

Castle House Nursing Home Limited

# Castle House Nursing Home Limited

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Castle House Nursing Home is a care home and provides personal or nursing care for older people and those living with dementia. The home can accommodate a maximum of 47 people. The building is divided into three corridors, comprising of 46 single rooms and 1 double room. Eighteen of the bedrooms have en-suite private wet-rooms and all the others have en-suite facilities.

### People's experience of using this service and what we found

People told us they felt extremely safe living at Castle House Nursing Home. The provider had effective safeguarding systems, policies and procedures. Staff managed safeguarding concerns promptly, using local safeguarding procedures whenever necessary. Where required, investigations were thorough.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the providers policies and systems supported this practice.

People were supported by staff that were extremely well led. The management team were passionate about giving high-quality person-centred care for people living at Castle House Nursing Home. Staff empowered people to keep control over their lives. People and their relatives were fully involved in how their care was delivered.

People received effective care and support from staff who were exceptionally well trained. The provider supported staff to progress within the care home and several staff took on additional responsibilities such as championing a specialist area. Staff used these roles to share good practice and ensure all staff were working consistently.

Castle House Nursing Home looked at ways of reducing social isolation for people without it having a financial impact on them. For example, they recruited volunteers to help with social activities that people enjoyed, such as bible reading. The activities team offered one to one and group activities every day, so people could choose what they wanted to do. People confirmed this had a positive impact on their lives.

The provider worked closely with other organisations to improve the experience of people receiving care and support. Staff raised any problems, or changes in people's health care needs with relevant health care professionals in a timely manner.

Staff morale was very high, this was reflected in the high standard of care provided. Staff felt listened to and their opinions were valued. Comments from people included, "It's a very happy atmosphere here and calm and friendly."

There were quality assurance systems in place. These systems were effective, they monitored standards and

ensured any shortfalls were addressed. People and relatives felt listened to and said they could speak with a member of the management team at any time. Any complaints made were fully investigated and treated as learning to enable the service to improve.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Outstanding (published 27 March 2017)

Why we inspected

This was a planned inspection based on the previous rating.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.  
Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.  
Details are in our effective findings below.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.  
Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.  
Details are in our responsive findings below.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.  
Details are in our well-Led findings below.

# Castle House Nursing Home Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector, one specialist nurse advisor who had experience of working in nursing homes, and two experts 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.

#### Service and service type:

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

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager of Castle House Nursing Home is also the registered provider. They are resident on the site of the home. The home is family run and other family members contribute to the running of the home.

#### Notice of inspection:

The inspection was unannounced.

Inspection site visit activity started on 23 September 2019 and finished on 24 September 2019.

What we did:

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

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During the inspection

We spoke with 19 people and five relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager. We also spoke with four visiting healthcare professionals. We looked at records relating to the running of the home. Records included, four care plans, four medicine records, training data, four staff files and quality assurance records.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Oh yes, very safe, it's because everybody's all round you all the time." And, "Safe, yes, I do because of the people who live here." One relative told us, "Seven years [relative's name] has been here so that's says it all, it's the best place for [relative's name]."
- People who were unable to verbally express their views to us were observed interacting with staff in a happy relaxed manner.
- The registered manager and staff understood their responsibilities to safeguard people from abuse. Staff knew what actions to take to protect people. One staff member told us, "I would tell a senior staff member or the manager if I thought someone was being abused."
- Records showed staff had received training in how to recognise and report abuse. Staff could tell us what they learnt on the training. "One staff member told us, "We look for change in behaviour or bruising."
- We saw examples of where concerns had been raised and investigated appropriately by the registered manager.
- People's care plans had detailed risk assessments linked to their needs. These included the actions staff should take to promote people's safety and ensure their needs were met. They included guidance on how to minimise risk to people especially when using equipment such as hoists.
- Staff sought to understand and reduce the causes of behaviour that distressed people or put them at risk of harm. Staff told us, "One person disliked personal care but loves talking about certain things." Adding, "we now have two staff to support them, one to do the care and one to talk to them." Adding, "This really helps keep them calm."
- The provider helped people to stay safe. For example, we saw posters informing people how to stay hydrated during the hot weather using ice lollies, the information included the amount of fluid one ice lolly provided.
- Care plans included a Personal Emergency Evacuation Plan (PEEP) for each person. A PEEP sets out the specific physical and communication requirements that each person had to ensure that they could be safely evacuated in the event of an emergency.
- The provider considered environmental risk. For example, fire maintenance, gas, electrical safety, and safe use of water outlets.
- We reviewed the provider's business continuity plan that ensured the service would continue if an emergency happened.
- The provider employed a maintenance person for managing the day to day maintenance of the home, and contractors came in to service equipment such as the hoists to ensure it was safe to use. Care plans included guidance on ensuring all equipment used was regularly serviced and safe. Records showed staff also

checked call alarms were working properly.

