

Castlegate House Rest Home Limited

Castlegate House Residential Home

Inspection report

49 Castlegate
Grantham
Lincolnshire
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Tel: 01476560800

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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 ●

Summary of findings

Overall summary

This was an unannounced inspection carried out on 13 June 2016.

Castlegate House Residential Home can provide accommodation and personal care for 20 older people and people who live with dementia. There were 18 people living in the service at the time of our inspection all of whom were older people.

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.

Staff knew how to respond to any concerns that might arise so that people were kept safe from abuse including financial mistreatment. People had been helped to avoid the risk of accidents and medicines were managed safely. There were enough staff on duty to care for people and background checks had been completed before new staff were appointed.

Staff had received training and guidance to support them to care for people in the right way. People had been assisted to eat and drink enough and they had been supported to receive all of the healthcare assistance they needed.

Staff had ensured that people's rights were respected by helping them to make decisions for themselves. The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards (DoLS) under the Mental Capacity Act 2005 (MCA) and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. Four people living in the service were being deprived of their liberty and the registered manager had taken the necessary steps to ensure that their legal rights were protected.

People were treated with kindness and compassion. Staff recognised people's right to privacy, promoted their dignity and respected confidential information.

People had been consulted about the care they wanted to receive and they had been given all of the assistance they needed. This included people who lived with dementia and who could become distressed. People were supported to pursue their hobbies and interests and there was a system for resolving complaints.

Quality checks had been completed to ensure that people received the facilities and services they needed. Good team work was promoted and staff were supported to speak out if they had any concerns because the service was run in an open and inclusive way. People had benefited from staff acting upon good practice

guidance.

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 knew how to keep people safe from the risk of abuse including financial mistreatment.

People had been helped to avoid the risk of accidents and medicines were managed safely.

There were enough staff on duty and background checks had been completed before new staff were employed.

Is the service effective?

Good ●

The service was effective.

Staff had received training and guidance to enable them to support people in the right way.

People were helped to eat and drink enough to stay well and they had been supported to receive all the healthcare attention they needed.

People were helped to make decisions for themselves. When this was not possible decisions were made in people's best interests and their legal rights were protected.

Is the service caring?

Good ●

The service was caring.

Staff were caring, kind and compassionate.

People's right to privacy was respected and staff promoted people's dignity.

Confidential information was kept private.

Is the service responsive?

Good ●

The service was responsive.

People had been consulted about the care they wanted to receive.

Staff had provided people with all the care they needed including people who lived with dementia and who could become distressed.

People were supported to pursue their hobbies and interests.

There was a system to resolve complaints.

Is the service well-led?

Good ●

The service was well led.

Quality checks had been completed to ensure that people received the facilities and care they needed.

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

Steps had been taken to promote good team work and staff had been encouraged to speak out if they had any concerns.

People had benefited from staff acting upon good practice guidance.

Castlegate House 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 registered persons were 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.

Before the inspection we examined the information we held about the service. This included notifications of incidents that the registered persons had sent us since the last inspection. These are events that happened in the service that the registered persons are required to tell us about.

We visited the service on 13 June 2016. The inspection was unannounced and the inspection team consisted of a single inspector.

During the inspection we spoke with eight people who lived in the service. We also spoke with three care workers, deputy manager and the registered manager. We observed care being provided in communal areas and we also examined records that related to how the service was managed including staffing, training and quality assurance.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection visit we spoke by telephone with three relatives. We did this so that they could tell us their views about how well the service was meeting their family members' needs and wishes.

Is the service safe?

Our findings

People said and showed us that they felt safe living in the service. One of them said, "I've lived here and I feel settled. The staff are kind and lovely to us all." During our SOFI exercise we observed another person who had special communication needs and we saw them patting the arm of a member of staff who was standing next to them and smiling to show their approval. All of the relatives we spoke with said they were confident that their family members were safe in the service. One of them said, "I'm in the service regularly and I'm very reassured that my family member and the other people who lives there are well cared for and safe."

