Care Quality Commission

Castlethorpe Nursing Home

Castlethorpe Nursing Home

Inspection report

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Date of inspection visit: 4th and 7th December 2015
Date of publication: 15/02/2016

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?	Requires improvement

Overall summary

We carried out this unannounced inspection over two days, on 4 and 7 December 2015. The service was last inspected on 09 January 2014 when it was found to be compliant with the regulations inspected.

Castlethorpe Nursing Home provides residential and nursing care for up to 59 people, some of whom may be living with dementia. Rooms are on two floors connected by a passenger lift. The home has three main lounge areas as well as a conservatory with views of the local countryside. At the time of our inspection there were 46 people using the service.

We found the registered manager for the service had resigned from their post earlier on in the year and an acting manager had been appointed to cover this post one month prior to our inspection. The acting manager was currently in the process of completing their application for their skills and competencies to be formally assessed by the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Assessments of people were carried out about known risks to ensure they were protected from potential harm. Training was provided for staff to ensure they knew how to safeguard people from potential abuse and checks

Summary of findings

were carried out of new staff before they were employed to ensure they were safe to work with people who used the service. Staffing levels were monitored to ensure there were sufficient numbers available for meeting people's needs. People received their medicines from staff who had been trained on the safe handling and administration of medication. The building was clean and well maintained.

Staff were provided with training and development opportunities to help them develop their careers and enable them to effectively carry out their roles. Staff involved people and obtained their consent before carrying out interventions and best interest meetings were held when people lacked the capacity to make important decisions for themselves. People received a choice of nourishing home cooked meals which they said they enjoyed and community based health care professionals told us they had a good working relationship with the service.

People were supported by staff who demonstrated courtesy and consideration for the importance of maintaining their dignity and wishes for privacy. People's private records and information was maintained in a confidential manner

People were provided with a range of opportunities for social stimulation and interaction. A complaints policy was in place to ensure people could raise any concerns about the service when required. People and their relatives were involved in the planning of their support that was reviewed on a regular and ongoing basis.

Management feedback was provided to staff in a constructive way and meetings took place to ensure staff were aware of their professional roles and responsibilities. A range of audits were regularly carried out to enable the quality of the service to be monitored and enable the service to learn. People and their relatives were consulted to ensure they could contribute their views to help the service to develop.

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?

Good

The service was safe.

Staff were checked before they were employed and safeguarding training was provided to enable them to recognise and report potential signs of abuse when required.

Staffing levels were assessed according to the needs and dependencies of the people who used the service.

People received their medicines from staff who were trained and risk assessments about them were completed to help staff support them safely.

Is the service effective?

Good

The service was effective.

Staff received a range of training to help them support people who used the service.

People were provided with a variety of wholesome meals and their nutritional needs were monitored to ensure they were not placed at risk of malnourishment.

Staff understood the need to gain consent from people before carrying out care interventions to ensure their legal rights were protected.

People's medical needs were supported by a range of healthcare professionals.

Is the service caring?

Good

The service was caring.

People were supported to make choices about their lives.

People and their relatives were involved in the planning and delivery of their support. Information about people's needs was available to help staff support and promote their health and wellbeing.

Staff demonstrated compassion and consideration to ensure people's personal dignity and wishes for privacy were respected.

Is the service responsive?

Good

The service was responsive.

A range of opportunities were available to enable people to participate in meaningful social activities to ensure their wellbeing was promoted.

People's care plans contained information about their personal likes and preferences and health care professionals were involved with their care and treatment when required.

Summary of findings

A complaints policy was in place and people were confident their concerns would be investigated and resolved whenever this was possible.

Is the service well-led?

Requires improvement

Some elements of the service were not always well-led.

There was not a registered manager in place, although an acting manager was in the process of submitting an application for this.

A safeguarding alert had been correctly reported to the local authority but a notification about this had not been sent to the CQC as required.

Systems were in place to enable the quality of the service to be monitored and take action to address shortfall when required.

The views of people who used the service were obtained and considered to enable the service to develop.

Castlethorpe Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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 unannounced inspection was carried out by an adult social care inspector and took place on 4 and 7 December 2015.

Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This asks them to give key information about the service, what the service does well and improvements they plan to make. As part of our inspection we asked the local authority quality performance and safeguarding teams for their views and whether they had any concerns about the service. They told us the service worked with them to resolve any issues. We also looked at the information we hold about the registered provider.