#### Staffing and recruitment

- There was always enough competent staff on duty. Staff had the right mix of skills to make sure that practice was safe, and they could respond to unforeseen events. The providers regularly reviewed staffing levels and adapted to people's changing needs.
- The provider had staff vacancies which had been filled. Staff told us while they waited for the new staff to start they worked additional hours to cover absences. This meant people living at the home did not have their care and support compromised. The rota confirmed shifts were covered as needed. There was one agency staff member provided by the local authority, but they worked with one person only.
- Recruitment systems were robust and made sure that the right staff were recruited to support people to stay safe. Appropriate Disclosure and Barring Service (DBS) checks and other recruitment checks were carried out as standard practice. We found some application forms for staff that had been in post for years had gaps in their employment history. The provider collected that information during the inspection and updated relevant staff file.

#### Using medicines safely

- The provider had a medicines policy which was accessible to staff.
- The provider had implemented safe systems and processes which meant people received their medicines in line with best practice. The provider had safe arrangements for the storing, ordering and disposal of medicines and the registered manager carried out regular medicine's audits
- The staff that were responsible for the administration of medicines were all trained and had had their competency assessed regularly.
- Medicine Administration Records (MARs) were completed and audited appropriately. All four MARs we reviewed had been filled out correctly with no gaps in administration
- Support plans stated what prescribed medicines the person had, and the level of support people would need to take them.

#### Preventing and controlling infection

- Staff managed the control and prevention of infection well. Staff had access to, and followed, clear policies and procedures on infection control that met current and relevant national guidance.
- The provider employed a house keeping team who understood their role and responsibilities for keeping standards of cleanliness and hygiene in the home. Staff had access to personal protective equipment such as disposable gloves and aprons.

#### Learning lessons when things go wrong

- The provider analysed accidents and incidents to look for trends or ways to prevent a recurrence. The time, place and any contributing factor related to any accident or incident was considered to show patterns and check if changes to practice needed to be made.
- Staff told us, "A hoist was left in the corridor someone fell over it, now all hoists have to be put in the cupboards."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved to Castle House Nursing Home. People told us they had been involved in the assessment and their care plans reflected their needs.
- Expected outcomes were identified and staff regularly reviewed and updated people's care and support plans.
- Staff were supported to deliver care in line with best practice guidance. Information on supporting people living with specific health conditions was available. This helped staff to provide appropriate and person-centred care according to individual needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had access to a range of training. The provider had a full training programme which staff confirmed they attended. The provider considered the diverse ways staff could be supported to learn effectively. This included discussions and observations. Specialist training was also provided, for example, staff told us they had recently completed mental health first aid.
- All new staff completed a full induction process which included the Care Certificate if they had not been in a caring role before. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people.
- People told us they thought staff were well trained. One person said, "Yes, they are well trained and managed. The new ones have someone with them". A relative told us, "Staff know what they are doing, absolutely they do." One staff member told us the training was "Excellent" and that they felt very well supported in their role.
- The provider carried out supervision in line with their supervision policy. Supervision is a process where members of staff meet with a supervisor to discuss their performance, any goals for the future and training and development needs. Staff received annual appraisals to monitor their development. One staff member told us, "Yes we get one to one support, but we don't just wait for that we talk all the time."
- Staff performance relating to unsafe care was recognised and responded to appropriately and quickly.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food at Castle House Nursing Home. Comments from people included, "Oh yes, enough to eat especially lately as I can't eat as much as they give me."
- Menus reflected an excellent choice of healthy home cooked meals. One person told us, "I like to read through the menu rather than being told what it is, so staff print me a copy of the menu each day for me to

choose what I want." Pureed foods were presented in line with current best practice and looked appetising. One relative told us, "[Relatives] name has to have soft food because they choke, but it always looks nice."

