Castlebar Healthcare Limited

Castlebar Nursing Home

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?	**Outstanding** ☆
Is the service well-led?	**Good** ●

Summary of findings

Overall summary

This inspection took place on 20 and 31 October 2016 and was unannounced. Castlebar Nursing Home is a nursing home that is registered to provide accommodation and personal care for up to 63 people, some of whom are frail and live with dementia. At the time of the inspection there were 57 people living at the service.

At the last inspection on 22 October 2014 the service was meeting all the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, inspected at that time. On the 20 and 31 October 2016, we carried out a comprehensive inspection and we looked at all of the Key Lines of Enquiry under each key question.

People who used the service praised the exceptional quality of care they received. Health and social care professionals worked in partnership with staff so people had effective and coordinated care. The registered provider used evidence-based practice and completed their own research to improve the lives of people. Staff celebrated people's lives in a unique way that made them feel extra special. The care people received at the end of their lives was outstanding. End of life care at the service was compassionate and empathetic that showed all people who lived and died at the service mattered.

The service responded to the needs of people in a way, which was exemplary. Staff showed they understood people's care and support needs and responded to them by delivering person centred care. People had creatively organised activities that met their preferences or needs and helped them to develop new interests. People were able to reminisce past memories and create new fond memories through the taking part in those activities. Staff welcomed and celebrated diversity at the service, this demonstrated that all people were of importance.

People contributed to the development of their care. People and their relatives were involved in and contributed to care assessments before coming to live at the service. People had assessments to identify risks to their health and wellbeing. Risk management plans were developed to reduce and manage the likelihood of reoccurrence. Staff followed the risk management guidance whilst enabling people to make choices to take risks whilst ensuring they were safe. Care plans were developed with people to ensure these reflected their needs accurately and to make sure the care delivered was appropriate.

The registered provider had systems and processes in place to protect people from harm. Staff had access to guidance to help them to identify, act on and protect people from the risk of abuse. Staff knew what action to take to raise an allegation of abuse for investigation to the service and the local authority.

There were systems in place to enable safe medicine administration. Staff undertook regular checks to ensure people received their medicines as prescribed. Effective systems for the management, administration, ordering, storage, and disposal of medicines were in place. Staff had the skills and relevant training to enable them to manage people's medicines safely. There were regular audit checks on the

administration of medicines. This helped staff to ensure people received their medicines safely and as prescribed.

People had sufficient numbers of staff caring for them. We observed that there were enough staff on duty to support people with their care, support and social care needs. The registered provider arranged training, induction, appraisal and supervision for staff. This helped them to gain the knowledge and skills to care and support people.

People provided consent when they received care from staff. The principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were known and understood by staff.

People told us they enjoyed the available food and drink. Meals were prepared on a weekly menu and people could choose from this. Meal choices were flexible to meet the individual preferences of people.

People had access to health care professionals that provided support to them with their health care needs. Staff made referrals to health services for further advice and guidance to manage their health conditions.

The provider had systems in place for complaints to be made. People and their relatives knew how to make a complaint to staff and said they were comfortable raising any concerns with the registered manager as required.

People and staff told us they liked living and working at the service. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. They described the manager of the service as open and approachable. Staff told us that the management team were always available if they had questions or concerns.

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.. People were kept safe from harm and abuse because staff had an awareness of safeguarding procedures.

Risk assessments and management plans provided staff with guidance to manage the recurrence of risks.

There were sufficient numbers of staff to provide care and support to people and meet their needs.

People's medicines were managed safely and people received them as prescribed.

Is the service effective?

Good

The service was effective. Staff received regular training, supervision, and appraisals to support them in their caring roles.

Staff sought consent from people to provide care and support. The manager and staff had an awareness of supporting people in line with the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People had meals of their choosing that met their needs and preferences.

People had access to health care services when required. Staff followed professional recommendations and guidance.

Is the service caring?

Outstanding ☆

The service provided care to people that was outstanding. People and their relatives were complimentary about the care and support they received. Care delivered was person centred and demonstrated that people mattered. Staff supported people with effective and coordinated care and support. People's lives were celebrated and staff showed respect for privacy while promoting their dignity. Staff showed they knew people's needs well. The registered provider, registered manager and staff were caring, compassionate and empathetic to people who lived and died at the service

Is the service responsive?

Outstanding ☆

The service responsiveness to people using the service was outstanding. Staff used social activities in a creative way that helped people explore and develop new interests and hobbies. Care delivered used evidence based research outcomes to improve the lives of people. Diversity was celebrated and welcomed for all people living in the service. People and their relatives were involved in the assessment and reviews of their care. People were able to make a complaint about the quality of care and support they received.

