Mr Trevor Nesbit

Castleview Care Home

Inspection report

Howling Lane
Alnwick
Northumberland
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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?	Outstanding ☆

Summary of findings

Overall summary

The inspection took place on 9 February 2016 and was unannounced. This meant that the provider and staff did not know that we would be visiting.

We last inspected the service in November 2014 where we found that they were meeting all the regulations we inspected.

Castleview Care Home provides accommodation, nursing and personal care for up to 45 people, some of whom are living with dementia. The home consisted of three units. People who required support with personal care lived on the ground floor. There were also two flats located in this unit for people who wanted to live semi-independently within the care home environment.

The first floor was divided into two units. People who had nursing needs lived in one unit and those who were living with dementia lived in the other unit. There were 43 people living at the home at the time of our inspection. There were 11 people in the dementia care unit, 12 in the general nursing unit and 20 in the residential unit.

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.

People, relatives, staff and health care professionals were extremely complimentary about the management of the service describing the leadership as "outstanding," "excellent" and "fantastic." The manager led by example and was "hands on" with all aspects of the service.

People and relatives informed us that they were involved in the running of the home. Surveys, meetings and newsletters were completed. They explained that action was taken if any issues were raised. We spoke with one relative who said, "It was unbelievable, I made a comment about the carpets in the survey and then the next week they were fitting new flooring."

The home had signed up to be involved in the Enabling Research in Care Homes [ENRICH] project. National and best practice guidelines in relation to people's care and treatment were followed. Staff ensured that people who were nursed in bed were correctly positioned to reduce the risk of pneumonia. In addition, the manager and staff worked with other local providers to offer support and guidance in areas such as the Mental Capacity Act 2005.

Staff were motivated and demonstrated a clear commitment to providing dignified and compassionate care. They told us that they enjoyed working at the home and morale was excellent. They told us they had specific lead roles at the home. These included tissue viability, infection control, medicines, dignity,

dementia and nutrition leads. The manager told us, "Staff are more motivated and passionate in their job role if they have something they are enthusiastic about and that in turn improves the quality of care."

An activities programme was in place to help meet people's social needs. The service had strong links with the local community. The home had started a Sunday lunch initiative for older people from the local community. In addition, people from the home attended a charitable group based at Alnwick Gardens.

Care records were individualised and documented people's likes and dislikes so staff could provide personalised care and support. One page profiles had been completed for people and staff and a key worker system was in place. The manager said, "We try and match up people with staff by using the one page profiles and what is important to people." This meant that people were supported by staff who had similar interests. These common interests helped foster a rapport between people and staff and promote person centred care.

There was a complaints procedure in place and people knew how to complain. Feedback systems were in place to obtain people's views. Following our inspection we received a complaint about a person's care and treatment. This is being investigated and we will monitor the outcome of the complaint.

Effective systems were in place to monitor all aspects of the service. There was an emphasis on continually striving to improve. The service worked in partnership with external organisations and other providers to make sure they were following current practice and providing a high quality service.

People told us that they felt safe. There were safeguarding policies and procedures in place. Staff were knowledgeable about what action they would take if abuse was suspected. There were no ongoing safeguarding concerns. This was confirmed by the local authority's safeguarding adults team.

The premises were clean and well maintained. There were no offensive odours in any of the areas we checked. The décor and layout met the needs of those with a dementia related condition.

People, relatives and staff told us there were enough staff to meet people's needs. On the day of the inspection, we saw that people's needs were met by the number of staff on the day of the inspection. There was a training programme in place. Staff were trained in safe working practices and to meet the specific needs of people who lived at the service.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. MCA is a law that protects and supports people who do not have ability to make their own decisions and to ensure decisions are made in their 'best interests' it also ensures unlawful restrictions are not placed on people in care homes and hospitals." The manager had submitted DoLS applications to the local authority to authorise in line with legal requirements.

People were supported to receive a suitable nutritious diet. We looked in the kitchen and food storage areas and observed that there was a wide variety of fresh fruit and vegetables.

People and others with whom we spoke were complimentary about the service and staff. One relative said, "I would say that mum's care is second to none here. I'd recommend it to anyone." We observed that people were cared for by staff with kindness and patience.

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.

Safeguarding procedures were in place and staff were knowledgeable about what action they would take if abuse was suspected.

The premises were clean and well maintained. There were no offensive odours in any of the areas we checked.