- People had access to drinks throughout the day, people in their rooms had fresh jugs of water and juice that was accessible to them.
- Staff understood people's dietary needs and ensured that these were met.
- We carried out meal times observations and saw how staff interacted well with people. Lunch was a social event and staff encouraged people to eat at their own pace.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People's changing needs were monitored and were responded to promptly. Staff supported people to see health care professionals according to their individual needs. People were supported to attend regular health checks.
- The provide had an agreement with a local GP who attended the home every week to carry out health checks. This included checks such as blood pressure checks or urine sampling to check for urinary tract infections [UTI]. This meant any changes in people's health could be monitored and immediate action could be taken by the GP.
- Where specialist advice was needed staff referred people to other healthcare professionals to ensure they received the support they needed. For example, people had been referred to tissue viability nurses [TVN] when they were found at risk of developing pressure damage.
- People's care plans included information about the person, their family/important people, and their specific needs. This meant information could be clearly communicated if a hospital admission was required.

Adapting service, design, decoration to meet people's needs

- Castle House Nursing Home provided exceptional accommodation for the people who lived there. Extensions had been added to give more space for people, the décor was immaculate, and people told us they had a say in decorating the home through resident meetings.
- Peoples' rooms had lots of personal belongings that made the room special to them. This included their own furniture as well as pictures and ornaments.
- People had access outside space that was exceptional and included a horse paddock. People told us they like to go and see the horses. There were quiet areas where people could see their visitors, a garden room and an area suitable for activities.
- The home was laid out in a way that made it accessible and helped to promote independence.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Some people at Castle House Nursing Home were living with dementia, which affected their ability to

make some decisions about their care and support. Mental capacity assessments and best interest paperwork was in place for areas such as personal care, medicines and finance.

- Staff showed a good understanding of the MCA and their role in supporting people's rights to make their own decisions. During the inspection, we saw staff putting their training into practice by offering people choices and respecting their decisions.
- People only received care with their consent. Records showed people had signed consent forms when they began to use the service. People told us staff always asked what they wanted them to do. One person said, "No restrictions. I sit outside in nice weather." Another person told us, "I do what I want to do and I'm in a wheelchair."
- At the time of the inspection 17 people had a DoLS application in place. Where people had conditions on their DoLS authorisations, the provider had met these conditions as legally required.
- The registered manager had a good understanding of the MCA and supported families where appropriate to make sure people's rights were protected.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity.

- There was a strong, visible person-centred culture at Castle House Nursing Home. The provider ensured that staff in all roles were highly motivated and offered care and support that was exceptionally compassionate and kind.
- The provider ensured that staff focused on building and maintaining open and honest relationships with people and their families. One relative told us, "No matter what role they are in everyone here knows [relative's name]." Another relative told us, "The manager keeps me so well informed about [relative's name]."
- Staff found creative ways to reflect on people's personal histories and cultural backgrounds. One person's heritage was Scottish, their relative told us, "Staff made sure they celebrated Burns night and St Andrews day." Adding, "And they all wore tartan."
- All the people and relatives we spoke with could give examples of how staff went, "above and beyond." One example given by staff was how the provider drove to an airport in the night to collect a family member. Staff said, "They did this so they could be with their loved one at the end of their life." A relative told us, "The provider had my whole family here for Christmas lunch, so we can be with [relative's name] and they threw a party for our wedding anniversary." Feedback from a health care professional was, "This is where I want my relative to go".
- Staff respected people's diversity, they were very open and accepting of people's faiths and lifestyles. Staff told us there is a fortnightly prayer meeting, Holy Communion and a Roman Catholic Priest comes when he's required. Staff also told us, "People go out to church and Quaker groups." Adding, "What people want we make it happen." We observed volunteers supporting people by reading the bible to them. Another person had staff reading prayers to them.
- Nobody we spoke with said they felt they had been subject to any discriminatory practice, for example on the grounds of their gender, race, sexuality, disability, or age. Training records showed that all staff had received training in equality and diversity.

Supporting people to express their views and be involved in making decisions about their care.

- The provider was exceptional at helping people to express their views so that staff and managers at all levels understood their preferences, wishes and choices. For example, people had 'freedom to speak sessions' where staff met with people individually every month. This gave people the opportunity to express their views and staff to take steps to make specific arrangements just for them. The provider shared the

positive outcomes for people who attended these sessions. This included an improvement in one person's mental health by helping her work through her 'bucket list'. Another example was arranging for a local knit and natter group to come to the home so one person continue their interest and share this with others.