Is the service well-led?

Good ●

The service was well led. The service undertook regular quality audits to monitor and review the quality of the care.

The leadership of the service was visible at all levels because the manager was available at the service.

The manager enabled and encouraged open communication with people who use the service and those that matter to them and staff.

Castlebar 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 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 20 and 31 October 2016 and was unannounced. The inspection team consisted of two inspectors 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. Their area of experience was older people's care.

Before the inspection, we looked at information we held about the service, including notifications sent by the provider and a report of actions for improvements to the service. We had feedback from two health care professionals and a representative from the local authority. During the inspection, we spoke with seven people and eight relatives. We also spoke with the regional director, registered manager, and head of care. Also two nurses, three care workers, the activities co-ordinator and the physiotherapist.

We also observed people in the communal areas and the general environment of the service.

We reviewed 10 care records, five staff records, audits, health and safety records and other records relating to the management and maintenance of the service.

Good

Is the service safe?

Our findings

People told us, they felt safe living in their home and were happy living at the service. One person said "Yes, I feel safe." People were protected from the risk of abuse because there were suitable arrangements in place. The provider had a safeguarding policy in place that staff used to ensure the correct procedures were followed to report suspected abuse. A staff member said they were aware of the risks of abuse and felt confident to use the whistle blowing procedure to report poor practice by colleagues. Staff understood what actions to take to protect people from harm and abuse.

People were protected because staff had assessed risks associated with their health conditions. Staff recorded these on care plans to be taken into account when providing care and support. Risk assessments were reviewed monthly so the information was current and relevant for people's needs. For example we saw risk assessments to assess people's needs in relation to moving and handling, pressure ulcer care, falls and medicines. We saw another example of where a person was supported by an additional member of staff on an individual basis. Staff identified that the person was at risk of displaying behaviour that challenged and may have harmed themselves or others. We saw staff support the person effectively ensuring the guidance of the risk assessment was implemented to keep the person safe.

Risks to people's health and well-being were identified and managed safely. The registered manager monitored risks associated with the safety of the service. We saw that there were regular health and safety checks at the service. Regular fire risk assessment and audits of the service took place. The provider identified areas for improvement, and acted to resolve fire safety concerns.

People were kept safe in a suitably maintained environment. The registered manager ensured safety checks of electrical and gas systems took place. Equipment used in the service was also safety checked. For example, portable appliance tests (PAT) checked the safety of electrical equipment. This made sure the equipment was safe for people and staff to use.

People's needs were met because sufficient staff were available to meet them. Staff told us they felt "staffing levels are reasonable." Another member of staff said "We have enough staff. Generally we are well staffed." A third member of staff said "things get difficult when staff call in sick on the morning of their shift, it can become difficult but that doesn't happen regularly." We observed that staff responded to call bells promptly. One person told us "Staff are always around to help me when I need them." We observed that were people were assessed as requiring individual care this was provided which ensured people had the care and support needed to keep them safe. We checked the staff rota and found that there were the correct members of staff available to meet people's dependency needs.

The registered provider had robust recruitment processes in place to ensure the appropriate employment of staff. Staff records held pre-employment checks to ensure their suitability of employment at the service. There were regular checks on the registration of nurses and there were arrangements in place to support nurses with the new registration process with the Nursing and Midwifery Council (NMC). The registered provider undertook criminal records checks for all staff with the Disclosure and Barring Service (DBS). The

DBS helps employers make safer recruitment decisions and prevent unsuitable staff from working with people. Recruitment checks were completed when all the checks were returned. We saw records that demonstrated that checks were completed on staff's right to work in the UK with the dates of renewals of their visa requirements.

People had their medicines managed safely and as prescribed. One person told us "Yes I get my medication when I need them." A relative told us "[my relative] was a health professional so knows about how to take their medicines. There are no issues or concerns."

People had their medicines recorded, stored, and disposed safely. We checked people's medicines administration records (MARs) and found these were fully and accurate completed. We checked the medicine stocks on each floor we visited and found they were correct and matched what was recorded on people's MARs. MARs charts had details of medicines given "as required" and these stocks also matched what was recorded. Staff had access to written guidance in the use of "as required" and homely remedies such as paracetamol for mild pain. The provider carried out regular medicines audits. Where a medicine was not administered an explanation for this was recorded. Medicines administered followed the registered provider's guidance and the prescriber's instructions.

Good

Is the service effective?

Our findings

People were cared for by staff that were supported with their training, supervision, and appraisal needs. People and their relatives told us, staff had the knowledge and experience to do the job effectively. One person said, "The care staff are good and know what they are doing and how to help me." A relative said "The staff do a good job."