Safe recruitment procedures were followed. People, relatives and staff informed us that there were sufficient staff deployed to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff told us and records confirmed that training, supervision and appraisal arrangements were in place.

Staff were following the principles of the Mental Capacity Act 2005. Deprivation of Liberty Safeguard applications had been sent to the local authority to authorise in line with legal requirements.

People's nutritional needs were met and they were supported to access healthcare services. The décor and layout met the needs of those with a dementia related condition.

Is the service caring?

Good

The service was caring.

People, relatives and visitors told us that staff were caring. We observed that care was provided with patience and kindness.

People were treated with privacy and dignity.

Records evidenced that people and relatives were involved in people's care and treatment.

Is the service responsive?

Good

The service was responsive.

Care records were individualised and documented people's likes and dislikes so staff could provide personalised care and support. Research based evidence was followed to help ensure that care was based on the best practice guidelines.

A creative activities programme was in place to help meet people's social needs.

There was a complaints procedure in place and people knew how to complain. Feedback systems were in place to obtain people's views.

Is the service well-led?

Outstanding

The service was exceptionally well led.

The manager led by example and was "hands on" with all aspects of the service. People, relatives, staff and health care professionals were extremely complimentary about the management of the service describing the leadership as "outstanding" and "excellent." Staff were very motivated and spoke enthusiastically about working at the home.

Effective systems were in place to monitor all aspects of the service. There was an emphasis on continually striving to improve.

The service worked in partnership with external organisations and other providers to make sure they were following current practice and providing a high quality service.

Castleview Care 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.

The inspection was carried out by two inspectors. We visited the service on 9 February 2016. The inspection was unannounced. This meant that the provider and staff did not know that we would be visiting.

We spoke with eight people who were living at the home. We also spoke with four relatives on the day of the inspection. We contacted three relatives by telephone following our visit to obtain their views of the service.

We spoke with the registered manager, the clinical lead, a nurse, five care workers and a chef. We examined four care plans and staff recruitment and training files. In addition, we checked records relating to the management of the service such as audits and surveys.

We consulted with a Northumberland local authority safeguarding officer and a local authority contracts officer. We also spoke with a reviewing officer and community matron for nursing homes from the local NHS Trust. We used their comments to support this inspection.

We checked information which we had received about the service prior to our inspection. This included notifications which the provider had sent us relating to deaths, safeguarding incidents and DoLS authorisations.

We did not request a provider information return (PIR) due to the late scheduling of the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

Good

Is the service safe?

Our findings

People told us that they felt safe. There were safeguarding policies and procedures in place. Safeguarding means protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect. It's fundamental to high-quality health and social care. Staff were knowledgeable about what action they would take if abuse was suspected. No concerns were raised. We noted that staff had appropriately referred safeguarding issues to the local authority. These mostly related to altercations between people who lived at the home.

We checked staffing levels at the service. People, relatives and staff told us that there were sufficient staff deployed to meet people's needs. One relative said, "If she buzzes, they always come quickly. There is always a member of staff available to help." We looked at staff rotas and saw that adequate staffing levels were maintained. During our visit we saw that staff carried out their duties in a calm unhurried manner, with the exception of the lunch time period in the unit where people with a dementia related condition lived. This was because one person became unwell and staff were diverted to assist with this person's care.

Staff told us and records confirmed that appropriate recruitment checks were carried out prior to starting work at the service to help ensure that staff were suitable to work with vulnerable people. These included Disclosure and Barring service checks (DBS) and obtaining references. A DBS check is a report which details any offences which may prevent the person from working with vulnerable people. They help providers make safer recruitment decisions.

The building was set out over two floors with access to all floors via stairs and a passenger lift. We saw that all areas of the building were clean and well maintained. New flooring had recently been fitted throughout the home. There were no offensive odours in any of the areas we checked. We read a comment on the 2015 relatives' survey which stated, "The problem with smells is dealt with really well and all the staff should be complimented. It's not easy with all the possibilities of accidents and spillages."

We looked at the way medicines were managed. Medicines were transported to people in a locked trolley when they were needed. We noted that there was a safe system in place for the receipt, storage, administration and disposal of medicines. The staff member checked the medicines administration record (MAR) and medicine label, prior to supporting people, to ensure they were getting the correct medicines.

We checked the management of controlled drugs. These are medicines which require stricter controls because they are liable to misuse. We noted a member of staff had written the incorrect amount of a controlled drug when this had been booked into the home. This was partly due to a pharmacy error. The clinical lead addressed this immediately.