During our inspection we observed how staff interacted with people who used the service and their relatives. We used the Short Observational Framework for Inspection (SOFI) in the communal areas of the service. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with four people who used the service, seven visiting relatives, two members of auxiliary care staff, two nursing staff, catering and ancillary staff, the acting manager, an administrator, the registered provider, and two community based health care professionals.

We looked at four care files belonging to people who used the service, three staff records and a selection of documentation relating to the management and running of the service. This included staff training files, staff rotas, meeting minutes, maintenance records, recruitment information and quality assurance audits that were carried out. We also undertook a tour of the building.

Good

Is the service safe?

Our findings

People who used the service said they felt safe in the home and trusted the staff. One person told us, "Yes I feel safe alright; they check on me at nights and bring me cups of tea if I need." A visiting relative told us, "I don't worry, I know he's being well looked after, I can go home and not worry, there's always someone in the room to keep an eye out for people." Another relative commented, "There's always someone who comes and seeks you out rather than me having to go and ask." "It inspires confidence, the carers are 100% and the place is peaceful and homely."

There was evidence the service supported people to take positive risks whilst keeping them safe from harm. People's care files contained assessments about known risks, together with guidance for staff on how they should enable people to be as independent as possible, whilst to ensure they were kept protected from harm. There was evidence that people's assessments about known risks were updated and reviewed on a regular basis, to ensure accidents and incidents were minimised.

We saw that accidents and incidents were recorded and investigated to enable action to be taken and prevent them from reoccurring if this was possible.

The acting manager told us that staffing levels were monitored and assessed on a daily basis. This ensured the correct skill mix was available to meet the individual dependencies of people who used the service. We saw evidence of completed assessments of people's dependency needs, which the acting manager told us were used to ensure adequate staffing levels were maintained. Care staff told us there were enough of them available to meet people's needs.

There was evidence that staff were provided with training about safeguarding vulnerable adults, to ensure they were familiar with responsibilities for reporting potential abuse or raising whistleblowing concerns about the service they may have. The acting manager advised that management and senior staff had recently attended training on safeguarding vulnerable adults and we saw that further annual training had been arranged for staff that required this element of their skills to be refreshed to ensure people who used the service were protected from harm.

Policies and procedures were available about the protection of vulnerable adults, which were aligned with the local authority's guidance for reporting potential concerns or possible abuse. Care staff we spoke with demonstrated a positive understanding of the different forms of abuse and were confident that management would take action to follow up issues when this was required. Relatives were very positive about the way staff provided care that was safe and enable people to be protected from potential abuse. The local authority advised the service co-operated with them to resolve issues to ensure people who used the service were protected from avoidable harm.

There was evidence new employees were checked before they were allowed to start work to ensure they did not pose a potential risk to people who used the service. We saw this included recruitment checks and clearance from the Disclosure and Barring Service [DBS] to ensure potential applicants were not included on an official list that barred them from working with vulnerable adults. The acting manager told us, "We have robust screening of all potential employees including enhanced DBS first checks and full references and that on initial start of employment all new staff are inducted into the home by the use of Policies and Procedures and are shadowed at all times, until deemed competent, i.e. on completion of the Care Certificate. A criminal disclosure is also completed by all staff annually." We looked at the files of the most recently recruited three members of staff and found they contained evidence of only one written reference that had been received. The acting manager told us they were aware of this issue and we saw evidence of phone calls that had been made and letters sent out to address this matter.

People who used the service told us they received their medicines at regular times and we saw evidence care staff administered these as prescribed. We observed care staff talking patiently with people whilst carrying out medication rounds. We saw people were not hurried when taking their medicines and were provided with explanations about the medicines they were taking. We found staff responsible for providing medication to people had completed training on this element of practice. We observed up to date records were maintained for medication that had been received and provided to people, together with good practice guidelines in relation to their specialist medical needs. The acting manager confirmed that audits of people's medicines were carried out on a regular basis to ensure errors were minimised and potential problems were quickly addressed.

Good

Is the service safe?

We received an anonymous concern from a member of the public regarding the standards of cleanliness in the home. We made a tour of the building and found it was clean, hygienic and well maintained. On day one of one of our inspection visit, an external contractor was visiting to install additional safety equipment in the home. We were told an infection control champion had been appointed from amongst the staff team, in order to promote this aspect of the service. We found the infection control champion carried out regular checks of staff's knowledge in this regard, together with observations of their care practice. We saw regular checks were made of equipment and facilities to ensure they were safe for people to use. Individual personal evacuation plans were in place for people who used the service and copies of these were contained within in their care files. A contingency plan for the service was available for use in emergency situations, such as fire and floods. We saw fire training was provided to staff with fire drills arranged as required.

