Sanctuary Care Limited

Castlecroft Residential Care 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?	Requires Improvement

Summary of findings

Overall summary

This inspection was unannounced and took place on 15 March 2018 and conversations via email and telephone were completed with staff members and relevant professionals on 23 March 2018. At the previous inspection in November 2015, the provider was found to be meeting all of the regulations that we assessed and was rated 'good' in four domains and 'requires improvement' in the key question 'is the service well-led'.

Castlecroft Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Castlecroft is registered to provide accommodation for up to 64 people. At the time of inspection there were 60 people living at the home. Castlecroft is purpose built and arranged over three floors, the first floor is for people who are more independent. The first and second floors are for people who have greater care needs and many of them were living with dementia.

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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Systems were in place to monitor the quality of the service. These needed to be more robust in highlighting areas for improvement in relation to risk assessments, care plans and medication. Shortfalls that we identified during inspection had not been highlighted by their systems.

People and their relatives were positive about the care provided at Castlecroft. Our observations confirmed that staff were kind and caring towards people.

People felt safe living at the home and were protected from the risk of abuse. The provider had systems in place to minimise the risk of abuse and staff had a good knowledge and understanding of the signs of abuse and who to report concerns to.

The registered manager had taken action to ensure all staff had received the training they required to meet people's needs. Staff told us they had completed an induction programme and had regular supervision and meetings and felt well supported.

People and their relatives told us they found the management team approachable.

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.

Although staff had a good knowledge of their responsibility to keep people safe, the provider had not always learnt and made improvements when things went wrong.

People told us they felt safe and there were enough staff to meet people's needs.

People were supported to take their medication.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge to effectively meet people's needs.

People's consent was gained before providing care.

People received adequate food and drink and staff knew how to support people with eating and drinking safely.

People had access to health professionals when required.

Is the service caring?

Good

The service was caring.

People were treated with respect and their dignity and their privacy was maintained.

People told us the staff were kind and caring and were included in their care and offered choices.

People were supported to be independent where possible.

Is the service responsive?

Good

The service was responsive.

People received care and support that met their individual needs and preferences.

People were supported to engage in activities and maintain social contacts.

Relatives told us they felt able to raise concerns with the registered manager and there was a system in place to monitor complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Audits had been completed but had not identified some of the concerns we found at this inspection.

Care records did not always contain consistent information and were not always person centred.

The provider had strong links with the community and visiting proffessionals.

Staff told us they felt supported and said the registered manager and deputy manager were approachable.

Castlecroft Residential 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 was 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 15 and 23 March 2018 and was unannounced on the first day of inspection. The second day of inspection included phone calls and email conversation with staff members and professionals.

The team consisted of two 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.

When planning our inspection, we looked at the information we held about the service. This included the Provider Information Return (PIR) and the notifications received from the provider about deaths, safeguarding alerts and accidents/incidents which they are required to send us by law. A PIR is information we require providers to send to us annually to give key information about the service, what the service does well and what improvements they intend to make. We also obtained feedback from the commissioners of people's care and Healthwatch. Healthwatch is an independent organisation that champions the needs of people that use health and social care services.

During the inspection, we spoke with eight people who lived at the home and five family members. We also spoke with the registered manager, the deputy manager, the regional manager and nine members of staff. This included care staff, senior care staff and the cook. As some people were unable to share their experiences of the care they receive, a Short Observational Framework for Inspection (SOFI) was completed. SOFI is a way of observing care to help us understand the experiences of people who cannot talk to us.

We looked at care records for people to see how their care was planned and delivered. We also looked at Medication Administration Records (MAR) and the medicine management process including the audits for this. We looked at staff recruitment files, training information and records held in relation to quality assurance, accidents and incidents, complaints and safeguarding.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe and supported by staff. One person said, "I am quite content living here and feel absolutely safe here, there is always a member of staff around if you need help". Another one told us, "I feel safe, I have a call button if I need help or assistance".