Risk assessments were in place which had been identified through the assessment and care planning process. This meant that risks had been identified and minimised to help keep people safe. Risk assessments were proportionate and included information for staff on how to reduce identified risks, whilst avoiding undue restriction. They included measures to minimise the risk of falls whilst encouraging people

to walk independently. Assessments also considered the likelihood of pressure ulcers developing and the prevention of malnutrition. This meant that risks could be identified and action taken to reduce the risks and keep people safe.

Accidents and incidents were documented, reported and analysed. Action was taken if any concerns or issues were highlighted. Two high/low beds had been purchased which lowered to the floor. These helped to reduce the risk of injury should the person fall out of bed.

There were contingency plans in place to inform staff what action they should take in the event of an emergency such as a fire or flood.

Good

Is the service effective?

Our findings

People and relatives were complimentary about the skills of staff. Comments included, "They seem to know what they are doing" and "They are good – professional, but caring."

All staff informed us that they felt equipped to carry out their roles and said that there was sufficient training available. One staff member said, "We do loads of training. The manager likes you to do training. At your supervision you just say if you want to do something and he'll try and put you on it." The manager provided us with information which showed that staff had completed training in safe working practices. This included safeguarding adults, health and safety, first aid and moving and handling. Staff had also completed training in dementia care. One member of staff said, "Some staff said that they wanted to learn more about dementia…[name of manager] has just enrolled them on a three month distance learning course."

We spoke with the clinical lead. He had previously worked at the home as a care worker before he completed his nurse training and came back to work at the home as a nurse. He said, "I'm encouraging some of the staff to do their nurse training. I said to [name of care worker] come with me and we went through [name of person's] PEG feeding – she is interested and wants to know." Percutaneous Endoscopic Gastrostomy (PEG) is a form of specialist feeding where a tube is placed directly into the stomach and by which people receive nutrition, fluids and medicines.

We spoke with the community matron for nursing homes. She told us that she had delivered clinical training to the staff including venepuncture [taking of blood], verification of expected death, catheter care and training on the use of syringe drivers [a small pump which releases a dose of pain killing medicine at a constant rate]. She also stated, "I trust the staff and have confidence in their delivery of clinical procedures."

Staff told us that they felt well supported. We noted that regular staff supervision sessions were held and an annual appraisal was undertaken. The clinical lead told us, "I work alongside the nurses to ensure that we are all working effectively. We also share good practice and ideas. I also support the senior care workers with their care plans and medicines." Supervision and appraisals are used to review staff performance and identify any training or support requirements.

Clinical supervision was also carried out. Clinical supervision is a formal process of professional support and learning which enables nurses to develop their knowledge and competence. This meant that opportunities were available for nursing staff to be able to demonstrate that they had the professional standards and competencies needed to continue to practise as a nurse

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and

hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Records showed that assessments had been undertaken to check whether people's plan of care would amount to a deprivation of liberty and whether written applications needed to be submitted to the local authority.

Records confirmed that where necessary, assessments had been undertaken of people's capacity to make particular decisions. We saw records of best interests decisions which involved people's family and staff at the home when the person lacked capacity to make certain decisions. This meant that the people's rights to make particular decisions had been upheld and their freedom to make decisions maximised, as unnecessary restrictions had not been placed on them.

We checked whether people's nutritional needs were met. People and relatives did not raise any concerns about the meals. One relative said, "She never complains about the food which she would do if she didn't like it. She's trying more foods here...There is always enough to drink." We observed people over the lunch and tea time periods. Staff patiently supported people with eating one drinking. One person stated that their tea was too strong. The care worker took two attempts before getting the tea "just right." Staff encouraged people to eat and drink and provided assistance in a calm unhurried manner. Staff sat and ate with people, which they said helped enhance the social experience and also helped encourage people to eat. In the dementia care unit, the meal time experience was more disjointed since one person became unwell and staff were diverted to assist with this person's care. We noted that action was taken if weight loss was identified. This included referring the person to the community matron, GP or dietitian.

We looked in the kitchen and food storage areas and observed there was a wide variety of fresh fruit and vegetables. The cook was knowledgeable about people's needs. We saw that she was able to cater for a range of special dietary requirements including diabetic and fortified diets.