Records showed that staff had completed training in how to keep people safe from harm and staff said that they had been provided with relevant guidance. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm. Staff were confident that people were treated with kindness and said they would immediately report any concerns to a senior person in the service. In addition, they knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns which remained unresolved.

We saw that there were robust arrangements to protect people from the risk of financial mistreatment. Records showed that the registered manager was working closely with a care manager (social worker) to safeguard a person's financial interests after concerns had been raised about the actions of someone not connected with the service. In addition, we noted that the registered manager was carefully assisting people to manage their personal spending money by securely holding money for them, recording each time it was spent on their behalf and checking that the remaining cash balances were correct.

Staff had identified possible risks to each person's safety and had taken positive action to promote their wellbeing. An example of this involved people being helped to keep their skin healthy by using soft cushions and mattresses that reduced pressure on key areas. Staff had also taken practical steps to reduce the risk of people having accidents. An example of this was some people agreeing to have rails fitted to the side of their bed so that they could be comfortable and not have to worry about rolling out of bed. Other examples of this were people being provided with equipment to help prevent them having falls including walking frames, raised toilet seats and bannister rails. In addition, we noted that hot water was temperature controlled and some radiators were guarded to reduce the risk of scalds and burns.

Records of the accidents and near misses involving people who lived in the service showed that most of them had been minor and had not resulted in the need for people to receive medical attention. We saw that the registered manager had analysed each event so that practical steps could then be taken to help prevent them from happening again. An example of this involved a person agreeing to have a special mat placed on the floor beside their bed. The mat discreetly sounded an alarm at night when the person got out of bed so that staff knew to offer them assistance. This arrangement helped to reduce the risk of the person falling and injuring themselves.

We found that there were reliable arrangements for ordering, administering and disposing of medicines. We saw that staff made sure there was a sufficient supply of medicines. Staff who administered medicines had

received training and we saw them correctly following written guidance to make sure that people were given the right medicines at the right times. Records showed that during the week preceding our inspection each person had correctly received all of the medicines that had been prescribed for them. In addition to this, the registered manager told us that in the 12 months preceding our inspection all medicines had been administered correctly. Although medicines were stored securely when not in use we noted that one of the storage areas was made of unsealed wood and so could not be readily cleaned. This reduced the registered persons' ability to ensure that medicines were always stored in an hygienic way. We spoke with the registered manager about this shortfall and they assured us that immediate action would be taken to address the problem.

People who lived in the service said that there were enough staff on duty to meet their needs. One of them commented, "I do think that I'm well looked after and have no complaints on that score." Another person remarked, "If I need help during the night I've only got to use the call bell and the staff arrive pretty much straight away." A person who lived with dementia and who had special communication needs beckoned to us and then pointed to a passing member of staff and gave a 'thumbs-up' sign.

Documents showed that the registered manager had regularly reviewed the care each person needed and calculated how many staff were needed. We noted that arrangements had been made for there always to be a senior care worker on duty who was supported by two care workers during the day and evening. We also noted that at night time there were waking staff on duty. We saw that there were enough staff on duty at the time of our inspection because people promptly received all of the care and company they needed. Records showed that the number of staff on duty during the week preceding our inspection matched the level of staff cover which the registered manager said was necessary.

Staff said and records confirmed that the registered persons had completed background checks on them before they had been appointed. These included checks with the Disclosure and Barring Service to show that they did not have relevant criminal convictions and had not been guilty of professional misconduct. We noted that in addition to this other checks had been completed including obtaining references from their previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct and were suitable people to be employed in the service.

Is the service effective?

Our findings

People said and showed us that they were well supported in the service. They were confident that staff knew what they were doing, were reliable and had their best interests at heart. One of them said, "The staff here are up to speed and things just get done for me." A relative spoke about their confidence in staff saying, "I see the staff caring for people and I'd soon see if something wasn't right. But you can see that the staff know each person really well."

