Care Quality Commission

Castletroy Care Home Limited

Castletroy Residential Home

Inspection report

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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?	Good

Overall summary

This inspection took place on 07 October 2014 and 14 November 2014. It was unannounced. When we inspected this service in October 2013, we found that the provider met the legal requirements in the areas we looked at.

Castletroy Residential Home provides care for up to 70 older people, some of whom may be living with a dementia. At the time of our inspection there were 57 people living at the home. The service has a registered manager in place. 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 and associated Regulations about how the service is run.'

People felt safe at the home and there was sufficient trained staff to care for people. The provider had robust recruitment procedures to ensure that staff employed were suitable for their roles. Staff underwent a structured induction programme to ensure that they had the required skills to perform their role safely.

Summary of findings

CQC is required by law to monitor compliance with the Deprivation of Liberty Safeguards (DoLS) requirements of the Mental Capacity Act 2005 (MCA). The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. The manager and staff had received training and had a good understanding of MCA and DoLS. The requirements of the MCA were implemented in the daily delivery of care. The provider met with the requirements of the Mental Capacity Act 2005 and the related Deprivation of Liberty Safeguards.

People enjoyed the food at the home and chose what they wanted to eat and drink from the menus provided.

Staff were caring, friendly and helpful. They were aware of the life histories of people they cared for and were knowledgeable about their likes, dislikes, hobbies and interests. This enabled staff to engage better with the people who lived at the home and provide support in a more personalised way.

People were encouraged to maintain their interests and hobbies, and participate in activities within the home. People had opportunities to be involved with the running of the home and chaired meetings of committees run within the home.

People were confident in raising any issues or concerns with staff and were aware of the complaints system. Complaints were managed within the agreed timescales and in a way that promoted openness and transparency.

The manager was actively involved with the day to day running of the home. People were encouraged to voice their opinions about the home through the use of various committees and meetings with people, families and staff. This enabled them to influence the running of the home and the care they received.

A variety of quality audits were completed by the manager on a monthly basis. This ensured that any shortcomings were identified and addressed quickly so that people received the care appropriate to them.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff had received training to help them protect people from abuse.

Risk assessments identified the risks to people and provided staff with details of action to take to reduce the risk of harm to levels acceptable to them.

There were enough staff to provide for people's needs.

Good

Is the service effective?
The service was effective

Staff had the necessary skills to care for people.

The provider complied with the requirements of the Mental Capacity Act 2005 and the related Deprivation of Liberty Safeguards.

People had an adequate amount and choice of food and drink.

Good

Is the service caring?
The service was caring.

People were treated with dignity and respect.

Staff were aware of the life histories of people who lived at the home and were knowledgeable about their likes, dislikes, hobbies and interests.

People were supported to express their views and be actively involved in making decisions about their care and support.

Good

Is the service responsive?
The service was responsive.

People were encouraged to maintain their interests and hobbies and participate in activities within the home.

Complaints were recorded and responded to within the agreed time scales.

Good

Is the service well-led?
The service was well-led.

The manager was actively involved with the day to day running of the home.

A variety of quality audits were completed on a monthly basis.

The manager took an active part in a local 'provider forum' which took place every three months.

Good

Castletroy Residential 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 took place on 07 October 2014 and 14 November 2014, and was unannounced. The inspection team consisted of four inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information, and contacted the healthcare professionals who provided support to the people who lived at the home. We also looked at the information available to us, such as notifications. A notification is information about important events which the provider is required to send us by law.

We carried out observations using the short observational framework for inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 14 people who used the service, six care staff, two kitchen staff, an activities co-ordinator and one maintenance staff. We spoke with six visitors at the service which included five relatives and one health professional to gather information during the inspection. We reviewed five care records, staff training records, and records relating to the management of the service such as audits and policies. We used pathway tracking to follow the care that people received.

Good

Is the service safe?

Our findings

People who used the service told us that they felt safe and secure living at the home. One person told us, "It's lovely living here. I am well looked after and I feel safe." We spoke with five relatives of people who used the service. They told us that they had no concerns about people's safety. One person had expressed concerns about the safety and security of their belongings. Following discussions with the person, their family and the home manager, they were provided with keys to their room to ensure that they felt safe.

The provider had safeguarding policies and procedures in place to guide staff. Staff we spoke with were able to confirm that they had received training to help them protect people from abuse. The training records we looked at confirmed this. Although some staff did not have a clear understanding of what abuse meant or how to recognise the signs that people were at risk, all said that if they had any concerns they would report them to the manager. Our records showed that the manager had appropriately notified the local authority safeguarding team and CQC of a number of incidents when abuse had been suspected within the last 12 months. This demonstrated that the provider's arrangements to protect people were effective

Accidents and incidents were reported by care staff to senior staff at the home. We saw that the manager kept a record of all incidents, and where required, people's care plans and risk assessments were updated. We also saw that family members were kept informed of any incidents concerning their relative.