People told us that staff supported them to access healthcare services. Records showed details of appointments with and visits by healthcare and social professionals and we saw evidence that staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed, for example GP's, district nurse teams, social workers and chiropodists. One person received a visit from a GP on the day of the inspection which we were told was part of an ongoing treatment and care plan. Care plans reflected the advice and guidance provided by external health and social care professionals. This meant that staff worked with various healthcare and social care agencies and sought professional advice, to ensure that the individual needs of the people were being met, to maintain their health and wellbeing.

The environment met the needs of people who had a dementia related condition. Signs were available throughout the home and pictures had been added to make the words easier to understand. There were tactile pictures on the wall for people to touch and various objects such as cooking utensils had been hung on the corridor walls for people to take down and examine or look at as they passed. Music records were displayed on one wall. The manager smiled when he said that some of the records were from his own personal collection.

Good

Is the service caring?

Our findings

People and relatives were complimentary about the attributes of staff. Comments included, "They are friendly, cooperative – I wouldn't want to go anywhere else. I'm so happy," "It's like a family – everyone from the repair man to the office makes you feel so welcome. They are so welcoming and approachable," "I like the atmosphere, it's absolutely lovely," "She had a spell when she was unwell…Staff sat with her while she was in bed, she loves it here" and "He looks at the night carer as tenderly as he looks at me [his daughter]. You can tell he thinks the world of her." The GP said, "The nursing staff are caring and knowledgeable."

Staff spoke with pride about the importance of ensuring people's needs were met. One staff member said, "Everything we do is for the residents, it's so important to pamper them and spend time with them."

Interactions between staff and people were patient, friendly, respectful, supportive and encouraging. We heard one staff member say, "I'll put your television on and your fire on so it's nice and warm [in their semi-independent flat]." One staff member said to an individual, "You are lovely." The person replied, "So are you." We observed another person laughing with a staff member as she had a little dance as she walked. The relative whom we were speaking to said, "Look how lovely the staff are – so sweet." A staff member asked another person, "Would you like some Vaseline for your lips, they look dry?" One person was cuddling a soft toy. Staff explained that this gave her comfort and reassurance.

We saw positive interactions, not only between care workers but also other members of the staff team. We observed the maintenance man spending time talking with people. He told us he considered that this was part of his job. He said, "I go in and speak with the residents. We talk about fishing and golf. I like talking and they like talking about the old days and we look at old pictures. So whenever I'm passing, I pop in and have a crack [talk]. I know when they are not over clever [very well] and how to cheer them up. [Name of person] was a great angler and we talk about fly fishing."

People's privacy was promoted by staff. We saw they knocked on people's bedroom doors before they entered. We observed care staff assist people when required and care interventions were discreet when they needed to be. One person's blanket had slipped off their knees. A care worker immediately came over and tucked the blanket under the person's legs. We read a comment from the most recent relatives' survey. This stated, "They treat my aunt with care and respect and I have seen them make her smile and in her own way I know she is content and being well looked after."

Three dignity champions had been appointed. We spoke with one dignity champion who said, "It's all about noticing the little things, knocking on doors, the way staff speak. I always think, would I be happy with the way the care was delivered for my mam and dad. There's never any concerns though." Information about the meaning of dignity and what people could expect from staff was displayed on notice boards around the home. The dignity champions received regular updates from the National Dignity Council to keep them up to date with best practice guidelines.

The service provided care and support for those who required end of life care. Staff were trained in clinical

skills such as the use of syringe drivers [a small pump which releases a dose of painkilling medicine at a constant rate] and subcutaneous fluids. Subcutaneous fluid administration is the term used to describe giving fluid into the space under the skin from where it can be slowly absorbed into the blood and body. They can be used to correct or prevent dehydration and help ensure people's comfort. These skills helped avoid unnecessary hospital admissions. Care plans included people's end of life wishes. This meant that information was available to inform staff of the person's wishes at this important time to ensure that their final wishes could be met.

People and relatives told us that they were involved in people's care. One person said, "They make you feel included, it's so important." This was confirmed by the records we viewed. This meant that people were consulted about their care which helped maintain the quality and continuity of care.

Good

Is the service responsive?

