Indigo Care Services Limited

Castleford Lodge

Inspection report

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West Yorkshire
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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

The service was inspected on 16 May 2018 and was unannounced. The service had previously been inspected on 10 and 24 April 2017 and was rated overall requires improvement with a breach in governance. This inspection was therefore carried out to check improvements had been made. We found the provider was no longer in breach of any regulations and improvements had been made.

Castleford Lodge provides accommodation and nursing care for up to 61 older people, some of whom may be living with dementia and other mental health illnesses. There were 44 people living at the home on the day of our inspection. The accommodation is arranged over two floors with the dementia nursing unit on the ground floor and the nursing and residential unit on the second floor. There is a passenger lift operating between both floors.

There was a registered manager at the service at the time of our inspection. 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 saw the provider had improved systems for the purpose of assessing and monitoring the quality of the service. This showed through audits that this was an effective system. We saw accident and incidents were recorded and analysed to look for any trends. However, further improvements were needed to ensure where actions were completed these were recorded appropriately.

During our visit we saw people looked well cared for. We observed staff speaking in a caring and respectful manner to people who lived in the home. Staff demonstrated that they knew people's individual characters, likes and dislikes. People told us they were cared for. There was mixed views in relation to the staffing levels some people and relatives felt there was not enough staffing. At the time of inspection through observations and documentation we felt there were enough staff to support people's needs.

We found the service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS). The service was meeting the requirements of the Mental Capacity Act 2005 (MCA). We felt staff had confidence in using the MCA to make best interest decisions for people who lacked the capacity to make decisions in relation to their care.

Medicines were administered to people by trained staff and people received their prescribed medication when they needed it. Appropriate arrangements were in place for the ordering, storage and disposal of medicines. We discussed with the registered manager about the importance of using body maps to support where topical creams were to be applied.

We spoke with staff who told us about the action they would take if they suspected someone was at risk of

abuse. We found that this was consistent with the guidance within the safeguarding policy and procedure in place at the home.

People told us the food at the home was good and they had enough to eat and drink. We observed lunch being served to people and saw that people were given sufficient amounts of food to meet their nutritional needs.

We saw the home had a range of activities in place for people to participate in. Staff were enthusiastic and people's relatives told us they felt there was enough activities. This meant people's social needs were being met. However we did speak to the registered manager in relation to the level of noise in the dementia area. We saw some people enjoyed the music but others stood up and started walking away. The registered manager said they would look into this and discuss at the next staff meeting.

We looked at four staff personnel files and saw the recruitment process in place ensured that staff were suitable and safe to work in the home. Staff we spoke with told us they received supervision and had annual appraisals carried out by the registered manager. We saw minutes from staff meetings which showed they had taken place on a regular basis and were well attended.

We found that staff had training throughout their induction and also received annual refresher training in areas such as moving and handling, Mental Capacity Act 2005, DoLS, safeguarding, health and safety, fire safety, challenging behaviour, first aid and infection control. The home had an action plan in place to ensure that staff were booked in for the relevant training when required. This meant people living at the home could be assured that staff caring for them had up to date skills they required for their role.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were confident people living at the home were safe. They knew what to do to make sure people were safeguarded from abuse.

The staffing levels were appropriate to meet the needs of people who used the service. However there were mixed views by staff and relatives.

Staff managed medicines consistently and safely. We discussed the importance of topical cream charts.

Is the service effective?

Good

The service was effective.

The registered manager and staff demonstrated an understanding of how to apply the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

Staff had regular supervisions, observations of their practice and an annual appraisal.

People's nutritional needs were being met. Where it had been identified people had lost or gained weight these concerns were referred to a healthcare professional.

Is the service caring?

Good

The service was caring.

People were happy with the care they received.

Staff knew the people they were supporting, and were confident people received good care.

We saw examples of staff treating people with kindness, compassion and promoting dignity throughout the inspection.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans were in place; however these did not show relatives were involved in the care plan reviews. We saw people had been involved in these, however this was not always documented.

There was good communication within the home between management, staff and people who used the service.