Individual risk assessments were completed for people who used the service. Each assessment identified the risk to the person and provided staff with details of action to take to reduce the risk of harm. We saw that risk assessments were reviewed regularly to ensure that the level of risk to people was still appropriate for them. Staff were able to demonstrate their understanding of the risk assessments and were aware of the steps required to protect people. Staff told us that, as well as making entries in people's care records, they had a handover at the beginning and end of each shift at which risks to people were discussed and any change in the level of risk to an individual was highlighted. This provided staff with up to date information and enabled them to protect people from the risk of harm.

Records showed that the provider regularly carried out health and safety audits to identify and address any risks posed to people by the environment. Where faults had been identified, actions to rectify these were assigned to staff along with timescales so they could be monitored effectively. Staff carried out regular safety checks on equipment used to support people, so that the risk of harm or injury to people was minimised. For example we saw that where people had pressure relieving mattresses, these were checked three times a day to ensure that the mattresses were in good working order and providing the correct support

People who used the service told us there was always staff available to help them. One person told us, "Staff come quickly when I call for them with the bell." Staff we spoke with felt that there was enough staff employed at the service to safely care for people. One member of staff told us, "Generally there are enough staff, we never use an agency." We saw that people's support needs were monitored on a monthly basis. The manager told us that the staffing levels for each unit were calculated using the information about people's support needs. If people's needs increased then the staffing levels would be revised accordingly. This showed that people's needs were considered when staffing levels were decided..

We looked at the recruitment files for two staff that had recently started work at the home. We found that there were robust recruitment procedures in place. Relevant checks had been completed to ensure that the staff was suitable for the role to which they had been appointed before they had started work.

Medicines were administered by senior staff only. We saw that the manager completed regular checks on the senior staff's competency to administer medicines. The senior staff we spoke with confirmed that they had received training to administer and manage the stock of medicines in the home. They had received training by external trainers, as well as the pharmacist who supplied the medicines to the service. We checked the amount of the medicines kept by the service for three people. We found no discrepancies with the stock of medicines held. We saw that the manager carried out a weekly audit of the medicines that had been prescribed on an 'as and when required basis' (PRN). We looked at the record of the audit completed on 02 October 2014. No discrepancies had been found.

Good

Is the service safe?

We looked at the medicines administration records (MAR) for four people who lived at the home. We found that each form had been signed when medicines had been administered. However, we noted that some people's medicines were being given after food and not in accordance with the instruction which stated it should be taken before eating. We brought this to the senior staff's attention. They immediately arranged for this medicine to be administered at least 30 minutes before meals. They contacted the pharmacy and arranged for new MAR sheets to be provided which detailed the revised time for administering the medicines. This showed that the staff had taken steps to ensure that people's medicines were administered in accordance with their prescription.

We saw that medicines were kept securely. When not in use, the medicines trolleys were securely attached to the wall in a locked room.

Good

Is the service effective?

Our findings

People received effective care at the home. One person, who also had a relative visiting at the time, explained how when they moved into the home they were depressed and refused to eat. They said that since moving to the home they had overcome their anxiety and depression because the staff had the skills to support them. The person told us, "If I hadn't been given the care and love I needed at the time I would not be alive today". Another person told us, "The staff look after me well."

Staff told us that they were able to communicate with people well. Although all the people currently at the service were able to express their views and concerns the staff demonstrated that were able to communicate with people using other means, such as body language, facial expressions, and communication cards. This showed that they had the skills required to communicate with people who may be admitted to the home but may not be able to communicate verbally.

People who used the service were cared for by staff who had received training and had the skills required to care for people appropriately. Staff told us that they had completed an induction programme when they started work. They also shadowed a more experienced member of staff to enable them to identify people's needs and care for them effectively. We saw that every step of their induction was signed off by a senior staff member when it had been completed. They told us that they received training so that they were competent to carry out their role effectively. Six staff had been identified as 'skin care champions' and had undertaken additional training provided by NHS tissue viability nurses. Also, 28 members of staff had completed a palliative and end of life care education programme. The manager participated in all the training available. This enabled them to fully understand the information given to the care staff.