People told us there were enough staff to meet their care and support needs. The registered manager told us there is not a high turnover of staff and that agency staff were not used on a regular basis. If agency staff were required, they had ones that had worked at the home previously and were familiar with the residents. People and relatives that we spoke with confirmed this. One person said, "There is not a lot of staff changes, so the staff get to know you and know what you want and like".

We saw staff used their manual handling skills effectively when assisting people to move around the home safely. We saw people being assisted to move from chair to chair carefully and. We found processes in place to ensure that equipment used within the home was well maintained and safe to use.

People told us they were supported to take their medication as prescribed. We observed staff supporting people to take their medication in a safe way. Staff who administered medicines received training in how to administer medicines safely; they completed training before they were able to administer medicines and had regular checks to ensure they remained competent to do so.

Each person at the home had a medication administration record (MAR) that documented when they had received their medicines. We found medicines were stored securely and at the correct temperature so that they remained effective.

Some people required medicines to be administered on an "as required" basis. There were not always protocols (plans) for the administration of these medicines to make sure they were administered safely. These protocols support staff to make consistent decisions about when people needed their medicine. Staff spoken with demonstrated they knew people well, however if they had a new member of staff or agency staff, this could mean they would not have the required information regarding people's as required medicines.

The registered provider had a safeguarding policy and provided staff with training. Staff spoken with had a good knowledge of their responsibility to keep people safe and knew how to spot signs of potential abuse. Staff told us they felt confident in managing behaviours that challenge. One staff member we spoke with said, "I am confident I could recognise the triggers that someone was becoming anxious, and respond appropriately". We saw that one person was anxious and upset and observed staff talking to the person to find out what was wrong and then they provided reassurance and support.

As part of this inspection, we reviewed information about a number of safeguarding incidents. There had been a high number reported by the provider, particularly regarding altercations between residents. The registered manager who told us they completed an analysis in July 2017. This highlighted that a large

number of the incidents were between 2pm and 6pm. As a result of this, they allocated a carer on each floor to organise an activity in the afternoon between these times. We also saw that the issue of safeguarding was included on each staff member's appraisal and was also discussed in their group supervision. However, there had not been a review of this analysis or action implemented to see if it had worked in reducing the number of altercations between residents.

There were systems in place to ensure staff were suitable to work with people prior to them starting their employment. All staff members had been required to provide references from previous employers and complete a check with the Disclosure and Barring Service (DBS). The DBS checks helps providers reduce the risk of employing staff who are potentially unsafe to work with vulnerable people.

There was a domestic team in place to ensure the home was clean and tidy and we observed planned and responsive cleaning during our inspection. We saw that personal protective equipment (PPE) was used appropriately to prevent infection when supporting people.

Good

Is the service effective?

Our findings

Staff told us they received regular support and advice from their line manager, which enabled them to do their work and undertake training and other courses. One staff member told us they had completed a foundation degree which was sign posted by the provider. Regular team meetings and individual meetings between staff and their managers were held. This gave staff an opportunity to discuss their performance and any training requirements.

Staff told us they had completed an induction when they first started working at the home. Completion of the induction ensured they understood their role and responsibilities. The induction included training in all areas the provider considered essential and a period of working alongside more experienced staff. This was linked to the Care Certificate. This is a set of standards that aims to develop the skills, knowledge and behaviours of the care staff to ensure they provider compassionate and high quality care and support.

We observed interactions between people and staff and saw people were offered choices and asked to consent to their care and support. Where people could not verbally communicate, we observed staff supporting people to make their own decision. For example, showing people at lunch time their meal options visually.

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 people lack the capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff were able to tell us how they encouraged person centred care and support people to make choices about their care and support. This showed they understood the law and that their practice was in line with this.