Records showed that staff had regularly met with the registered manager to review their work and to plan for their professional development. In addition, we noted that the registered manager regularly observed the way in which staff provided care. This was done so that they could give feedback to staff about how well the assistance they provided was meeting people's needs and wishes. We also noted that most of the care workers had obtained or were studying for a nationally recognised qualification in the provision of care in residential settings.

Records showed that new staff were provided with brief introductory training before working without direct supervision. In addition to this new staff had benefited from being supported to complete the Care Certificate. This is a nationally recognised training programme that is designed to ensure that new staff have all of the knowledge and skills they need to care for people in the right way.

We noted that established staff had completed refresher training in key subjects such as first aid, infection control, fire safety and how to safely assist people who experienced reduced mobility. The registered manager said that this was necessary to confirm that staff were competent to care for people in the right way. We found that staff had the knowledge and skills they needed to consistently provide people with the care they needed. An example of this was staff knowing how to correctly assist people who needed support in order to promote their continence. Other examples included staff knowing how to help people keep their skin healthy, eat and drink enough to stay well and to manage safely with reduced mobility.

We noted that there were measures in place to ensure that people had enough nutrition and hydration. People had been offered the opportunity to have their body weight regularly checked and records showed that these weights had been analysed using a nationally recognised model. This arrangement helped to ensure that staff could quickly identify any significant changes that needed to be brought to the attention of a healthcare professional. We saw that staff were tactfully checking how much some people were eating and drinking each day. This was done because they were considered to be at risk of not having enough hydration and nutrition. Records showed that as a result of this two people had been prescribed a high calorie food supplement to help them to maintain a healthy body weight.

We were present when people dined at lunchtime and we saw that when necessary staff gave people individual assistance when eating and drinking so that they could enjoy their meal in safety and comfort. We noted that staff had agreed with some people to have their meals specially prepared so that they were easier to swallow. In addition, we saw that there was a written menu which provided people with a choice between different dishes at each meal time. People were positive about the quality of their meals and one of

them said, "The food's is okay here and I always have enough."

People said and records confirmed that they received all of the help they needed to see their doctor and other healthcare professionals. Also, during our inspection we heard a senior care worker telephoning a local doctors' surgery because staff had just reported to them that a person was feeling unwell. A relative remarked about this saying, "I like how the staff are on the ball and get the doctor in without any delay if my family member is off colour. Also, they tell me about it straight away which is good because I want to know."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found that the registered manager and staff were following the MCA by supporting people to make decisions for themselves. They had consulted with people who lived in the service, explained information to them and sought their informed consent. An example of this occurred when we saw a member of staff explaining to a person why it was advisable for them to take a medicine at a particular time and not leave it for later on. The member of staff reminded the person about why the medicine had been prescribed for them so that they fully appreciated how they would benefit from taking it at the right time. After this, we saw that the person was reassured and was pleased to accept the tablet that had been given to them.

Records showed that on a number of occasions when people lacked mental capacity the registered manager had contacted health and social care professionals to help ensure that decisions were taken in people's best interests. An example of this involved the registered manager liaising with a person's care manager to support them when deciding if it was advisable for a person to return to live in their own home.

People can only be deprived of their liberty in order 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 found that four people were being deprived of their liberty at the time of our inspection visit. This was necessary to ensure that they remained in the service so that they could safely receive the care they needed. Records showed that in the case of each person the registered manager had obtained or applied for the necessary DoLS authorisation. By doing this the registered manager had ensured that only lawful restrictions would be used that respected people's rights.

Is the service caring?

Our findings

People were positive about the quality of care that was provided. One of them said, "I like the staff who help me a lot." Another person who lived with dementia and who had special communication needs was seen standing with a member of staff looking out of the window. They both used hand movements to imitate the rain that they could see was falling quite heavily. Relatives told us that they were confident that their family members were treated with genuine kindness. One of them said, "I've always found the staff to be very attentive and kind and during all my visits I've never seen anything amiss."