- Staff used a variety of tools to communicate with people according to their needs, which included innovative technologies. For example, one person had a device that they spoke to which then rang the nurse's phone to alert them they needed help. Another person was anxious about their family going abroad so staff arranged for this person to be able to use a tablet to contact them. A third person had an app installed onto a tablet that converted voice to text. Staff mounted the tablet on the wall, so they could see it.
- People and relatives told us how they had been involved in making decisions when care needs changed. One relative told us how much they were involved. They said, "The registered manager contacted them regularly, especially when they thought any changes to care were needed."
- Regular reviews of people's care plans were carried out. Records showed how people, or their relatives were involved, and changes were made when required. One person told us, "The staff listen to what I want, they don't just do things to make their life easier." A relative told us, "I feel I'm also part of the team."
- The service kept a record of compliments received and shared them with staff if they were personally mentioned. Compliments included, "I wanted to let you know how grateful we are for all the care, kindness and dignity given to my [relatives name]." And, "We can't thank you enough for all your care, loving kindness, empathy, compassion and commitment to what you all so excellently do."

#### Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service's culture and values. It is embedded in everything that the staff do. The registered manager told us, "We tell people: "Just because you're in a nursing home doesn't mean you have to stop living."
- The homes approach enabled people to continue their lives as they were before they came in to the home. For example, staff helped people put on their own parties. One person wanted to put on an anniversary party for their loved one. This person told staff what food they wanted, what decorations, cutlery, linens, table settings and where everyone would sit. The idea was to recreate the kind of party that they would have had at home. The provider showed us pictures of the event.
- The service often organised group outings but took account of people's unique needs to protect their dignity. One person didn't want to go on a group outing as was self-conscious about the way they ate, so was reluctant to join in with the group in case someone saw them eating. The provider told us they facilitated a separate trip for the person with a member of staff of their choice. The person and the staff member went for a day out shopping via taxi. The staff member worked additional time that the service paid for.
- Another person had volunteered every Friday. Staff ensured that this had continued. This person arranged for the organisation they volunteered for to come back to the home and give a talk to the residents about their work.
- People and staff felt respected and listened to. We saw one person refusing to go to the dining room for lunch, so staff brought it to them which made them happy.
- Throughout the inspection we saw staff encouraging independence, people were cooking pizza, knitting, going out with family and some people just wanted to sit and be quiet. Nothing was too much trouble for staff.
- The registered manager and staff valued people as individuals and included them in all aspects of their care. The registered manager told us the greatest satisfaction was for them to see someone going home after a period at the home. "They said, "[Person name] has been here for some time and we have got them well enough to go home."
- Staff told us about how they ensured peoples dignity and privacy was respected. Staff were clear about

how they supported people in a manner that made them feel at ease. One staff member said, "We always encourage people to do what they can but if we have to help we do it, so they don't get embarrassed." Another staff member told us how some people don't like personal care, so they talk to them about things they like to help distract them."

- The registered manager told us about a new system they called, "The red love heart system". They told us, they had a couple living at the home and said, "It is, in effect, a "do not disturb" sign." Adding, "We came up with the idea that a red love heart would be hung on a resident's room door, which alerted staff not to enter the resident's room unless there was an emergency."

- Staff spoke respectfully about the people they supported. It was clear they really cared about the impact they had on people's lives. Staff were careful not to make any comments about people of a personal or confidential nature in front of others. One person said, "I don't hear staff talking about anyone in front of me."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider was exceptional in finding solutions and engaging staff skills that enabled people to influence their care to ensure an improved quality of life.

The provider understood the needs of different people and groups of people and delivered care and support in a way that met these needs and promoted equality.

- One person needed a clinical treatment but had great fears of being hospitalised. The registered manager spoke with the GP. Staff were trained in the specific clinical practice required for this person, so staff were able to prevent them from going to hospital

- People had been prevented from being admitted to hospital due to norovirus through the prevention of dehydration by the nurses who, in collaboration with the hospital, administered fluids under the skin.

- One person needed a course of treatment that would usually be given in hospital. The service co-ordinated this with the GP. This included further training for staff who were able to care for the person within the home and avoid a further hospitalisation, which made a great difference to the person.

- One person needed nutrition through a tube and had other challenges that prevented them from leaving their room. Staff arranged for further investigations and professional input, advocating for this person. They are now able to eat a normal diet and enjoys being with other people.

- The registered manager told us, "We have a waiting list." Adding, "We go out and do a pre-assessment, then we build the care plan." From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met. Care plans were person centred and staff had clear guidance on how to meet people's needs.

- The providers contract states people can come for a month's trial and the provider will assess if they can meet people's needs.