People's capacity to make and understand the implication of decisions about their care were assessed and documented within their care records. An assessment of people's capacity to make and understand decisions and any deprivation of their liberty was completed on a monthly basis. This ensured that people were cared for in a way in which their independence was promoted. Staff were clear that where people had capacity to make decisions, their wishes should be respected. We saw that one person had been assessed as lacking capacity to make long term decisions about their accommodation and treatment. Subsequently decisions had been made on their behalf following a meeting with their relatives and healthcare professionals which were in their best interests. However, the person had been assessed as having capacity to make day to day decisions about taking their medicines, which they regularly refused. We saw that a Deprivation of Liberty Safeguards authorisation was in place to allow for their constant supervision because they can display behaviour that has a negative impact on others and this had been reflected within their care plans.

People told us they enjoyed the food at the home. One person said, "The food is nice…it's homemade. Lovely food". Another person told us, "The food is good." We observed the lunchtime experience in the home. The dining areas had been set up in the style of a restaurant. People were presented with a menu at their tables and care staff took their orders. People enjoyed this experience. Staff understood that people's needs for assistance to eat their meal fluctuated from day to day. They checked with people each mealtime as to whether they required assistance or wanted to eat independently.

People's cultural, spiritual and religious dietary requirements were identified and addressed within their care records. The kitchen staff were made aware of people's dietary requirements and they catered for these. People's weight was monitored and food and fluid charts were completed for people where there was an identified risk in relation to their food and fluid intake. Staff were familiar with the nutritional requirements of people and nutrition champions had been identified to further support people with their food intake. A dietician that provided support to the home was positive about the nutritional care provided at the home.

People were supported to access healthcare services, including occupational therapists, community nurses, dieticians and doctors. The healthcare professionals we spoke with told us that staff kept them up to date with changes to people's support needs and that they also contacted them for advice.

Good

Is the service caring?

Our findings

People we spoke with told us that the staff were caring. One person said, “People are friendly here. We get on alright…staff are very kind.” Another person told us, “Staff are brilliant.” A third person told us, “The staff are very kind.” A relative commented on how friendly and helpful the staff were when their relative first moved to the service. This included the maintenance staff who offered to arrange the room as the person wished and hang family pictures for them. One member of the care staff told us, “We put residents first. We are very person centred.”

We observed that staff interacted with people in a caring way. They were very friendly and we observed that they would always greet people and say, “Hello.” Two people were going to the local town with staff for the morning. The staff ensured that the people had everything they needed and were comfortable in a caring and unhurried way.

Positive, caring relationships had developed between people who used the service and the staff. Staff we spoke with were aware of the life histories of people who lived at the home and were knowledgeable about their likes, dislikes, hobbies and interests. One member of the care staff said that this not only made care better, but it made their job so much more satisfying to get to know people well. Another care staff member said, “This is someone’s mum or dad after all.”

Staff were positive about their experience of working in the home. One staff member told us, “I have worked here for many years and I love it.” Another staff member told us, “There is always a lot to do, but we always find time to talk to residents.”

Staff were able to describe how they maintained people’s privacy and dignity when supporting them with personal care. Staff also ensured that when assisting people to get dressed, the person’s choice of clothing was respected. People told us that staff “take time to explain to what is being done” and that staff did not talk to them like “children” by repeatedly explaining every action

When people did not have a friend or relative to support them, they had access to advocacy services. One person told us, “I have an advocate, I have her number. She comes to me when I ask to see her.”

Staff showed a strong commitment to promoting people’s wellbeing. They demonstrated an understanding that good care was more than just a series of tasks. People were supported to express their views and be actively involved in making decisions about their care and support. One person told us "I feel that I am respected and staff ask me for my views.”

Good

Is the service responsive?

Our findings

People told us that the staff respected their choices. One person told us, "I am no good in the mornings, staff come to me later, and this is my choice." Another person said, "I am asked for my opinion about things. It is my choice not to participate in activities." A third person told us, "Staff get me up in the morning and I get going. I can choose what time I get up."

Care plans contained evidence that the staff had carried out assessments for people prior to their admission to the home. This was to ensure that the provider was able to provide the person with the care that they required. Information about people's health and well-being was regularly reviewed and updated. Staff told us that they cared for each person according to their individual needs and requirements. Each person had an assigned keyworker who, along with the senior care worker, was responsible for reviewing their needs and care records every six months, or sooner if their needs changed. This was the person they would speak with about their care and support needs.

Care plans were person centred and reflected people's wishes. There was clear evidence that people had been involved in determining the way in which their care was to be delivered. Relatives that we spoke with praised the quality of care provided. People were supported to maintain their religious beliefs through arrangements that the home had made with varying religious organisations to attend the home.

One member of staff spoke about how care must be, "…personal to them" and that they must always, "…ask them first." Another carer spoke about a person who found their air flow cushion to be uncomfortable. Following a briefing about good pressure area care, they made enquiries and secured an order for a recliner style cushion to support this person to be more comfortable. This showed that staff were responsive to people's needs.