During our inspection we saw that people were treated with respect and in a caring and kind way. We noted how staff took the time to speak with people as they assisted them and we observed a lot of positive conversations that supported people's wellbeing. An example of this occurred when we heard a member of staff chatting with a person about Grantham and how the town had changed over the years. We saw the person concerned smiling and enjoying reflecting on their memories of shops they knew when they were a child.

We observed another occasion when a member of staff was helping someone sitting in the lounge who wanted to find a particular page in their newspaper. The member of staff was called away to answer the front door bell. We noted that before the member of staff left the lounge they explained why they were leaving the room and assured the person that they would return as soon as possible. A few minutes later we saw the member of staff go back to the lounge where the person was helped to find the right page in their newspaper and we noted how they both then took an interest in the story they found there. Later on we spoke with the person concerned and they said, "The staff are all dears and can't do enough for us. They're all just kind people."

We saw that staff were compassionate and supported people to retain parts of their lives that were important to them before they moved in. An example of this involved a member of staff speaking with a person about their memories of bringing up children and the various stages family life went through. We noted that the person was pleased to recall the experiences in question and laughed with the member of staff as they recalled the challenges of being a mother when children are in their teenage years.

We saw that there were arrangements in place to support someone if they could not easily express their wishes and did not have family or friends to assist them to make decisions about their care. These measures included the service having links to local advocacy groups who were independent of the service and who can support people to express their opinions and wishes.

Staff recognised the importance of not intruding into people's private space. Most people had their own bedrooms that were laid out as bed sitting areas. This meant that they could relax and enjoy their own company if they did not want to use the communal lounges. There were five double occupancy bedrooms and we noted that there were room dividers in place so that people could have their own private space if they wished. We also saw that staff had supported people to personalise their rooms with their own pictures, photographs and items of furniture.

In addition, we saw that communal toilets and bathrooms had locks on the doors and so could be secured when in use. We noted that staff knocked and waited for permission before going into bedrooms, toilets and bathrooms. Also, we observed that when staff provided people with close personal care they made sure that doors were shut so that people were assisted in private.

People could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so. A relative commented on this saying, "It's completely up to me where I see my family member. If I wanted to see them in private in their bedroom that would be fine and no one would even think to comment on it."

We saw that paper records which contained private information were stored securely. In addition, electronic records were held securely in the service's computer system. This system was password protected and so could only be accessed by authorised staff. We found that staff understood the importance of respecting confidential information and only disclosed it to people such as health and social care professionals on a need-to-know basis.

Is the service responsive?

Our findings

Records showed that staff had consulted with people about the care they wanted to receive and they had recorded the results in a care plan for each person. People said that staff provided them with a wide range of assistance including washing, dressing and using the bathroom. Records confirmed that each person was receiving the assistance they needed as described in their individual care plan. Examples of this included people being supported by staff to use aides that promoted their continence. Another example was the way in which staff regularly checked on people during the night to make sure they were comfortable and safe in bed. A person remarked about this and said, "I get quite a lot of help every day and I wouldn't like to try without it."

We noted that staff were able to effectively support people who could become distressed. During our SOFI exercise we saw that when a person became distressed, staff followed the guidance described in the person's care plan and reassured them. They noticed that the person who was walking in the main hallway area was becoming upset because they were not sure when their relative was next due to visit them. A member of staff quietly explained to the person when their relative was next due to call to the service. When the person was still anxious about the time involved, the member of staff supported them by counting the number of meal times that would pass until the person could expect to see their relative. After this explanation the person became more settled and decided to rejoining other people sitting in one of the lounges. The member of staff had known how to identify that the person required support and had provided the right assistance.

