Barchester Healthcare Homes Limited

Castle Keep

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**

Summary of findings

Overall summary

Castle Keep is a single storey, purpose built home for up to 49 people. The home is divided into two parts, Willow and Nightingale; both support people with nursing care needs. Willow can officially support 28 people but due to a change in bedroom arrangements now has capacity for 27 people. Nightingale can support a maximum of 21 people who are living with complex dementia care needs. Both units have a selection of communal rooms and bathrooms.

We carried out an unannounced comprehensive inspection of this service on 16 December 2014 and gave an overall rating of Good. Since that inspection we received concerns in relation to people receiving the right amount of care. As a result we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Castle Keep on our website at www.cqc.org.uk

This focussed inspection took place on 17 March 2016 and was unannounced. On the day of the focussed inspection there were 27 people in Willow and 16 people in Nightingale.

This service is required to have a registered manager and there was one 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.

We found there had been times when there was a shortage of permanent staff on duty due to short notice absences. This had been filled with agency staff when possible although a small amount of shifts had been under the optimum levels of staffing numbers decided by the registered provider to meet people's assessed needs. Staff had reported these shifts were difficult and tiring although people had remained safe and their basic needs had been met. There had been a reliance on agency staff until recruitment had been completed. The registered manager confirmed a full complement of permanent staff would be in place by 4 April 2016 and additional staff transferred to Castle Keep in May 2016.

We found more information could be obtained from agencies, to verify training, when staff supplied by them were used in the service.

People had a choice about the time they awoke in the morning and were not left waiting for long periods for support from staff with things such as their breakfast and their prescribed medicines.

We found people received appropriate pressure relief in line with their needs and action had been taken to treat two people's long standing skin conditions. Records of wound management could be more consistent.

People's nutritional and fluid intake was monitored when they were at risk and most people's weight was

stable. Appropriate referrals were made to health professionals such as GPs and dieticians when required so treatment could be prescribed.

We found there were two activity co-ordinators who organised a range of activities for people to participate in when they were able to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

There had been times when the optimum levels of staff decided by the registered provider had not been met. This had the potential to affect the care people received. There was also a reliance on agency staff to fill shortfalls which could affect continuity of care for people. However, we have rated this as 'requires improvement' rather than take any further action because recruitment is almost complete and measures to address the shortfall will be in place by 4 April 2016.

People told us they received their medicines on time, although one person said they could be late on occasions; staff were aware of this and ensured there was system in place to alert them when they were due. We observed staff administered medicines as prescribed to people.

Is the service effective?

Good

The service was effective.

People received pressure relief in line with assessed risk. Records were completed to ensure pressure relief and food and fluid intake was monitored.

People's weight was monitored in line with their risk management plan. People were referred to their GP and dietician when there were any concerns about food and fluid intake.

The records of people's wound care treatment could be more consistent. This was mentioned to the registered manager to address.

There was a range of activities for people to participate in when they were able to.

Castle Keep

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 register provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at specific areas of quality of the service.

This focussed inspection took place on 17 March 2016, was unannounced and completed by one adult social care inspector. We had received some information of concern about staffing levels impacting on the care people received such as medicines not administered on time, people getting up late meaning breakfast and lunch was too close together for them, people losing weight and not receiving pressure relief.

During the inspection we observed how staff interacted with people who used the service. We spoke with three people who used the service in private. We spoke with a nurse, a senior care worker, 10 care workers, two activity coordinators and the hotel services manager. We also had a telephone conversation with the registered manager.

We looked at two care files which belonged to people who used the service. We also looked at other important documentation such as medication administration records (MARs) for one person, wound care charts for two people, monitoring charts for 17 people, behaviour monitoring charts for three people and weight records since September 2015 for everyone who used the service. We also looked at the staff rota and the information received by the service regarding agency nurses used to complete shifts during current recruitment.

Requires Improvement

Is the service safe?

Our findings

We had received some information of concern about staffing levels impacting on the care people received such as medicines not administered on time and people getting up late meaning breakfast and lunch was too close together for them.