Staff members were able to describe to us the ways in which they worked with people who demonstrated behaviour that may have a negative impact on others. They described how they would attempt to build a relationship with the person through talking with them. They would try changing their approach to care or ask other staff to provide the care if the person was happier to be supported by another member of staff at the time.

People were encouraged to maintain their interests and hobbies and participate in activities within the home. Some people enjoyed being involved with the running of the home and liked to chair meetings of committees run within the home. The two activities coordinators worked closely with people to ensure that they were able to meet their requirements. People told us that staff would adapt the activities according to their needs. For example, if people were unable to attend the group activities then staff would carry out one to one activities with them in their rooms. One person told us, "I enjoy the activities. We had bingo this week, but I lost". Another person told us, "There was a Caribbean evening, but I did not want to go. I enjoyed the food in my room." We saw that details of future activities and outings were displayed on noticeboards around the home.

There were strong links to the local community. Some people attended a coffee morning at the local church and volunteers from the community came to the home to read to people and talk with them. People regularly went to the local shopping areas.

On the day of our inspection, a gathering had been arranged by the activities co-ordinators. This was to talk about forthcoming events and was to be followed by a quiz. During this, staff were quick to support a person who looked distressed. One staff spent time talking with them and then positioned themself next to the person to give them on-going support. One person started to sing, and everyone joined in. The mood was very positive.

People told us that they were happy to raise any issues or concerns and felt confident that these concerns would be listened to and actioned. They were very clear that they would raise any concerns they had with the manager or senior staff. People were aware of the complaints system, which was on display in the home, but had not had reason to complain. One person told us, ""I have never had anything to complain about." Staff explained how they would respond to complaints. Some of the staff told us that they would pass concerns to a senior member of staff. The senior staff told us that they would act straight away if the concern could be resolved quickly. A more complex or serious complaint would be reported to the manager and recorded in the service's complaint log. We saw that

Good

Is the service responsive?

complaints were recorded and responded to within the agreed timescales. Responses were sent to both the person using the service and their families to ensure transparency in the process.

Good

Is the service well-led?

Our findings

People told us that they liked the manager of the home. One person told us that they knew the name of the manager and that if there was an issue the manager would sort it out. They described the manager as, "…brilliant."

People had the opportunity to make their views known about their care and support through resident's meetings and committee meetings. Relatives of people who used the service were involved in people's care through regular contact with the home and attending relatives meetings. The manager was actively involved with the day to day running of the home. People were encouraged to voice their opinions about the home through the use of various committees and meetings with residents, families and staff. In addition there were regular 'floor meetings' at which specific issues and concerns about each unit were discussed.

The manager told us, and we saw from evidence provided, that there were regular checks carried out on the way in which staff cared for people. Regular observations were undertaken by senior staff to ensure that people were happy in the home and that staff were attending to people's needs. The manager also carried out regular spot checks at night to ensure that people were receiving a good level of care.

The service encouraged feedback from people and relatives through a number of different ways including key worker reviews, residents meetings, committee meetings and surveys. This was demonstrated when we were invited to attend the food committee meeting. At the meeting people were happy to express their views on the food and nutrition provided. Staff were happy to discuss changes to address people's concerns. People raised concerns that there were delays at lunchtime with people's orders being taken for their lunch. Staff at the meeting suggested changes they could make that would reduce these delays and the people agreed that the changes should be made.

We saw that there had been an analysis of the feedback of surveys of people, relatives, healthcare professionals and staff completed in the three months to December 2013. We saw that actions from these surveys had been identified and discussed at meetings with residents, relatives and staff. The home had also received many compliments in the last 12 months. One recent compliment said, "Thank you for nine years of excellent care."

We saw that a variety of quality audits were completed on a monthly basis. The analysis of the results of the audits was discussed with staff through training, supervisions and staff meetings to identify improvements that could be made to make the service safe and effective. In addition, the manager completed audits of cleaning equipment, housekeeping and food. This showed that the provider took steps to improve the quality of the care people received and the environment in which they lived.

Staff we spoke with told us that there was a very open culture within the home and that they cared for people, "…like our own." Staff told us that they were aware of the provider's whistleblowing policy and would always challenge any bad practice. They were confident that the manager would act on any concerns.

The manager took an active part in a local 'provider forum' in which best practice was shared between other services, healthcare professionals and the local authority. These forums took place every three months and discussed innovation and developments in providing quality care. The manager shared information and learning from these with the staff through staff meetings and supervision sessions to drive improvements in the way in which care was delivered at the home.