Our findings

People and relatives were complimentary about the responsiveness and skills of the staff. Comments included, "The staff are so helpful, they go above and beyond. Nothing is a problem, they might not have the immediate answer but they never give up," "She can be a handful, but they manage her really well," "It's outstanding," "She [person] sits in the office with staff," "They are excellent, if I need pain relief – it's there," "I would say they were outstanding, you couldn't get better care anywhere else, they are fantastic," "The seniors are amazing with him they will say, 'Your dad is our priority and the other jobs can wait'" and "The staff are wonderful, any little thing, any little fall, they are on the phone to me. It is like a great burden has been taken off my shoulders, knowing that she is well looked after, from the handyman to the manager, they are great. The handyman will pop in if the drawers stick and the girls are always popping in."

The community matron said, "They are very responsive. They have some people with challenging catheters that they manage well. One person used to be always going into hospital, but we've put an emergency health care plan in place which means they haven't been in hospital since [for catheter related concerns]" and "They always contact me first, I am always the first one they contact to involve me, so we can look at how people's care should be planned. We work together well as a team - I couldn't do without their integration."

Care plans were in place which aimed to meet people's health, emotional, social and physical needs. They gave staff specific information about how people's care needs were to be met, instructions for the frequency of interventions and what staff needed to do to deliver the care in the way the person wanted. They also detailed what the person was able to do to take part in their care and to maintain independence. People therefore had individual and specific care plans to ensure consistent care and support was provided. The care plans were regularly reviewed to ensure people's needs were met and relevant changes added to individual care plans.

The manager told us that the home had been involved in a pilot for person centred thinking which had been in partnership with an international social enterprise organisation which advised on person centred practices and Northumberland County Council. He said, "We did a six day training programme over a few months. We had to take things away and see what worked. We accessed a lot of tools including the one page profile and communication charts which we have put into place."
We looked at people's one page profiles and read under the title, 'What is important to me,' comments such as, "Memories of my fire service," "My cigarettes," "I like to be outdoors," "I like Cornish wafer biscuits" and "My blind club magazines." We observed the person who stated that they liked to be outdoors, was outside for most of the day and went into the local community. We also saw that another person was well stocked with Cornish wafers. Staff had also completed their own one page profiles. We read one staff member's profile which said, "I like gadgets, good movies and a Chinese" and "I love watching aeroplanes take off at the airport." The manager told us, "We try and match up people with staff by using the one page profiles and what is important to people." This meant that people were supported by staff who had similar interests. These common interests helped foster a rapport between people and staff and promote person centred care.

Staff gave examples about how they responded to people's needs. These examples were confirmed by our own observations and people and relatives themselves. We saw one person using a typewriter in the officer. Staff explained that the individual had been a secretary. Staff had sourced a similar typewriter which she had used and set it up in the office for her to assist with non- confidential administrative tasks. The manager stated, "This helps to promote her self-esteem knowing she is contributing and assisting the manager makes her feel important and valued."

The manager explained that one person had initially found it difficult leaving their sheltered accommodation in the local community. He said that because of this, they had offered them one of the semi-independent flats to promote their independence. We spoke with the person who said, "It's a damn good home – I have my kettle and milk, everything is good."

Staff told us that one person's health had deteriorated. Staff had moved him to a room upstairs with his consent to allow him to view his relative's house. The manager stated, "Seeing his family come and go, helps relieve his anxiety levels which impacts on his breathing greatly." We spoke with this person's relative who confirmed what staff had said. They also said, "[Name of clinical lead] sits with dad when he is having his nebuliser as he gets anxious, so [name of clinical lead] sits with him and does his paperwork." A nebuliser is a machine that changes liquid medicine into a fine mist. This can then be inhaled through a mask or mouthpiece.

The guidance of the specialist behavioural team had been sought. Assessments and care plans were in place to provide guidance to staff so that they managed situations in a consistent and positive way. This helped reduce any anxiety and distressed behaviour and protect people's dignity and rights. We saw that the Newcastle Model of Challenging Behaviour was used to explain the person's behaviour. This model provides a framework to help staff understand the cause of a person's behaviour and places the person who is living with dementia at the centre of the assessment and intervention process. In addition, the model provides a process by which interventions should be delivered. We spoke with a challenging behaviour clinician who told us, "I have found all of my recent contacts with Castleview to be very positive experiences. Staff engagement around the sessions that have been run is excellent and they demonstrate a good understanding of their residents' needs and a keenness to care for them."

People, relatives and health care professionals were complimentary about the clinical skills of staff. Staff were able to undertake a number of nursing tasks to help prevent unnecessary admissions into hospital. We read that one person had received subcutaneous fluids overnight. A plan was in place to guide staff when fluids should be administered via this route. We spoke with this person's relative. She told us, "They top her up with a drip [fluids received subcutaneously]. They are good." The community matron said, "They do it appropriately and have all the necessary equipment ready and waiting and the staff are trained to do this."