Staff were supported by the registered manager to help them do their jobs. Staff had access to regular training, supervision and an appraisal. Staff had up to six supervision meetings a year with their line manager. We saw records of staff supervision and they showed that staff discussed concerns and issues regarding their practice including seeking advice for people they cared for. Annual appraisal meetings identified performance, learning and developmental needs and these were recorded. Actions from previous meetings were followed up and feedback given to staff with actions taken to resolve any concerns staff had.

Newly employed staff underwent an induction to prepare them to care for people. These staff were supported by more experienced staff to help them to become familiar with the service and people they worked with. This ensured that the newly appointed staff were supported in their new role while increasing their awareness of the provider's procedures, processes and culture of the organisation.

Staff had access to training that supported them so they were skilled and knowledgeable to meet the care and support needs of people. The provider had a programme of mandatory training that included, safeguarding adults, medicine management and moving and handling. When people had specific health or care needs staff were able to undertake training to develop their knowledge in that area. For example, when a person cared for had dementia, staff were equipped with training so that they had the knowledge to care for people in a way that met their needs. One staff member said, "There is a lot of training." Another member of staff said "I have done a lot of training and the manager always tells me about any new training. There is no problem with training here." Staff records held copies of staff training documents and certificates. The registered provider arranged language tuition for staff for whom English was not their first language to enable effective communication with people.

People gave their consent to receive care and support. Records showed that people gave verbal and written consent, which were decision specific. For example, people consented to receive care and support. One person told us "Staff always ask me if I want things done for me." When people were unable to consent to care their relative would be consulted to consent of the behalf of their relative if required. Complex decisions were made within the framework of the Mental Capacity Act 2005 and those assessment and decisions made were recorded.

People were cared for in line with legislation to reduce the risks associated with the unlawful deprivation of their liberty. The manager and staff had an understanding of how to care for people in line with the principles of the Mental Capacity Act 2005 (MCA). We saw an example where a person was regularly refusing to take their medicines. The registered manager, local pharmacist, GP and nursing staff had identified that the medicines prescribed were essential to maintain the person's well-being and to prevent the

deterioration of their health condition. In response to that clinical decision, a mental capacity assessment was completed with the person. It was assessed that the person did not have capacity to make the decision to refuse their prescribed medicines. A best interests meeting took place with the clinical team and the person's family. It was agreed that in the person's best interests the person needed to have their medicines. The medicines were given to the person using covert medicine administration. When medicines are given covertly, it means that they are hidden in food or drink without the knowledge of the person. The decision and actions were recorded and we saw the recommendations were in line with the Royal Pharmaceutical Society guidelines.

Referrals for an application under Deprivation of Liberty Safeguards (DoLS) were made promptly to the local authority to consider. The registered manager made a DoLs application when necessary. They told us that they cared for people using the least restrictive options first. However they recognised that where a person required the additional support an application would be made to the local authority for an authorisation of DoLS. Staff followed the recommendations of the DoLS authorisation to support the people appropriately.

People had meals, which met their needs and preferences. Each meal had three choices available. The choices were made at the time when people could see and smell the options. People told us they enjoyed the meals provided. There was a menu on each table so people could choose any meal they wanted. The dining room was set up in a similar manner to people's homes. Meals were served and people were able to help themselves to vegetables from serving bowls placed on the tables at meal times. We observed people supporting each other during these times and serving each other. This practice allowed choice and sharing.

People we spoke with told us they enjoyed the meals provided at the service. One person said "Even the food is lovely." Another person said "The food is excellent". Staff allowed people time to eat their meal in an unrushed environment and comfortable surroundings. The meal times were flexible to allow people to have they meals when they chose.

Meals met people's cultural needs because Caribbean and vegetarian meals were routinely on the menu. A health professional told us "They [staff] make sure that every residents [eats] appropriately according to their medical condition, culture etc." People were able to have snacks and drinks in between meals. We observed a selection of drinks available in the communal areas so people could help themselves to a drink as they chose.

People were assessed using the Malnutrition Universal Screening Tool (MUST). This screening tool was used to identify adults, who were malnourished, at risk of malnutrition or obese. Staff monitored and reviewed people's nutritional needs at least monthly. This meant that prompt action could be taken to respond to changes in people's conditions promptly.

People had access to healthcare support when needed. For example, a GP visited the service on a regular basis to support people with their changing healthcare needs. There were effective working relationships with health care professionals. The GP held a surgery at the home once a week. The Registered Manager described the GP as "supportive". The Care Manager met with the GP at their surgery once a week to ensure their records were up to date. This enabled the service to have access to clinical advice when required. A health professional told us "They [staff] continue to work hard on the responsiveness of the service and has continued to improve over the years. I have been able to observe that [member of staff] has been a great asset to the team, carers and nurses were able to be professional and focused on the work."