Activities were accessible for all the people in the home. Activities were based around people's needs. We spoke to the registered manager about the level of noise around activities for some people in the home.

Is the service well-led?

Good

The service was well led.

People who used the service, families and staff spoke positively about the management team and improvements to the home.

The home had good support links with outside professionals who were involved in the home.

The home had improved their systems to monitor the quality of service provision.

Castleford Lodge

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 16 May 2018 and was unannounced. The inspection team consisted of two adult social care inspectors, a specialist advisor with a background in nursing, and an expert by experience with a background in care of older adults. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information held about the home. We contacted the local authority before the inspection. The provider had not been asked to provide a provider information return (PIR). This is a document that provides relevant up to date information about the home that is provided by the manager or owner of the home to the Care Quality Commission.

At the time of our inspection there were 44 people using the service. During our visit we spoke with five people who used the service and three relatives/visitors to the home. We also spoke with four members of staff, the clinical lead and the registered manager. We spent some time looking at documents and records that related to people's care and the management of the service. We looked at five people's care records. We also spent time observing care in the lounge areas and dining room areas to help us understand the experience of people living at the home. We looked at all areas of the home including people's bedrooms and communal bathrooms.

Good

Is the service safe?

Our findings

All the people we spoke with said that they felt safe in the home. These were some of the comments people made, "I do, the amount of people here to help us if there was a fire. I think they know how to look after me." Another person said, "I think it's lovely here, I've been ill for a year, people come here to get fit." A relative told us, "I feel there could be enough staff as my relative has had to wait for staff to support them."

Staff we spoke with said there were mostly enough staff to meet people's needs properly. One staff member said it could be hard when staff phone in sick it can be hard to get cover. They said, "The manager has increased staff here they are good at getting staff when we need them."

Our observations and discussions with people who used the service and staff showed there were sufficient staff on duty to meet people's needs and keep them safe. The registered manager said the staffing levels were monitored and reviewed regularly to ensure people received the support they needed.
We looked at the recruitment records for four staff members. We found recruitment practices were safe. Relevant checks had been completed before staff worked unsupervised at the home which included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

We spoke with staff about their understanding of protecting vulnerable adults. Staff had an understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. One staff member told us, "I would report anything to the management and I am confident they would action this." All the staff we spoke with said they would report any concerns to the manager. The service had policies and procedures for safeguarding vulnerable adults and these were available and accessible to members of staff. Staff said they were aware of how to whistle blow (report concerns inside and outside of the organisation) and confirmed they covered this on their training. This showed staff had the necessary knowledge and information to help them make sure people were protected from abuse.Care files contained risk assessments for health and support, which covered areas such as moving and handling, pressure areas and ill health.

We looked around the home and reviewed a range of records which showed people lived in a safe environment. For example, fire-fighting equipment was checked, and fire drills and training were carried out. Contracts were in place for the maintenance of waste management. Electrical equipment had been tested.

We saw accident and incidents were recorded and analysed to look for any trends. However, further improvements were needed to ensure where actions were completed these were recorded appropriately.

We saw the home had good links with outside professionals around infection control and were working in partnership to increase standards. The registered manager told us, "We work together to provide good standards of care and we are supported to do this by the Senior Infection Prevention and Control Nurse."

We checked the systems in place regarding the management of medicines within the home for people. We found records were all accurate. This meant all people in the home had received all of their medicines as prescribed.

We looked at a sample on both floors of medication administration records (MAR) sheets these were checked and administration was found to be accurate in terms of stock held. Each MAR had a photograph of the person for identification purposes and allergies were noted. Any incidents of non-administration or refusals were noted on the MAR sheets.

We saw some discrepancies in the recording of topical creams. We spoke to the staff and management team to ensure topical cream was signed for and the importance of using body maps to record this. The management team told us they would address this straight away.

As and when required (PRN) drugs were in place at the home. It was noted that there were protocol sheets with the MAR records indicating the rationale as to when they could be given and why. This meant there was guidance in place for staff to follow. Medicines for return to the pharmacy. This medication was recorded in a specific book for the purpose. Any remaining medication and clinical waste were collected and signed for by a specialist contractor.