We saw that emergency health care plans (EHCP) were in place in some of the care plans we viewed. An EHCP is a document that is planned and completed in collaboration with people and a health care professional to anticipate any emergency health problems. The manager told us, "Obviously it's stressful for the resident and relative when they go into hospital, so anything we can do to reduce that stress will be great for the resident." We spoke with a nurse who was able to give us a recent example of how she followed an EHCP with regards to a person's diabetes care. She said, "Her BM (blood sugar level) was 3.2 [mmols]. I followed the plan and contacted the paramedics who came out and they were with her for an hour. It saved her being hiked off to hospital; she just stayed at the home." The community matron confirmed the use of EHCP's and said, "It helps keep people out of hospital." She told us that people were still admitted to hospital when it was appropriate.

An activities coordinator was employed to help meet the social needs of people. She spoke enthusiastically about her role and meeting the social needs of people who lived at Castleview Care Home. She told us, "I'm always looking at different things to try" and "I tailor the activities to meet people's needs. Today it is Pancake day and I have printed off some information about pancakes and some pictures for those that find it easier to look at those." We saw that she spoke with some people about the origins of pancakes and how they had been in cooking books since 1449. Other people just enjoyed looking at the pictures of how they were made.

The activities coordinator spoke enthusiastically about her role and about meeting the social needs of people who lived at Castleview Care Home. She told us and people confirmed that they had close links with the 'Elderberries' scheme at Alnwick Gardens. Elderberries is a charitable group based at Alnwick Gardens for older people. Its aim is to help reduce loneliness amongst older people. 'Singing for the Brain' sessions were also held at the home. Singing for the Brain is a service provided by Alzheimer's Society which uses singing to bring people together in a friendly and stimulating social environment. A mobile library service visited the service so people could choose their own books. In addition, the home had its own mobile shop. The manager told us, "It's not just about bars of chocolate, there's a variety of items such as toiletries. It puts people in control of what they want to buy."

Pets were welcome at the home. One relative had brought their dog in and it went round greeting everyone. We observed that people reacted positively to seeing the dog. We spoke with a member of staff on night duty. She said, "[Name of manager] lets me bring in my dog on nights. Everyone loves to see the dog and treats them as though it's their own." The manager said, "It helps residents relax on an evening and promotes a more homely environment."

The manager told us and records confirmed that the service had a complaints procedure. The complaints policy and procedure clearly identified the people who had been nominated within the company to manage and investigate complaints. It confirmed the expected timescales for responses and advised people of the process if they were dissatisfied with the outcome. No one with whom we spoke had any complaints or negative feedback about the service. Following our inspection we received a complaint about a person's care and treatment. This is being investigated and we will monitor the outcome of the complaint.

Various feedback systems were in place to obtain the opinions of people and their representatives. People and relatives were complimentary about the feedback systems in place. Comments included, "It's all about the feedback" and "I always think that my opinion counts." One relative said, "Dad asked for his room to be done so [name of manager] had a meeting with him and asked what he wanted and took samples and decorated his room."

A monthly newsletter was produced. We read about an upcoming tea dance with the 'Elderberries.' Details of the next Holy Communion were also included. We read a comment on the most recent survey for people who used the service. One person had commented, "Please could the survey be put in large text and not italics." We noted that this had been actioned and the newsletter was also available in large print.

Outstanding ☆

Is the service well-led?

Our findings

There was a registered manager in place. He had been in post for two years. He had started his social care career when he was 16 in a youth training scheme and had worked in both residential and community care. He had completed a level 5 vocational training course in leadership and management. He was not a qualified nurse and therefore a clinical lead had been appointed who was a registered mental health nurse.

Prior to the manager starting work at the service, the home had been through a period of instability and had not been meeting the regulations we inspected. Staff informed us that the manager had helped "turn the place around." One staff member said, "He's got the place pulled around. The paperwork is all done. If the residents need anything that would make them happy, he'll get it for them."

Following the manager's appointment, the provider was now meeting all the regulations and had obtained the maximum score in the local authority's quality monitoring visit. We spoke with the contracts manager from the local authority who said, "This was a failing home and the manager has turned it around and they are now a band 1 [highest band]." The manager told us, "I love this place; I've seen it as a project." The community matron said, "It is the leadership that makes this place - they are incredible, on the whole it is a completely different place."