Staff used tools to assess if people with dementia were experiencing pain. This helped to determine when it was appropriate to call for additional medical assistance to relieve people's pain, distress and discomfort.

People's care records detailed what actions staff should take to support people to manage their health conditions.

When people needed specialist health care support staff made referrals for advice. The provider had employed a physiotherapist to work in the service. The physiotherapist had experience of working with people with dementia. People had access to a gym at one of the provider's other homes which was a short distance away. During our visit three people visited the gym to use the equipment. The physiotherapist demonstrated where people had been able to improve their physical health because of their participation in regular exercise which improved their mobility and wellbeing. For example one person had a stroke and used a treadmill for three minutes on each visit to the gym. This had gradually improved their walking. The people using the gym encouraged each other.

Staff received advice from the physiotherapist about how to help people to continue with their exercises to maintain their mobility. We saw another example of a person who at one stage had no mobility. With the input of the physiotherapist over a six week period the person managed to walk on the treadmill.

The service held ballet classes for people living at the service. People's individual needs were met because the classes were tailored to meet them. For example where a person had a concern with their balance the ballet teacher ensured that the person had exercises that was geared to improve their balance which improved their wellbeing.

The impact of the exercise classes, ballet classes and physiotherapist input was evaluated and it was found they had a direct impact on people using the service. Audits of these classes and the impact on people participating in them demonstrated that there was a decrease in number of falls in the home over the past 18 months.

Outstanding ☆

Is the service caring?

Our findings

People who used the service commended the exceptional quality of the care they received. One person told us "Staff are kind." A second person told us "We have been lucky to get this place." Another person said "The staff are wonderful." A relative said "[staff] are caring and superb." A second relative added "I can't recommend the home too highly." A third relative said "The staff are brilliant, you can't fault them." Professionals who visited the service told us that they were impressed with the standard of care people received from all care and nursing staff. A health professional told us "Members of the nursing team are providing exceptional care." They said staff "provided effective and compassionate care for people with multiple health conditions." The health professional also added "The deputy manager is doing a great job trying to improve patient care and team work between GP and nursing team, and carers."

The provider had a 'resident of the day' initiative for one resident each day each month. Whilst every day is special for every resident in Castlebar, the resident of the day initiative makes a day in a month extra special for each resident. People who had been the 'resident of the day' told us they had enjoyed their extra special day. The 'resident of the day' initiative helped staff to understand people and things that could make a positive difference to them. For example people were able to enjoy as much social activity and meaningful interactions they required. The 'resident of the day' ensured caring and housekeeping staff were involved in creating an environment to promote people's wellbeing and quality of life.

Examples of activities chosen were beauty days, including hand manicures, feet pedicures, a hair dressing or a barber shop experience with wet shave with a hot towel afterwards. Others chose to go outside for a walk around the garden, have tea and cake or the chef made their favourite meal to make their day special for them. We saw a photograph of a person enjoying a meal that the chef had prepared for them at their request. Another focus was on the person's care, for example looking at care plan reviews, liaising with families, and 'spring-cleaning' their rooms. Relatives and healthcare professionals were encouraged to be involved in this day and any care reviews if they were available. The aim was to help people to feel important and extra special on their day. Staff showed they understood people because they delivered person centred care and supported people to express their views and thoughts and acted on their choices.

People were cared for in a way that respected their cultural identity. The registered manager told us that they ensured the workforce reflected the diversity of people living at the service. Staff were matched with people who shared the same cultural background as practicable. The registered manager and staff acknowledged that some people in the service required some support to maintain their cultural heritage. For example we saw that a person living at the service was allocated to a member of staff for individual care that shared their cultural heritage. We observed the member of staff engaging in a language the person understood whilst being sensitive to their level of dementia. The member of staff and the person were able to share familiar stories of significant events from their home country. We could see from the laughter and their smiles the person was enjoying their conversation. The member of staff told us that they knew the person well and were able to engage them in meaningful conversations. The member of staff had an insight into the popular music the person enjoyed and we heard this music being played for them. We saw the person looked relaxed and was tapping their hands in time with the music. The member of staff said "it is

important to relate to [person] in a way that they were familiar. [Person's] family have been very important in helping us develop a relationship with [person] so we know what things [person] enjoyed before coming to live here." They added "I understand and share the same culture as [person] so they respond well to me." They added the information about the person's cultural needs was documented which meant all staff could support the person appropriately. We saw their care records documented a clear and detailed personal history. We observed staff were highly motivated and showed an appreciation of people's individual needs.