- Staff involved people and their family members in their care planning so that they felt consulted, empowered, listened to and valued. The care and support plans were reviewed and updated as people's needs change.

- One person told us, "Yes, I have a care plan and I have my say". Another person said, "The staff know my needs well. It's very much a family". Relatives comments included, "I'm involved all the time in care decisions. (relative) wants me to be".

- Visiting professionals told us that the provider is focused on providing person-centred care and support. One professional said, "People are treated so well here it's about the individual and they, (staff), bend over backwards."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff sought innovative ways to communicate with people and to reduce barriers when their protected characteristics made this necessary.
- Care records had communication profiles that showed how staff should support people to communicate.
- Throughout the inspection people told us, and we observed, staff communicating with people in a way that demonstrated a commitment to understanding their wishes. Especially if the person was not able to communicate well.
- Staff understood the importance of maintaining close and dignified links with family members and created opportunities and environments for people to enjoy their company in private.
- The provider had also set up a communications book in each person's room so that people and family members could record messages for staff. This helped improve the providers ability to respond to people's needs in a timely manner.

One person with hearing loss had a voice to text app on a tablet which enabled them to have much more meaningful conversations with family and staff.

- We saw a statement from one person with significant communication needs. They could drive their own wheelchair using a special mouthpiece. Were supported to use artificial intelligence to call a nurse and utilised the home's technology to facilitate their independence. They are now able to stay in touch with friends, keep abreast of current events, shop for things and writing a book.
- The provider used modern technology around the home so that people could ask questions, request music and general have some fun.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Arrangements for social activities were wide ranging, met people's individual needs, and followed best practice guidance so people could live as full a life as possible. The provider told us how some residents had farming links which mean a lot to them. They said, "The harvest had always been a big event in their lives, because of this, we held a week of harvest activities during the first week of October." We reviewed the planning folders during the inspection.
- The registered manager told us how they were developing the activities program and re-naming it, "Well Being". They told us, "People doing things they like keeps them well, so it should be part of their individual wellbeing plan." The registered manager told us they encouraged a staff member to take the lead in wellbeing for people and part of their role was to build activities around people's hobbies and interests. Staff recorded activities and how they were received. This meant outcomes could be measured and other staff could run the activities program in their absence. There was also a team of activity coordinators and volunteers who worked with people in groups and on a one to one basis in their rooms.
- One person told us, "They talk to me sometimes about what I want to do, and we get an activity list monthly which has loads of things going on."
- Staff told us, "A month ago we did a survey to see what people wanted to do, now people do things they like for example one person likes to go to see the horses, another person loves to go blackberry picking. The registered manager told us, "We noticed one person always banged the cutlery, so I found a xylophone and gave that to them, they love to bang that now as part of the music sessions we hold."
- The provider has a known presence within the local community. Support networks are encouraged and sustained. For example, they recently had a local vinyard owner come in to hold a cheese and wine evening which people enjoyed and children from local schools often come into the home.

- Staff understood the importance of maintaining close and dignified links with family members and created opportunities and environments for people to enjoy their company in private.

#### Improving care quality in response to complaints or concerns

- The provider could demonstrate where improvements had been made because of learning from reviews. Investigations were comprehensive, and the provider used innovative ways of looking into concerns. For example, following some concerns raised about people's behaviours during activities, staff now hold two activities at the same time, one is more tailored for people with dementia.
- People who used the service and their family felt confident that if they complained, they would be taken seriously, and their complaint or concern will be explored thoroughly and responded to. One person said, "Once someone in the next room was singing all the time. One night at 2.30 in the morning. I told them [the staff], they've moved them now, so all settled". A relative told us, "I raise any concerns as they happen, even if it's the slightest thing, it's important detail and I speak about it". Adding, "They are fantastic at responding, they just deal with it, nothing is too much trouble."