Three people spoken with told us staff looked after them well. They described their routines and preferences for times of rising in the morning. People said they were offered choice about this. They also confirmed they had their breakfast at the time of their choosing; sometimes this was whilst they were still in bed. Comments included, "Sometimes they come quickly, sometimes they are busy and can't come straight away", "Sometimes my tablets can be a bit late and that stresses me out", "I get up before lunch; it's my choice", "It doesn't take that long when you ring the bell; it depends on how busy they are. I get up anytime I want, sometimes quarter past eight and maybe half past eight; I tell them and they get me up", "I'm not left in any pain and get my tablets on time", "Yes, I like it here; I've been here three years. The staff are friendly and yes, I get my tablets on time. I'm up at 6 oclock and when I ring the bell they are usually there straight away" and "I like it here, I feel I'm looked after well."

We looked at the staffing rotas for Willow, where staff confirmed there were 27 people who used the service; the concern we received was directed towards Willow. Staff spoken with told us people had complex nursing care needs and a large number needed full support with all aspects of their care. For example, they said 16 people required two staff and a hoist to move and transfer them, 17 people required full assistance to eat their meals, nine people required pressure relief every two hours and 26 people required various levels of support to manage continence. The rotas showed there were usually two nurses and six care workers in the morning, one nurse and five care workers in the afternoon/evening shift and one nurse and two care workers at night. The rotas also showed there had been some days when the numbers were five care workers in the morning and four in the afternoon. One person was also receiving one to one support for 12 hours a day for two weeks as they were a new admission to the service and staff were monitoring how they settled; support for the one to one care was in addition to the usual staffing numbers.

Care staff described some situations when agency staff were required due to current staffing shortages. Whilst agency staff would make up the numbers, the permament care staff said this often proved a burden as they had to show people what to do and supervise them which took up valuable time. The staff rota indicated there was a reliance on agency staff for several shifts each week. For example, the week commencing 14 March 2016, there were 10 shifts covered by agency staff (including the one to one support for one person for seven days). The rotas indicated there were a further five shifts between 14 March and 16 March 2016 when care staff numbers were under the optimum levels of six care workers in the morning and five in the afternoon. Staff spoken with confirmed people were safe during this time but they said they were very tired and three members of staff had taken sick leave days that week. Three agency nurses and a bank nurse were used to cover seven shifts during the day that same week. In discussions with staff, it was clear they were committed to giving safe and effective care to people.

We spoke with the registered manager following the inspection and they confirmed recruitment was

completed and two nurses were due to transfer to Castle Keep at the beginning of April 2016 and a full time care worker would be starting on 4 April 2016. They said there were also some members of staff moving to Castle Keep from one of the other units on the site, which was due to close in May 2016. These points mean there will be appropriate numbers of permanent staff on duty at all times and less reliance on agency staff.

The nurse in charge told us they obtained nurses from a specific agency to cover shortfalls. They received a profile from the agency which identified they were registered nurses and a disclosure and barring services (DBS) check had been carried out. The profile also highlighted which training courses they had completed. When we checked the profiles we noted two people had the same DBS identification code. We mentioned this to the nurse in charge to check out with the agency. We also discussed the need for the service to verify the training the nurses had completed.

We observed the morning medicine round was completed by 10.15am. Some people's medicines had been given later than 8am as they had woken up later; staff said they did not deliberately disturb people in the morning but waited for them to wake up naturally. The nurses confirmed that if people had their morning medicine later than usual, they staggered any lunchtime medicines to make sure there was sufficient time between the next dose. The records indicated this had not been the case for one person and we mentioned this to the registered manager to address with the specific nurse. We observed another nurse interrupted what they were doing as they were conscious one person required a specific medicine at 12 noon. This was administered to the person at exactly the correct time. The person confirmed this to us when we spoke with them.

In discussions, all staff confirmed people always had their breakfasts at a reasonable time, even if this was in their bedrooms if they chose not to get up straight away.

Good

Is the service effective?

Our findings

We had received some information of concern that people were losing weight, not receiving pressure relief and there was insufficient activities.