The care for people at the end of their lives was remarkable. A relative told us "staff go the extra mile." We saw examples of where the service went the extra mile in providing end of life care, both in the respect they gave the person and support to their relatives. When people had died at the service this was recognised in an exemplary way. The registered manager helped families to commemorate relatives who had died by holding memorial services. The service could be a choice of a religious or non-religious celebration of the person's life. A helium balloon was released for each person who had died at the home as part of the memorial service. This was an annual event and relatives of people who had died at the service were able to attend subsequent memorial services to remember their relatives if they chose. If people did not have relatives involved at the time of their death, staff acted in the role of a friend at this time.

People were cared for in a way that demonstrated they mattered. The service had developed a memorial garden for people who had lived and died at the service. The memorial garden was developed because of the concerns of provider and staff that people who had no family or loved ones would not be remembered after their death. We heard about one person who lived at the service for several years had no known relatives. When they died, the service arranged their funeral. After some months a relative of this person made contact with the home. When they were informed of their relative's death they expressed their gratitude for the care the service had given and for the arrangements after their death. The relative said that they were pleased the person's resting place was "in the home as that is where [my relative] was happy." People were cared for in a way that showed that they really mattered and were important.

There were other examples of people who had died with no relatives to arrange a funeral for them. The registered manager made arrangements for the funerals and arranged for their ashes to be buried in the memorial garden. At a residents' meeting staff suggested that the service purchase granite plaques to be placed where their ashes were to be buried. The people were wholeheartedly supportive of the idea and agreed for this to be purchased from a 'comfort fund' previously used to fund activities for people. The use of this fund did not impact on the quality of activities offered at the service. We visited the memorial garden at the service. This was in a quiet area of the main garden. Each person had a plaque with their name on it. Once the plaques had been completed a local vicar held a short dedication service. The people and relatives who attended the memorial service saw the memorial garden and told staff it was "a wonderful idea which ensured people were remembered". This demonstrated to people living in the service that they too would be remembered with compassion and kindness by the service after their death.

People were encouraged to participate in discussions regarding their end of life plans. Records showed that a person was involved in Do Not Attempt Resuscitation (DNAR) order. This person had a medical condition that meant that their speech was affected and took them longer to express their views. We saw that staff provided the person with enough time to voice their opinions and express their wishes regarding resuscitation. It was recognised that the person had the mental capacity to make their own decisions and staff acknowledged the importance that the person was supported to make their decisions known.

Castlebar Nursing Home has links with a local hospice which gives training and support for staff to provide high quality care for people nearing the end of their lives. Staff were trained under the Gold Standard Framework (GSF) to provide high quality care for people nearing the end of their lives. This meant the home

reached quality standards which were recognised as offering a high level of palliative and end of life care for people. At the last GSF annual appraisal the service achieved re-accreditation. We looked at end of life care plans for people. These detailed how people wanted the end of their life to be and this was respected. Records showed that were people did not want to be taken to hospital at the end of their life this was honoured. The home provided the opportunity for relatives and friends to visit as they wished during this time.

People and their relatives were involved in planning their own care. Support was co-ordinated and managed in a way that reflected the person's individual care and support needs. Staff regularly assessed people's care needs allowing them and their relatives to make decisions about how they wanted to receive care and support. This meant that staff listened to people's views and they had the opportunity to contribute to their assessments and to planning their care. Staff provided personal care to people while maintaining their privacy and dignity. Staff spoke about people in a positive way that demonstrated kindness and respect for them. We observed people's care and support needs were met in privacy when required that promoted their individual dignity. There were areas of the service used to have private conversations when required.

People and their relatives were involved in the review of people's care and support plan. People and their relatives had a record of the care decisions made. An update of the person's care records ensured any changes in needs were reflected in the care the person received. Health and social care professionals were also involved in the review of people's care. They offered their professional guidance when required. Regular reviews of people's care ensured the care and support delivered remained relevant, current and reflected people's current needs and requirements. This allowed the opportunity for the clinical team to be kept updated with any clinical changes which provided the opportunity for the GP to change a person's treatment as needed.

People had regular contact with people that mattered to them. We observed that staff welcomed visitors and staff to the service. Relatives told us that staff welcomed them to the service to visit at any time. One relative told us "Staff always welcome me here because [my relative] is here." Another relative told us "I ate here one day, it was lovely, I hadn't eaten and staff offered me a meal. I was able to share a meal with [my relative] which I haven't been able to do in a long time. I had Christmas dinner here too." The registered manager and staff recognised special events in people's lives. Staff recorded people's birthdays and supported them to celebrate this with them and their relatives.