Good

Is the service effective?

Our findings

At the inspection, we found that people had access to healthcare services when they needed them. We saw evidence in five people's care plan which showed they regularly visited other healthcare professionals such as podiatrist, GP, optometrist and the specialist nurse. It was evidenced and recorded monthly in all five care plans that people had maintained, or had healthy weight over the last 12 months.

We looked at staff training records which showed staff had completed a range of training sessions, which included mental capacity and Deprivation of Liberty Safeguards (DoLS), food hygiene, medication training safe moving and handling and dementia awareness. Staff we spoke with told us they had completed training courses and then received refresher training. Staff said that they felt that the training they received supported them in their work and that if they felt they needed further training they would speak to the registered manager. We looked at four staff files and were able to see information relating to the completion of induction and all relevant training needs.

During our inspection we spoke with staff and looked at staff files to assess how they were supported to fulfil their roles and responsibilities. The staff files we looked at confirmed that each member of staff had received regular supervisions. We saw staff had received an annual appraisal. Staff said they received support from the registered manager; describing them as approachable and supportive.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called 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. We found these were been met by the service.

We looked at the menus and could see that two meal options were offered daily. The menus were available in the dining room to enable people to make menu choices these were written on one side and pictures on the other. One person did not want anything on the menu so staff asked if they would like something different and gave them another two choices. The staff said that if anyone wanted something different, "It would be prepared for them."

Food was served from a heated trolley. Portions were generous and the food was well presented and looked appetising and hot. People received support and encouragement to eat their meals. We saw good

interaction from staff and people. Music was chosen by people in the dining room. One person said," Do you remember dripping?" Staff asked if anyone would like tis next time with their chips. Everyone agreed this would be nice and the conversation flowed on from this.
We saw improvements to the home in relation to the home décor. We saw people's rooms were decorated in their own personal belongings. One person showed us there room and said, "I like my room it's got all my nice things in it."

Good

Is the service caring?

Our findings

We observed good interactions between staff and people in the home. Staff spoke kindly and respectfully to people they supported. All the people we spoke with told us they liked the staff. One person said, "Some staff are nicer than others." Another person said, "Yes they are lovely, they look after me very well."

People looked well presented, well-cared way with own personal items which evidenced that personal care had been attended to and individual needs respected. People were dressed with thought for their own individual needs and hair was nicely styled.

Staff we spoke with said that they provided good care and gave examples of how they ensured people's privacy and dignity was respected. Staff were trained in privacy, dignity and respect during their induction. Staff could describe the ways they cared for people, which included specific moving and handling needs. We saw staff knocking on people's doors before entering. We observed staff communicating with people before doing any care interactions.

We saw care interventions such as assisting people with personal care which was carried out with sensitivity and respect. We saw one person asked to be taken to the bathroom. A member of staff accompanied them immediately, chatting with them as they left the room.

Care plans we reviewed were seen to have been developed using a person- centred approach. For example in one care plan it clearly stated that one person needed support by two staff at specific times. We also saw specific information on how to support people to be as independent as possible around their care needs.

Staff told us people's diverse needs in respect of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation were met where applicable.

Requires Improvement

Is the service responsive?

Our findings

We spoke to people in relation to their preferred choices. One person said, "There's no pressure on me, I can do as I please. I can get up and go to bed when I want." Another person said, "I've got my own mobile phone if I want anything bringing I'll call my son."

Records showed people had their needs assessed before they moved into the service. This ensured the service was able to meet the needs of the people they were planning to admit to the service. Following an initial assessment, care plans were developed detailing the care needs/support, actions and responsibilities, to ensure personalised care was provided. We saw care reviews had taken place; however this was not documented down to show relatives had been involved in the process where people lacked capacity. We spoke to the registered manager to address this.

Staff spoke highly of the care plans and supporting documentation such as the food and fluid charts. Daily record showed people's needs were being met. Staff spoke confidently about the service. We concluded staff knew people and their needs well.