People, relatives, health and social care professionals and staff were extremely complimentary about the manager. Comments included, "I would also say that the manager is always very accessible and clearly has a genuine knowledge about all of the people in his care," "[Name of manager is good – he cares about the residents as individuals. There is therefore not one rule for everyone, it's person centred," "[Name of manager] is brilliant, fantastic, helpful," "The manager is very good – very nice" "[Name of manager] is a very good manager, he spends time out on the floor and gets involved. He has in-depth knowledge about the residents," "[Name of manager] is a wonderful manager and [clinical lead] is good. They are open and transparent and communicate well. It's a different place. They lead by example," "He has been the best manager to date; he has turned this place around. If you have a problem – he's there," "I am chuffed to bits with all the things he's put into place…It's a mint [very good] set up," "It's all the little things he has taught me. He's very knowledgeable for being so young" and "He is very proactive in the things he does. He was well rated before he came here." The community psychiatric nurse stated, "He is available to discuss and review my clients and is supportive to the family in attending formal reviews. He demonstrates the management of the care of my patients well, collaborating with various health and social care professionals to develop his care to the patients in his home" and "I have worked closely with [name of manager] and his team with some of my more complex clients. [Name of manager] has demonstrated a motivation to work with our client group - dementia in particular in managing the area of behavioural and psychological distress. He has also taken on board any advice, guidance or support [and they are] willing to try our interventions, work with his team to implement various strategies that we are considering. He is very person centred in his approach, feedback back the effectiveness of any intervention we suggest. He is responsive in actioning any changes or recommendations."

Staff described the manager as "hands on" and a good role model. Comments included, "He leads by

example – there is nothing that he would expect us to do that he wouldn't do," "The manager is always coming up and checking the floors. He comes up and has lunch with people," "To be honest when I came for my interview, I knew this was the place I wanted to work. The manager was on his hands and knees, helping out. He took off his gloves, he had been helping out and I thought this is a good manager. He is always helping out on the floor…If I need an urgent prescription, he takes the prescription to the pharmacy himself to make sure we get it as quickly as possible," "I really like the manager, he's always there. You know the way he likes to work and you work with him. He's supported me through my level 2 [vocational qualification]," "The manager is really good. He's good with the residents, good with the staff and he gets you anything if you need it. He's the best manager we have ever had and I've been here a long time," "He's approachable and always makes time for you. The knowledge he's got, you know he'll give you an answer" and "They say that the fox shouldn't run with the hounds, but it does work here. [Name of manager] has been out with us [on a social event], he is firm but approachable."

Staff were also complimentary about the clinical lead. Comments included, "I have just been on a training course for team leadership and I had to put down someone who I admire. I said, [name of clinical lead]" and "He's a star, he's brill." The community matron of nursing homes said, "[Names of manager and clinical lead] are good role models in the compassion they show and their skills. They are very visible around the home; they don't keep themselves locked away in the office."

The manager showed us around the home. We observed many positive interactions between him and people. There was an altercation between two people who had a dementia related condition over seating arrangements. The manager immediately calmed the situation. One person said, "Here's my dad." The manager said, "What about sitting in this chair beside me?" The person smiled and patted his hand. Whilst we were walking down one of the corridors, the manager suddenly stopped and said, "Hang on a minute;" he had noticed someone sitting in their bedroom who needed a tissue. One relative said, "He notices everything – he is very good." Staff told us that the manager went out personally to get one person her favourite Cornish Wafer biscuits. This was confirmed by the manager who said, "She loves them and it's just as easy for me to go out and get them myself from Morrisons." At lunch time we saw that the manager sat and ate his lunch with people. One member of staff said, "He always does that."

The manager, clinical lead and other staff from the home maintained links with external organisations. They attended the local authority's older people's forums. This was confirmed by the local authority's contracts officer. Staff also attended the "Nursing Home Managers Meetings." These had been set up for managers from the North Northumberland area to discuss best practice and provide support. The meetings were facilitated by the community matron for nursing homes. We read the minutes from a meeting which stated, "[Name of manager] discussed the benefits of the new social services format which allows homes to highlight any problems arising from the NHS services e.g. failed discharges, pressure sores etc. Not everyone was aware of this. [Name of manager] agreed to forward the format electronically to [name of community matron] to be cascaded." The community matron said, "They work with other providers well. They always attend the mangers' forum and always have something to offer."