We observed positive interactions between staff and people who lived at the home. Staff took action to support a distressed person. We also observed staff take appropriate actions to distract a person when they began displaying behaviour that challenged the service and could have presented risks to themselves and others. We spoke with the member of staff and they told us "I know [person] very well. Their family have given us a lot of information about the person. I can tell when something is triggering behaviour, so I can distract them before the behaviour is full blown."

During the inspection visit we observed that staff did not wear a uniform. We spoke with the registered manager about this. They told us that they had completed research with staff wearing a uniform and the impact it had with people with dementia. The research on caring for people with dementia demonstrated that people were more likely to respond positively to staff not wearing a uniform. Consequently, the home adopted this guidance in practice. Staff told us that people were more likely to approach them. They told us "this is their home; we do not really need to wear a uniform." We observed people recognised staff and approached them when they chose.

Outstanding ☆

Is the service responsive?

Our findings

All relatives we spoke with spoke highly and complimentary of the care, the service and staff. One relative told us "[my relative] would be nowhere else. I have visited a few homes that were supposed to provide the best care. Nothing is like this home." Another relative said "It's wonderful here."

People were provided care and support they needed which recognised and valued their strengths and levels of independence. For example a person required the support of a specialist lifting aid to support them out of bed before coming to live at the service. The registered manager arranged for the physiotherapist to reassess the person's physical abilities. With the input of the physiotherapist, staff and their GP the person was able to get out of bed without using a hoist, and improve their walking ability through taking part in regular exercise at the provider's gym. This improved their level of independence because their mobility improved.

We heard of another example were staff were able to utilise the person's history of being in the armed forces to help improve their walking and balance. The physiotherapist encouraged the person to take longer strides as they would do when marching and thereby created a wider base for their centre of gravity and improve their overall balance. The service used imaginative and innovative ways to help people improve their health and wellbeing through using positive aspects of their history.

Activities were creative and incorporated good practice guidance for caring for people with dementia. The home provided activities under a programme called Namaste which was found to benefit people with dementia. The Namaste programme utilised the power of touch. It was based on sensory stimulation of smell, taste, hearing, touch and vision. This involved sensory activities and specialist equipment for the sessions. Each person had access to this service. We saw women who had their nails varnished during a Namaste session. From the chatter between each other and their smiles we could see that they had enjoyed the session. All care staff were involved in the Namaste sessions. Some sessions used massage, manicure, pedicure, music, scents, and reminiscence. Staff had noticed an improvement in people's wellbeing since they introduced the Namaste programme. This demonstrated that people had support to improve their well being.

The quality of the social activities provided in the home was outstanding. There was an imaginative approach to activities in the home. We saw photographs of how the home marked the 'Care Homes Open Day' in June 2016. This event encouraged people in the local community, families and people to participate in the activities on the day. The theme was 'remembering your summer days'. The service arranged candy floss and popcorn stalls, a vintage ice-cream van, Punch & Judy performance, a magic show, and two donkeys which visited as part of the celebrations. People and families had access to free donkey-rides if they chose. One donkey was accompanied in the lift and visited the people who were unable to leave their bedrooms on the upper floors of the home. People were introduced to the donkey and had the opportunity to touch and stroke him.

One person who was introduced to a donkey showed a particular interest in him. Staff told us this person

had worked on a farm when they were younger and used to care for the horses there. Staff commented that during the time the donkey was on the floor of the home the person looked happy and relaxed touching and stroking Taffy. We saw a photograph of the person engaging with the donkey and they were smiling. This experience allowed the person to be involved in a reminiscence activity and prompted fond memories, which impacted on their well-being in a positive way. They were able to connect those positive past memories to the happy experience on the day. We heard that people who had interacted with Taffy enjoyed it. Many people remembered how as children they visited the seaside with their families and rode on donkeys. This helped people to recollect and share positive past memories.

People enjoyed visits from an organisation that showed exotic animals such as reptiles including a snake, a land snail and a 'hissing' cockroach as well as pets including a rabbit and a guinea pig. Staff shared with us that people were very positive and interacted with all the animals that came to the service. We saw photographs of people holding the land turtle and a snake, they were smiling and looked happy.

As consequence of this visit Castlebar staff brought fertilised duck eggs to the home. These were kept in the service and people were able to see how the eggs were hatched and the ducklings were able to walk around in the service. People had positive experiences of this because they were able to care and feed them. The person who had positive memories of working on a farm particularly enjoyed the ducklings. We saw a photograph of a person smiling while stroking and handling a duckling. Staff told us that this had a positive effective on them as they sometimes had incidents where they were distressed and these reduced during this time.