Care plans were up to date. They were held electronically and staff could access them via their iPad. Each person's record had a front cover with their photograph. They had details of the healthcare professionals involved in their care and family members. We saw everything was recorded as it happened in 'real time'. Staff told us this helped to make sure everything was recorded correctly. One member of staff said, "It's good really as you might just see a small change in someone which is really important and we don't miss it as we can record everything straight away."

The registered manager told us that the home currently had two activity co-ordinators. Activities were displayed on both floors on the notice boards in picture and written format. Activities included music sing along, themed days, pampering, board games and outside entertainment. We saw activities happening on the day of our inspection. We observed music on one unit. Some people looked as though they were enjoying this and joining in with dancing and singing, however some people were getting up and walking away. We spoke to the registered manager in relation to looking at the level of noise this was producing on the day of inspection. One person told us, "They're doing things every day and getting people to join in, cards, dominoes." Another person said, "I've got a TV and I like to read. They'll do owt for you if you ask."

The service had pictorial menus and activity displays. We discussed with the registered manager about meeting the Accessible Information Standard. The registered manager said they would support people with this. We observed work in process for one person who used an alternative language. The clinical lead and the registered manager were working with staff and family to support this.

The home had systems in place to deal with concerns, complaints and compliments, which provided people with information about the complaints process and a complaints policy. On the day of the inspection we saw six complaints recorded since the last inspection in April 2017 which had been satisfactory handled in a timely way. Staff confirmed they were aware of any complaints or concerns around the people in the home

and this was evidenced in the staff meetings which were discussed in order to prevent re-occurrence of issues. The home had also received many thank you letters and cards. Examples of these were 'heartfelt thanks to everyone involved in caring for [name of person] the love, kindness and compassion what was shown was truly outstanding' and 'Thank you, you treated[name of person] with respect and kindness'.

The registered manager told us they reviewed complaints annually to detect themes or trends, and confirmed there had been no trends identified. People who used the service and their relatives all told us that they would feel confident to complain if they needed to with any staff member or the registered manager. One person said, "If I wanted to complain I'd go to the office." A visiting relative told us "I wouldn't hesitate at all, if I needed to complain I would but I haven't had to thing have improved allot."

Good

Is the service well-led?

Our findings

At the last inspection we found records in relation to the management of medicines were still incomplete. Care plans were difficult to navigate and some contained conflicting information. At this inspection we found improvements had been made.

At the time of the inspection there was a registered manager at the service. People told us the registered manager at the home was approachable. One member of staff said, "The home has improved and that's down to the management team. We are still improving all the time."

Staff said they felt supported in their role. They said the management team supported them in ensuring good standards were maintained. They said they could raise ideas or concerns if they had any. The staff said that they all worked alongside each other as a team. One member of staff said, "We all work together, we are not perfect but I can see a massive improvement over the last year."

We saw the management team had strong links with outside professionals who supported the on going running of the home. The registered manager told us, "These are invaluable to support us maintaining and improving standards in the home." We saw evidence from previous visits which showed improvements in areas including infection control.

Staff meetings were held on a regular basis. We looked at the minutes of staff meetings and concluded that effective mechanisms were in place for the staff to have the opportunity to contribute to the running of the home. In addition to this key issues relating to the people were communicated to the staff.

We looked at minutes of resident meetings where discussions were held on what had improved in the home. Discussions included activities, laundry, privacy, food and snacks.

We saw the provider had a quality assurance programme which included monthly visits by the nominated individual to check the quality of the service. We saw detailed reports of the visits and action plans, time scales and improvement plans. Areas of improvement included; staff files, care records and training. These had been actioned at the previous visit.

We saw evidence of the clinical lead working alongside the registered manager with the care records. All safeguarding referrals had been reported to the Care Quality Commission and there had been no whistle blowing concerns. We saw the management team also checked the staff training matrix to make sure they provided accurate and up to date information. Maintenance checks were in place as well as monthly fire tests and drills with all staff.

People who used the service and their relatives were asked for their views about the care and support the service offered through surveys. The registered manager showed us these results undertaken in 2017, which showed good satisfaction towards the home and care people receive