We saw people were provided with information on how to complain in the 'service user guide' provided to them when they moved into Castelayn. This showed that people were provided with important information to promote their rights and choices. We saw a system was in place to respond to complaints. A complaints record was available to record action taken in response to a complaint and the outcome of the complaint. The registered manager informed us there were no current complaints about the home.

# Is the service well-led?

## Our findings

The manager was registered with CQC.

People living at Castelayn told us they know the registered manager well and found her approachable. Comments included, "[Name of registered manager] is always around to say hello to. She knows us all" and "I can talk to [name of registered manager] anytime. She's a lovely woman."

Throughout our inspection we saw the registered manager and deputy manager greet people by name and they obviously knew them well. We saw people living at the home and staff freely approached the registered manager to speak with them.

Relatives told us that staff were approachable, friendly and supportive. One relative told us, "The manager is amazing. I see her a lot walking around the home and she is very approachable. I wouldn't hesitate to go to her if I was at all worried about anything. Right from the start she made us feel really welcome. It's a terrible decision to have to put your relative into a home but she made it so much easier for us."

We asked staff what they would do if they were concerned about the behaviour of another colleague and one person said, "I'd be surprised if that happened here. We work as a team and we all know each other really well, but if it did I wouldn't hesitate in talking to the manager."

Staff told us that both the registered manager and deputy manager were visible and active around the home. They told us that the registered manager was approachable and very keen on staff development and training. The staff members we spoke with told us they were provided with regular supervisions and were able to put forward suggestions and ideas.

We saw a positive and inclusive culture in the home. All staff said they were part of a good team and could contribute and feel listened to. They told us they enjoyed their jobs and the management was supportive. Comments included, "They [registered and deputy manager] are really good. I could go to them with anything, personal or work and know they would support me" and "I love it here, we care for our residents how we want to be cared for. We respect people."

We found that a quality assurance policy was in place and saw that audits were undertaken as part of the quality assurance process. We saw the area care manager had undertaken monthly visits to check procedures within the home. In addition to routine audits, each quality assurance visit had a different focus. We saw that the most recent monthly visits had a planned focus on meals and menu planning.

We saw that checks and audits had been made by the registered manager and senior staff at the home. These included care plan, medication, health and safety and infection control audits.

We saw records of accidents and incidents were maintained and these were analysed to identify any on going risks or patterns. We saw records of a 'daily walk around' that the registered manager completed to

check and audit the environment to make sure it was safe. Health and safety checks were also undertaken as part of the registered manager's daily walk arounds and the area care manager's monthly visits.

We found that questionnaires had been sent to people living at the home, their relatives and professional visitors. The results of questionnaires were audited by an independent company. Information from the returned questionnaires has been reported on throughout this report. The registered manager told us that if any concerns were reported from people's surveys these would be dealt with on an individual basis. Where people had identified any improvements needed, an action plan would be developed to act on this.

Staff spoken with said staff meetings took place so that important information could be shared. Records showed that senior staff meetings took place to share information relating to the management of the home. All of the staff spoken with felt that communication was good in the home and they were able to obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know.

We found that some 'resident's meetings' were held to share information and obtain people's views. However, whilst records of 'resident's meetings' were available to show these had taken place on the top and ground floors, there were no records of meetings for the middle floor. This meant that people living on the middle floor had less opportunity to share their opinion. We discussed this with the registered manager who gave assurances that more frequent 'resident's meetings' would be held.

The registered manager told us the provider holds a 'residents forum' for representatives from all care homes within the provider group to meet and share ideas and information. Two representatives from Castelayn had attended the most recent forum. This example showed an open culture within the home.

The home had policies and procedures in place which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme. This meant any changes in current practices were reflected in the home's policies.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed that any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.