We saw that the activities provided took into account people's cultural heritage. On one occasion there was a celebration for Jamaican independence day. Photographs displayed at the service showed that staff organised for a steel band to come to the service and play Caribbean music. The menus included a Jamaican meal and the service displayed items from Jamaica such as the national flag. This action recognised the individual's cultural heritage whilst involving all people, their relatives and staff to enjoy and participate in these celebrations.

We observed staff motivated people to participate in the activities provided at the service. People's needs for activities were considered and arranged with the assistance of an experienced activities co-ordinator. We spoke with the activities coordinator who had worked at the home for a number of years. There were regular outings. Recent trips had included Herne Bay, Buckingham Palace, Mudchute Farm, the Museum of Childhood, the Natural History Museum and Dulwich Art Gallery. There were also indoor activities such as an exercise class, pottery and nail painting.

People were supported to follow their individual interests. We saw another example were it was recorded that a person enjoyed football, the details of their favourite football club was recorded. Staff ensured the person was able to watch matches of their team when they played. They also encouraged them to keep updated with the special events that their team took part in.

People's spiritual needs were considered. Information about people's religious needs were gathered as part of the assessment process. An ecumenical church service was held in the home once a week.

The provider ensured that people who lived at the service had care that was effectively co-ordinated. For example records showed that the service had a number of people who displayed behaviours that challenged the service when they were distressed. On six occasions these people required additional, individual support. Following the input of staff and the family the CHIT had reviewed the level of support. On half of those occasions the individual support has been reduced. The registered manager told us that the

impact of the training staff received, support they provided to each other and the help from external agencies such as CHIT, the GP, all contribute to the benefit of the person.

People had adjustments made to their care and support when their mental health conditions changed. We spoke with a visiting mental health professional at the service. They told us that they visited the service on a regular basis to review people's mental health needs. We saw records that demonstrated that the input of the support from the community mental health service had a positive impact on people's lives. For example records showed on admission a person was requiring the assistance from one member of staff during the day and night. This intervention was needed to support the person in managing behaviours that challenged staff and others. Staff and the mental health worker provided support to the person.

Guidance was provided to staff to enable to support the person in managing those behaviours. After a period of two months of implementing this guidance staff noticed a change in the person's behaviour and a reduction in the number of incidents. The registered manager requested a review of the support the person required from the Care Home Intervention Team (CHIT). From this review it was recommended the level of support could be reduced, because it was no longer required and the individual support was withdrawn. The person continued to be supported by staff and the CHIT to maintain their mental health. This demonstrated that staff saw people as individuals and improvements could be achieved in their health care needs. This intervention positively supported people's level of wellbeing and independence.

Staff proactively encouraged people to attend social activities to reduce the risk of social isolation. For example staff told us of a person who enjoyed their own company and did not want to and chose not to take part in any social activities at the service. However staff understood from the person's history that they had enjoyed going to the pub before living at the service. Staff organised a Lunch at a local pub. The person attended this activity and enjoyed themselves. Since then the person has participated on a regular basis in other social activities. This encouragement from staff reduced the likelihood of social isolation for this person.

There were activities that were provided within the service. For example entertainers visit the home. On the day we visited a volunteer was playing an electric organ which people listened to and enjoyed. The musician was a regular visitor to the home. The provider celebrated Older People's Day on 30th September 2016. They organised a walk for a small group of people from two care homes to a local park to have a picnic and take part in outside exercise.

The service had developed a cinema afternoon which took place regularly where popcorn and drinks were provided to create an authentic experience. This allowed people from each unit of the service to meet together to enjoy a film of their choosing. A café was held on the first floor three times a week, people who live on all floors of the home were able to attend and this helped people to mix and meet new people occasionally. Relatives were encouraged to attend.

People were encouraged to remain in and be involved with their local community. During our visit we observed local school children were visiting the service. The children and people using the service were part of a scheme called Sweet Readers. This enabled people of different ages to share their experiences and have discussions on subjects that interested them. During the session people and children worked together on a project which involved making an art project. We observed that both the children and people were participating in the activity. We observed the chatter, laughing and smiles of people when they were involved together. Name badges were worn for all those involved. We saw photographs of the event and projects people and children made at previous sessions. Staff told us that people who were less likely to participate in other social activities took part and enjoyed the activity.

The registered manager supported staff to provide a responsive service for people to meet their needs. Assessments took place to ensure people's needs could be met at the service. People and their relatives told us they were involved in assessments of their care needs and they added that their relatives were also invited. One person said "[my relative] helped me find this place and I am very happy."