Good

Is the service effective?

Our findings

People who used the service and their relatives were very positive about the care and support that was provided. We were told staff communicated with them well to ensure their wishes and needs were met. One person told us, "They listen to what I want and treat me with respect. The food is lovely, I have a bacon butty on Sundays and usually have soup and a pudding and the chips are wonderful."

Community based health care professionals were positive about the service that was delivered. A visiting district nurse told us they had a "Good working relationship with the service." They said care staff "Explain things to you in great depth" and told us the acting manager had "Massively improved the service since coming here." They advised the acting manager had introduced separate meal times for people needing assistance, together with specialist menus to help people to swallow their meals and enable them to be easily digested. A visiting relative told us the service had quickly referred their member of family for support from the speech and language and McMillan nursing team following their admission. They told us, "They (staff) offer food and drinks when people want, they make things specially (meals) at people's requests."

People who used the service told us they enjoyed their meals and advised the quality of the food was good. The acting manager told us they had recently introduced changes to the menu's following consultation with people who used the service. Nutritional assessments and regular monitoring and recording of people's weight were contained in their care files with involvement from community professionals when required. We observed that nourishing, fresh home cooked meals were tastefully presented to people in a relaxed and homely atmosphere, with the day's menu choices on display. We saw that individual support was provided to people requiring assistance with eating their meals and drinks at people's own pace and in a dignified way.

There was evidence in people's care files of assessments and details about their individual health and medical needs, together with evidence of involvement from a range of health professionals, such as GPs, district nurses and other specialists to ensure their wellbeing was promoted. Visiting relatives told us that staff communicated with them effectively to ensure they were kept aware of any changes in their member family's conditions. We found evaluations of people's support were carried out on a regular basis and that their care plans were amended following changes in their health care status when needed. We saw details about the promotion of people's human rights and support with making anticipatory decisions concerning the end of their lives. Some people had consented to Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) and documentation about this was clearly documented in their files.

We observed care staff obtaining consent from people before carrying out interventions, to ensure they were in agreement with how these were delivered. People's care files contained evidence of their involvement and participation in decisions about their support, together assessments about their capacity for this and best interest meetings when they were unable to make informed decisions.

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 be 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). We checked whether the registered provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The acting manager was awaiting to complete a managers training course on the MCA and DoLS with the local authority the following week and had made applications to a 'Supervisory Body' to ensure people were only deprived of the liberties lawfully and was waiting decisions on this. The acting manager showed us evidence of referrals they had made for two best interests meetings to be carried out for people who used the service in relation to a specialist chair and medication that was administered covertly.

There was evidence staff uptake of training was monitored by the acting manager to ensure their skills were refreshed when required and that a programme was in place to

Good

Is the service effective?

encourage staff to undertake nationally recognised qualifications that linked to a nationally recognised scheme. The acting manager told us when they had started work in the service they had carried out audits of staff training and supervisions and subsequently introduced measures to address shortfalls that they had noted. We found a variety of training had been provided for staff and saw evidence of other courses that had been booked to ensure staff had development opportunities and were equipped with the skills needed to carry out their roles.

There was evidence of an induction programme for new staff to complete that was based around the requirements of the Care Certificate. (The Care Certificate is a nationally recognised qualification that ensures workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care. Staff files contained evidence of regular meetings with senior staff, to enable their performance to be monitored and skills to be appraised, together with a variety of training certificates for courses they had completed. The acting manager told us, “Staff are monitored by senior members of the team regarding their professionalism which is portrayed in the appraisals and staff supervisions.” We observed care staff demonstrated consideration and empathy for people’s needs. Care staff were positive about the training they received and appeared confident and knowledgeable in their skills. They told us the acting provided them with good support.

We found the registered provider had considered the specialist needs of people living with dementia when designing and equipping the building. We saw that signage was available to help people orientate themselves around the building.

Good

Is the service caring?

Our findings

People who used the service and their relatives told us staff involved them in making decisions and were happy with the way support was provided. A relative told us, "The nurses are very professional and have shown a lot of respect to us all to ensure his [their father's] dignity is maintained." They went on to say, "They talk to us and involve us in decisions about his end of life care, nothing is too much trouble." Another relative told us their mother had died 2 weeks previously and they were now visiting to see their father. Commenting on this, they said, "Staff were absolutely fabulous, I was able to stay and they looked after me as well as her, they are so welcoming, it's the little things that make a difference."