The manager told us that it was important to work with other providers to share good practice. One provider informed us that the manager and staff at Castleview Care Home had been supporting their staff to ensure their staff were working within the principles of the MCA. In addition, their staff had attended a risk assessment course at Castleview home. The home had also held other training events at the home such as tissue viability which other providers and CQC had attended. The manager told us, "I always offer ourselves as a venue. I think it's important we support each other across agencies from the NHS to other care home providers. It's nice as well because we get some comments from colleagues about things that they want to take away to implement in their homes such as the tactile boards in the dementia unit."

Castleview Care Home had strong links to the local community. The manager explained that they were always trying to ensure that they were an important part of the local community. We read a poster welcoming people from Alnwick to join them for Sunday lunch. This stated, "The Sunday roast is a much loved British family tradition and for lots of us, a highlight of the week. But for many older people living alone, Sundays can be tough without anyone to share it with…At Castleview, we strongly hold the view that our local community is important to us. We strive to maintain these links and wish to support our friends living in the community needing that little bit of extra help or just company. Enjoy a home cooked two course Sunday lunch…" A mobile library service visited the service and Church leaders attended to hold religious services.

There was a strong emphasis on continually striving to improve. The manager told us how important it was to keep up to date with research based practice. The home were using PROP and the SBAR toolkit for communicating with health and social care professionals. One page profiles for people and staff were used which were based on best practice guidelines In addition, the Newcastle Model of Challenging Behaviour was used to explain people's behaviour. A GP and community matron told us that the home had been involved in a consultation regarding The Better Care Fund (BCF). The BCF is a government-funded, single pooled budget to help transform integrated care on a local level. Better integrated care means that people with complex needs will enjoy a more joined-up service across health and social care. The manager told us that it had been very interesting and they had been involved in looking at how the number of hospital admissions from care homes could be reduced. The manager said, "We sent information about how continuity could be improved and ideas for how this could be taken further in the future." The community matron for nursing homes said, "They were very involved and produced some good ideas."

The manager had signed up to be involved in the Enabling Research in Care Homes [ENRICH] project. This was confirmed by the community matron who stated that the home were waiting to be contacted with regards to suitable research projects.

People, relatives and staff informed us that they were involved in the running of the home. The manager confirmed that people were at the heart of the service and therefore their views were important. Surveys, meetings and newsletters were undertaken. We read comments from the 2015 visiting professionals' survey. These included, "Well led, person centred, responsible and flexible," "Passionate manager and care staff, keep up the good work" and "Had discussions about staffing, noticed it has been increased, pleased it was acted on." We also read the feedback from the 2015 relatives' survey. Comments included, "Carpets in the corridors could do with a clean." We spoke with the relative who had made this comment. They said, "It was unbelievable, I made a comment about the carpets in the survey and then the next week they were fitting new flooring."

Staff told us that they had specific lead roles at the home. These included tissue viability, infection control, medicines, dignity, dementia and nutrition leads. One nurse said, "By having these roles, we all compliment ourselves and know who to go for if we want specific advice." The manager told us, "Having lead roles makes sure that we have a central access point. The leads have up to date information about their given area and disseminate this around the home. Staff are more motivated and passionate in their job role if they have something they are enthusiastic about and that in turn improves the quality of care."

Staff were highly motivated and demonstrated a clear commitment to providing dignified and compassionate care. Staff told us that they enjoyed working at the home and morale was good. Comments included, "I just love working here" and "For the first time ever I feel content." Staff also informed us that they felt encouraged to pursue their health and social careers further. The manager said, "I've never been one for holding staff back. One of the senior carers has applied for nursing [training]. At another carers

supervision yesterday, we were discussing about how they could do an Open University degree in social work."

The manager carried out a number of checks to monitor the quality and safety of the service. These included health and safety, medicines and care plan audits. The community matron said, "The medication audits are tip top." Accidents and incidents were documented, reported and analysed. Action was taken if any concerns or issues were highlighted. Two high/low beds had been purchased which lowered to the floor. These helped to reduce the risk of injury should the person fall out of bed.

The operations manager and provider visited regularly. We spoke with the operations manager who said, "[Name of manager] is very proactive and supportive of staff. He works closely with the CCG. He communicates excellently with residents, relatives and care managers. He really handles things well. We do our quality visits and working with [name of manager] is good – he is such a driver [of quality]. He does a good job and is consistent – it's a good partnership."