People's care records detailed the support people required to meet their needs. Guidance for staff on how to care for people effectively were in the care plans. People's care records were personalised and detailed the personal histories and their likes and dislikes. A record was made of things and people that were important to them in their lives before they required living in the service. For example records showed people's professions, their interests and hobbies and the countries where they were born.

Care plans were reviewed regularly in line with the provider's care plan policy. This was to ensure that the care and support provided was relevant and accurately reflected the needs. Any changes in care plans were updated electronically so staff had access to the most recent information available.

There was a system in place to make and manage complaints. There was a process to make a complaint formally to the provider or the manager of the service. We found that any complaint made was managed appropriately and the issue reported to who the registered manager. At the time of the inspection we were told that there were no current complaints at the service. People we spoke with all agreed they had "nothing to complain about" but one said if they did "I would go to the person at the very top." There were systems to make a comment or compliment to the service. We saw a record of these and people commented that the staff were very helpful and supportive to them and their relative when needed.

Good

Is the service well-led?

Our findings

People and staff told us the manager of the service was open and approachable. A person said "the staff are good and approachable." One relative told us "I can't recommend the home too highly." Staff feedback included "They are lovely, the [people] are lovely too". A member of staff described Castlebar as "A good working environment." A second member of staff said "The manager and the care manager are a good team."

People we spoke with knew who the manager of Castlebar was and he was available regularly at the service. Relatives told us that they were able to speak with staff or the registered manager if they chose. We observed that people and their relatives approached staff and the registered manager to speak with them. Staff responded to people or their relatives in a calm and friendly manner while resolving their query. Staff we spoke with were complimentary of the registered manager they commented positively on his leadership skills. One member of staff said there was "good communication. All of the heads of department meet together at 11am each day to catch up on events over the last 24 hours, and how they have impacted on people." Another member of staff said the manager was "pushing at the boundaries and is committed to improving standards in the home."

Staff attended regular team meetings to discuss any issues related to their caring roles. We saw there were daily 'head of department' meetings. At these senior staff discussed issues related to the effectiveness of the service, raised any concerns and resolved them within the meeting.

The registered provider encouraged and valued staff at the service. Staff were supported in their role and their performance and contribution to the service was recognised. Staff were nominated by the registered manager for the provider's 'employee of the month'. The successful employee was celebrated at an annual award ceremony.

There were quality assurance systems in place. The staff team undertook internal audits on the quality of the service. The quality of care, food, social activities and the home environment were monitored and reviewed. Any areas of concerns were managed and an improvement plan implemented. The registered manager completed regular audits of people's care records. This was to ensure that care records were regularly updated and accurate. A senior member of staff on duty undertook audits of the service to ensure the service was operating to a high standard. The head of care completed audits of the whole service and areas of concern were identified so actions could be taken promptly.

The registered provider welcomed external quality assurance audits of the service. The local authority carried out audits of the service on 12th May, 16th June and 9th August 2016. Their report dated stated "Castlebar continues to be a well-managed home and having established senior staff in post adds to the sustainability of good care and practice." An action plan was developed from the visit and the registered manager and staff had met all the points of action recommended.

People had an opportunity to attend residents' meetings. These meetings were held each month. People

were able to raise concerns and ask questions at these meetings. For example discussions were had on were people wanted to go for a summer outing. We saw another example where people made comments about the quality of the food and time of meals. Consequently there were changes to the mealtime system that were planned from October 2016. This allowed people who woke up early to have the flexibility to have their breakfast earlier. People also requested that the evening meal should include hot or cooked options. The registered manager raised these changes with the chef of the service with the agreed date confirmed with them.

Relatives had an opportunity to attend relatives meetings. On the first day of our visit there were details of the next relatives meeting displayed on the front door of the service. Staff listened to relatives views and provided support to them. For example some relatives had questions regarding the diagnosis of dementia of their relatives. The registered manager took action and arranged for a dementia specialist to speak to relatives about the condition and for them to be able to ask questions. People, visitors, relatives and health professionals were able to access questionnaires on the quality of care. These forms were available and accessible on the provider's website.

The manager ensured that CQC were made aware of any issues or concerns that took place. The provider notified us promptly of any incidents as they are required to do we could take appropriate actions.

People's records were stored securely. Systems for the management of people's personal information were secure. Computerised systems were used to store people's records. Only authorised members of staff could access them when required. Staff understood the reason for keeping people's personal and private information safe. One member of staff told us, "I don't share my password with anyone."

Staff worked in partnership health and social care organisations. Staff had developed working relationships with local teams. People's care needs and support benefitted from the advice and support for people could be achieve. For example, staff had developed and maintained contacts the local authority and the local mental health teams so people's care needs were co-ordinated and effective.