#### End of life care and support

- At the time of the inspection no-one was receiving end of life care at Castle House Nursing Home. However, they had provided this care, in conjunction with community healthcare professionals in the past.
- Professionals visiting the home told us the provider strived to be outstanding and innovative in providing person-centred end of life care based on best practice.
- The registered manager told us they had sourced training for care workers and were accredited with the Gold Standards Framework (GSF). The GSF is a comprehensive quality assurance system which enables care providers, to provide quality care to people nearing the end of their lives.
- People's end of life wishes were discussed at their needs assessment or soon after a care package started. People were able to state their preferences for end of life care, which respected people's protected characteristics, culture and spiritual needs.
- Staff talked passionately about this aspect of their role. They told us they understood how important it was to people and their families. One staff member told us, "We are led by the nurses, but we find out from people and their families how they want things to be." Adding, "Families often know what their loved ones wishes are especially if the person can't communicate their wishes."
- The provider told us how residents wanted to know when someone passed away. They said, "We put the persons photo next to an angel figure in reception so that people can pay respects to the person." Adding, "We also have a toast to the person at lunchtime."
- The provider also has a volunteer who is an EOL counsellor. The volunteer spends most of their time with people who are reaching the end of their lives which means they can build good relationships and support people through difficult times.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us that the way the home was led was exceptional. Four health care professionals told us the registered manager was excellent. Comments from people included, "There is an open culture where views can be shared." A relative told us, "I want to live here when I need care, the manager is so approachable."
- The registered manager continued to work hard and was committed to providing a high-quality service which was open, inclusive and empowering. People were supported and encouraged to maintain control over their care.
- The registered manager was passionate about Social Care. They made a point of providing a service that was up to date and adopted innovative ideas to support people. For example, the registered manager had introduced a piece of equipment which was placed underneath a person's air mattress. The equipment looked like another small air mattress that inflated and repositioned people on a cycle, the cycle could be adjusted in line with the person's needs. We looked at the equipment in use, it was set at 120 minutes. One person who used it said they did not even know when it is moving. This was introduced because evidence suggested people do not like being moved, especially if their condition renders it painful. Staff told us using this equipment has made a difference to the comfort of people in the home.
- Staff told us they felt included and empowered by the registered manager. One staff member told us, "(Registered managers name) is brilliant, I think they are very approachable I have no problem going to them."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager promoted the ethos of honesty. Staff told us, "The registered manager is brilliant, they let us know when we aren't doing it right, and we make sure we get it right, but they are so supportive and open with us."
- Meeting minutes confirmed staff learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. Records showed that where incidents had occurred these were treated as opportunities to learn and improve.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Governance was well-embedded into the running of the home. There was a strong framework of

accountability to monitor performance and risk leading to quality improvements within the home. Leaders and managers saw this as a key responsibility. The provider had robust quality assurance processes in place which included regular audits. These processes identified and managed risks to the quality of service delivery. Audits included, medicines management and infection control. Legal requirements, including about conditions of registration and managers, were understood and met

- Staff understood their role and responsibilities. Staff we spoke with were motivated and told us they had confidence in the registered manager and senior staff. One staff member told us, "I feel privileged to work here." Staff told us they received constructive feedback about their performance. Managers could account for the actions, behaviours and performance of staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider developed and implemented innovative ways of involving people in developing high-quality, outstanding practice that has been sustained over time. Such as freedom to speak sessions.

- People were empowered to voice their opinions and be heard. As well as annual satisfaction survey the provider held, monthly "freedom to speak", meetings with people, regular resident meetings, and relative meetings, which meant people were at the heart of the running, planning and development of the home.

- The high levels of constructive engagement at Castle House Nursing Home included everyone without exception. The provider welcomed constructive challenge from people and their families. Staff told us, "We want to get better so its vital people tell us if things are not right."

- The provider was an important part of the local community. Staff were developing community links to reflect the changing needs and preferences of the people who lived at the home. Staff told us, "This will develop as we develop the wellbeing program."

- The provider told us about connections with the Sea Cadets, people's families, the local church, local singers, local healthcare professionals and the Quaker groups. This meant people could continue with interests they had before they came to live at Castle House. The provider told us, "We never lose sight of the fact that our residents are part of the community." One person said, "The community is coming to me, "Adding, "I used to just pass the time, now I am living again."

Continuous learning and improving care and, Working in partnership with others

- There is a particularly strong emphasis on continuous improvement. The registered manager is part of several forums and supports other providers to deliver best practice. The views of people living at Castle House Nursing Home were clearly at the core of quality monitoring and assurance arrangements.

- Innovation was celebrated and shared. Staff told us, "We are encouraged to come up with ideas, the registered manager never disregards an idea." Another staff member told us, "[Registered managers name] has been nominated for several awards, that's shows how good they are."

- There was clear evidence that learning from concerns and incidents was a key contributor to continuous improvement. The provider had a strategy and supporting objectives that were stretching and challenging but realistic and achievable. For example, looking at social isolation, introducing more volunteers and arranging activities which were outside their remit and did not put an additional financial burden on people.