The acting manager told us, "Castlethorpe's philosophy is to put the resident at centre stage to everything we do. All of our staff must have compassion and empathy in conjunction with the core values of what is expected as a care deliverer." We observed care staff demonstrated a positive regard for what was important and mattered to people who used the service. We saw care staff provided people with sensitive reassurance and encouragement when required to ensure their wishes and feelings were respected and treated with kindness and compassion. We observed care staff sensitively touching people when communicating with them and getting down to their eye level to ensure they were understood.

Care staff demonstrated a good understanding about the importance of maintaining people's confidentiality and we saw that information about people's needs was securely stored. Information about the use advocacy services was on display to enable people who used the service to have access to independent sources of advice and support. We found evidence of regular meetings with people and their relatives, to enable them to provide feedback and involvement in decisions about the service.

We observed that people's wishes for privacy were upheld and that they were able to spend time in their own rooms when they required. We saw people were able to bring items of personal possessions to help them to personalise their rooms. We found people's personal choices about their support were promoted by staff, such as decisions about times of when they wished to get up or go to bed, or clothes they wanted to wear. Policies and procedures were in place regarding the diverse needs of people who used the service. The acting manager told us, "We are a multi-national home which caters for the needs of English and Polish residents." We found that staff had been recruited to reflect the needs of the people who used the service in order to ensure their beliefs and preferences could be respected.

Staff told us they supported people as if they were members of their own families. We found that staff had key worker responsibilities for meeting particular people's needs and spent individual time with them to ensure their wishes and feelings were promoted and opportunities for their independence and wellbeing were maximised. A visiting relative told us how staff had supported them and their member of family in this regard. They told us, "Staff are absolutely brilliant, they will go out of their way, more than100%. They, they arranged to take us all out and collect us back from the garden centre the other day."

People's care files contained information about their personal likes and preferences, together with details about their past histories to help staff understand and promote their individual needs.

We found the service placed a high importance on involving people and ensuring their personal dignity was positively maintained. We saw evidence in people's care files of their involvement in reviews and decisions about their support and observed staff engaging positively with them in a professional and respectful manner.

Good

Is the service responsive?

Our findings

People told us staff provided support that focussed on their individual needs. One person told us,"They look after me well, they come and change the music on my CD player for me, I enjoyed going to the Halloween party, they put on lots of good things." A visiting relative commented about the personal approach to the delivery of support that was provided to their father. They told us, "I am well impressed; staff go over and above, they got his wounds under control quickly." They went on to say, "Staff are really good at paying attention to all his needs, like changing his clothes, washing his hair and nails, creaming his face and cleaning his ears." They told us, "The care has been well above average."

People and their visiting relatives told us they had no complaints and were overall very happy with the service. One person told us, "I have been looking for any complaints, but I can't find them, I am very happy here." One relative commented, "I have no complaints whatsoever." Another said, "There is nothing untoward. You can tell the dedication of the staff, there's no one crying or shouting out."

There was a complaints policy and procedure available to ensure the concerns of people who used the service were listened to and could be addressed. People and their visiting relatives told us they knew how to raise a complaint and were confident their concerns would be followed up when required. We saw evidence the acting manager had taken action to follow up comments that had been received and used feedback as an opportunity for learning and developing the service.

A care professional told us they had visited to carry out a review of a person's support. They told us, "Staff seemed very knowledgeable and knew people 'inside out', they ensured the person was absolutely comfortable and staff moved them back after the review to a smaller lounge to be with their friends and have peace and quiet." The care professional told us the outcome of the review was very positive and that the relative of the person was very happy with care that was delivered.

There was evidence in people's care files of information about them to enable staff to deliver support in a way that met their individual needs. We saw this included details about their individual preferences, personal profiles and medical conditions. This helped care staff to understand people and deliver support in a way that had been agreed. We found pre assessments of people were carried out before they were admitted to ensure the service could meet their needs. There were assessments about known risks to people, that were kept up to date, on issues such as falls, risk of infections, skin integrity and nutrition. This enabled staff to have accurate information about how to keep people safe from potential harm.

People who used the service and their relatives told us about their involvement in reviews of their support. We saw evidence of liaison with a range of community health professionals to ensure their involvement and input with changes in people's needs when required, together with regular monitoring and evaluation of people's support.

Staff demonstrated a good understanding of working with people's individual strengths to help maximise their confidence and self-esteem. We saw people were provided with a range of opportunities and choices to participate in a programme of social events and activities. We observed a group of people enjoying a musical session from a visiting accordion player. People told us about other events that took place, including trips out, chair based activities, visits from pet animals and a forthcoming Christmas pantomime to enable their wellbeing to be promoted. Commenting on this a relative told us, "He likes his music and joining in to staff playing the organ."