There was an activities coordinator and records showed that people were being supported to take part in a range of social activities. These included things such as arts and crafts, quizzes and gentle exercises. The activities coordinator was not in the service on the day of our inspection. However, we noted that care workers made time to support a group of people to enjoy gentle exercises. We also noted that other people received individual support to undertake activities such as completing crosswords. People told us that they had enough social activities to enjoy with one of them saying, "There's usually something on each day. I wouldn't say I get bored." A person who lived with dementia and who had special communication needs showed us that they were enjoying listening to music. They smiled, pointed to a music centre that was playing a compact disk and the sung along to some of the lyrics they knew from a song that was popular when they were younger.

We noted that there were arrangements to support people to express their individuality. The registered manager said that people were assisted to meet their spiritual needs by attending a regular religious ceremony that was held in the service. We also noted that suitable arrangements had been made to respect each person's wishes when they came to the end of their life. This had included establishing how relatives wanted to be supported to acknowledge and celebrate their family member's life.

Although no one living in the service at the time of our inspection had asked to have special meals, the registered manager said that arrangements would be made to prepare meals that respected people's religious and cultural needs should this be required. We also noted that the registered manager was aware

of how to support people who had English as their second language including being able to make use of translator services.

People and their relatives said that they would be confident speaking to the registered manager or a member of staff if they had any complaints about the service. A relative commented about this saying, "There's a very relaxed atmosphere in the place. I've never had to complain because things get sorted out long before that's necessary."

We saw that each person who lived in the service had received a document that explained how they could make a complaint. In addition, the registered persons had a procedure that was intended to ensure that complaints could be resolved quickly and fairly. We were told that the registered persons had not received any complaints in the 12 months preceding our inspection.

Is the service well-led?

Our findings

People who lived in the service said that they were asked for their views about their home as part of everyday life. In addition, we noted that people and their relatives had been invited to complete quality questionnaires to suggest any improvements they would like to see introduced. Records showed that people had said that they were happy with how the service was being run and that no significant changes had been requested. A relative commented on this matter saying, "It's quite a small home really and so it's got a family feeling to it and I suppose I take it for granted that the staff are open to suggestions."

Records showed that the registered manager had regularly completed quality checks to make sure that people were reliably receiving all of the care they needed. These checks included making sure that care was being consistently provided in the right way, medicines were safely managed, people were correctly supported to manage their money and staff received all of the support they needed.

We noted that checks were also being made to ensure that fire safety equipment, hoists, electrical services and gas appliances remained in good working order. We saw records that showed the registered persons had identified a number of defects in the accommodation and that plans were in place to address them. For example, arrangements had been made to replace a number of carpets in communal areas that were worn and stained.

People and their relatives said that they knew who the registered manager was and that they were helpful. During our inspection visit we saw the registered manager talking with people who lived in the service and with staff. They knew in detail about the care each person was receiving and they also knew which members of staff were on duty on any particular day. This level of knowledge helped them to effectively manage the service and provide guidance for staff.

We found that staff were provided with the leadership they needed to develop good team working practices that helped to ensure that people consistently received the care they needed. There was a senior care worker in charge of each shift and during out of office hours there was always a senior manager on call if staff needed advice. Staff said and our observations confirmed that there were handover meetings at the beginning and end of each shift when developments in each person's care were noted and reviewed. In addition, there were regular staff meetings at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

There was an open and relaxed approach to running the service. Staff said that they were well supported by the registered manager and they were confident they could speak to them if they had any concerns about another staff member. Staff said that positive leadership in the service reassured them that they would be listened to and that action would be taken if they raised any concerns about poor practice.

We noted that the registered manager had provided the leadership necessary to enable people who lived in

the service to benefit from staff acting upon good practice guidance. An example of this involved the registered manager supporting a member of staff to join a national scheme that is designed to promote positive outcomes for people who live with dementia. We saw that this commitment was reflected in the way that people who lived with dementia were supported to relate to staff and to enjoy social activities.