We found some people were weighed weekly and others were weighed monthly. This was in line with risk assessments and people's changing needs. On Nightingale we found people's weight had remained fairly stable throughout September 2015 to February 2016. On Willow, there were no people with significant weight losses on the monthly cycle of weight monitoring. Those people weighed weekly were being monitored closely because there was risk of weight loss. There were two people who had lost a few kilograms of weight in a month; staff confirmed these people had been referred to the dietician.

Food monitoring charts were completed for those people at risk of poor nutrition. Staff identified the type of food for each meal and snack and most indicated how much people consumed by recording this in terms such as, 'all', 'half', 'quarter' and 'a few spoonfuls'. However, this was not consistent on all the monitoring charts we checked. This was mentioned to the registered manager to address with staff. We saw there was high calorie food on the drinks trolleys, such as mousse and yoghurts, in addition to cakes and biscuits.

There were fluid monitoring charts for those people at risk of poor hydration. The fluid monitoring charts provided staff with a daily amount they were to support people to achieve. In some instances this was achieved and in others there was a deficit but on the whole we could see most people reached their target. Staff recorded when they offered a person a drink and how much of it was consumed, and whether the person refused it. The fluid charts held a running total and were checked by senior staff twice a day to see if the fluid intake was on target for each person. They were analysed at the end of each 24 hour period and it was noted if there was a deficit. There was also a monthly log which showed how much fluid the person had consumed each day. This was so senior staff could ask care staff to encourage more fluid intake as required.

The monitoring charts showed people received pressure relief in line with their current needs and plans of care. The pressure relief monitoring charts provided information to staff on the frequency required. Staff recorded the time pressure relief was provided and if they were nursed in bed, which side they were turned onto, right, left or their back. There were two people who had ongoing skin problems. One person had a longstanding pressure ulcer which nursing staff dressed when the person agreed to it. There was a dressing plan, although the wound assessment documentation was not completed each time the dressing was changed; some nurses recorded in the daily notes instead. This was mentioned to the registered manager to address to aid consistency. A specialist tissue viability nurse (TVN) had been involved in the past to give advice on the type of dressing to be applied. We saw the nurse had re-referred the person to the TVN at the beginning of March 2016 as they felt the wound was not healing as well as it could. There was also a problem with the person's agreement to the change of dressing regime and an increase in their continence issues. The person's GP was fully aware of the pressure ulcer and we spoke with the person during the inspection. They were happy with the care they received from nursing staff.

The other person had fragile skin in specific areas and nursing staff were monitoring and applying barrier

creams to some and minor dressings to others. We spoke with this person and they also confirmed they were very happy with the care they received. Although there was a wound care assessment sheet for this person which identified what dressing was applied and when, we could not locate an actual dressing plan. The registered manager told us they would check this out with the nurses and ensure full documentation was in place for both people with skin integrity issues. We saw pressure relieving equipment was in place for both people and assessments were carried out to look at risk issues.

All the staff spoken with were very clear about the need for correct pressure relief and accurate food and fluid monitoring. Comments included, "The monitoring charts are all kept in people's bedrooms; they give you information about times of turns."

All the staff told us they felt supported by the new registered manager and were able to raise concerns when required. They said, "[Registered manager's name] is very approachable and friendly. He comes around each morning and says hello and asks how you are and speaks to service users."

We spoke with two activity co-ordinators; one worked 40 hours a week and the other 30 hours; there was a range of activities provided. They confirmed most people participated in activities although some people did refuse despite encouragement. Staff were aware of who these people were and said they still offered activities to them each time. There were some people who went out into the community more than others because this was physically possible for them and may not be so for other people. Staff had access to a minibus twice a week and on Tuesdays both activity co-ordinators worked so they could support six people to visit community facilities throughout the day. On alternate Saturdays there were also trips out. The activity co-ordinators described one to one support for some people who did not like to participate in group activities. This would include sitting and chatting to people in their bedroom, hand massages or reading newspapers or the 'Flashback' reminiscence magazine to them. Staff described how some people joined in activities with people from Nightingale unit. There were records made of who had participated in activities which were held in people's individual care files. There was no 'at a glance' monthly log which would indicate who had or had not participated which may be helpful when planning one to one support; in order to check participation, staff would have to go through everyone's care file notes. This was mentioned to the activity co-ordinators to address.