Requires improvement

Is the service well-led?

Our findings

People who used the service and their visiting relatives told us they had confidence in the management and staff. People and their visitors confirmed there were meetings they could attend to raise issues or make suggestions to help the service improve and develop. There was evidence that newsletters were produced to enable people who used the service to be provided with information about the home and kept up to date with developments.

The registered manager for the service had resigned from their post a few months previously and an acting manager had been appointed one month prior to our inspection. This location has a condition of registration that it must have a registered manager in place. The acting manager told us they were in the process of completing their application to be registered with the Care Quality Commission (CQC) This domain however, cannot currently be rated higher than Requires Improvement as the rules for rating this as good require there is a registered manager in post who is responsible for management of the service.

There was evidence the acting manager had a range of knowledge and experience of health and social care services and had previously worked in the service, prior to them gaining a professional nursing qualification. We found the acting manager was aware of their responsibilities under the Health and Social Care Act 2008 to report incidents, accidents and other notifiable events occurring during the delivery of the service. We found the acting manager had been proactive and raised a safeguarding alert with the local authority about the development of a potential pressure sore for a person; however this had not been raised with the CQC as required. The acting manager advised they would ensure an appropriate notification for this was subsequently submitted to the CQC.

We found the acting manager placed a high importance on ensuring there were appropriate systems in place to support the running of the service, together with the development of an inclusive staff culture that encouraged staff to develop their skills and question practice and ensure communication was open and constructive. Staff told us the acting manager, "Gives good leadership, is human and listens and is fair." One told us, "He has established a structure and routine and is very approachable; you can go to him any time, if we are worried he's always there." A member of nursing staff told us how the acting manager had installed a new computer system to enable staff to develop their skills and keep up to date with good practice and research. They said that since the acting manager had started, "The place has come alive, he is a nurturing manager, I am learning things all the time."

Staff told us they felt valued and that their skills were respected. One told us the acting manager, "Has done so much and introduced little things, like giving cards and boxes of chocolates." They said [acting manager's name] was an, "Absolutely fantastic manager, he is always thoughtful and listens**."**

We observed the acting manager had a 'hands on' approach and was readily available throughout our inspection, providing support and guidance to staff and people who used the service. We found the acting manager carried out daily walk rounds of the service and was directly involved in the delivery of people's support and knew people who used the service well. There was evidence the acting manager kept their skills up to date and attended regular community multi-disciplinary partnership and discharge liaison meetings so that new legislation could be discussed and safe working practices to be improved. The acting manager told us, "I always try to lead by example by ensuring that my own knowledge and skills are up to date for the delivery of safe and effective care." They told us they were intending to commence a level 7 qualification in management and leadership to enable them to extend their knowledge make them a more effective manager. The acting manager told us, "I have a driving ambition to recognise my own shortfalls and take active steps to overcome problems; I aim to continue with open forum meetings so that ideas and suggestions are listened to and acted on."

We saw evidence in staff files of individual meetings with senior staff to enable their attitudes and behaviours to be monitored and their skills to be appraised. Care staff told us regular meetings were held to enable the acting manager to provide leadership and direction and ensure they were clear about their roles and responsibilities. This ensured staff understood what was expected of them and were accountable for their actions. Care staff told us about key responsibilities given to them to act as 'champions' for different aspects of the service, such as health and safety, palliative care and infection control. Care staff told us they received feedback about their work in a constructive manner and that the acting manager listened to their ideas

Requires improvement

Is the service well-led?

to help the service develop. Care staff told us they had confidences in the acting manager and could talk to them about any concerns they might have. One member of staff told us, "I feel any concerns would certainly get acted on, it's like one big close family."

There were systems and procedures in place to enable the quality of the service to be monitored and ensure it was well led. We saw evidence of a range of audits of different aspects of the service, together with reports on key performance indicators such as incidents and accidents, staff training, complaints, medicines management, people's care records, the environment and safety issues. This enabled trends and patterns to be analysed and help improvements to be implemented. The acting manager told us they carried out unannounced visits when not on duty, to ensure the wellbeing of people who used the service was monitored and maintained.

There was evidence the acting manager adhered to an open door policy for people who used the service, their visitors and staff and understood the need for involving them to enable the service to learn and develop. We found evidence of a personalised approach to the delivery of people's support that was provided and we received positive comments from people and their relatives about this throughout our inspection visit to the service.