Where people lacked the capacity to make all of their own decisions, mental capacity assessments had been undertaken to establish what support was needed for the person to be involved in making specific decisions. However where decisions were made on behalf of the person there were not always documents in place to explain who had been involved in the decision making process. We also found that where people had been legally appointed someone to make decisions on their behalf, the provider had included this in the person's care plan but had not always obtained evidence of this.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked to see if the service was working within the principles of the MCA and whether there were any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had made applications to the appropriate authority when they felt it was necessary to restrict a person's freedom to keep them safe. They had a system in place to monitor applications and authorisations of DoLS.

We saw that the décor was dementia friendly and there were signs to indicate where the lounge, dining room, and toilets were located. Some people also had a sign and a memory box by their bedroom door to help them locate it. In the lounge area there was information on display to assist people in recognising the day of the week, and the time of year.

Most of people we spoke with commented that the food was very good at Castlecroft, saying there was always a choice of meal. One person said, "I have no grumbles about the food. I like it" and another told us, "The food here is always good. If I don't want any of the meal choices then the staff will get me something else. They have got to know what I like to eat". A daily menu was displayed in the dining area and people were asked for their choice of meal. The chef told us, "If people want something different, this is no problem. We can always accommodate people's individual requirements".

The majority of people were able to eat without any assistance from staff. Where people needed support to eat, we observed staff providing this support appropriately and sensitively. Food and drinks were available throughout the day to encourage people to eat and drink as much as they liked and there were no restrictions on meal times. People also had drinks available in their room and they were placed within reach. Staff were aware of people's dietary needs and systems were in place to ensure they were kept up to date and included people's preferences.

People were supported to maintain their healthcare needs and had access to healthcare services. The registered manager requested the district nursing team and made referrals to other health care professionals visit the home when a need was identified. We saw in people's care records that referrals had been made to the mental health team and there was regular input in people's notes from health professionals such as the district nursing team and GPs.

Good

Is the service caring?

Our findings

People and relatives we spoke with spoke positively about the staff. One person said, "They are very good to me, very kind and caring" and another person said, "The girls are as good as gold, not one of them I don't like, and they are like my mates". A relative we spoke with said, "All the carers are brilliant, they treat everyone very well and respectfully. The staff here make it a lovely place to be for my relative and me". We saw interactions between staff and people were kind and compassionate and staff had a supportive approach.

People spoke positively about the way they were cared for. One person said, "The staff are caring and treat me with respect". We observed that staff respected people's dignity and privacy when assisting them with their personal care needs. Staff were able to give an account of how they promote people's dignity and respect. For example by keeping doors closed when people are using the toilet or getting dressed. We saw staff knocked on people's bedroom doors and waited to be invited in.

There were a number of communal areas where people could meet with friends and relatives in private if they wished. People were supported to maintain relationships and family and friends could visit when they wanted to. We saw relatives having their meal with people living there and there was a relaxed atmosphere during these times.

People and their relatives told us they were pleased with their room and were encouraged to personalise it how they wished. People had pictures of family and friends around them and some had memory boxes on their door which were personalised to them.

People we spoke with told us they were involved in their care and were given choices. People told us they could get up and go to bed when they wanted. One person said, "It is up to you whether you have a shower or a bath and I just need to ask if I want one". Another person told us, "I can stay in my room or come into the dining room whenever I want to".

We found that people were supported to be independent. One person we spoke with told us they administer their own medication, which was kept in their bedroom. We also saw that one person who enjoyed helping and being busy was encouraged to set the table and tidy up at meal times.

Good

Is the service responsive?

Our findings

People told us their needs were met in the way they preferred and in a way that was responsive to their needs. They told us that they can go to bed and get up when they wish and that they can choose if and when they go into the communal areas. One person said, "By choice I don't take part in activities as I can't hear very well". Staff confirmed that they felt able to meet people's needs promptly and how they wished. They said, "I feel there is enough staff to meet people's needs" and "Each one of the residents receives safe, person centred care. Staff give their all".

People we spoke with told us they felt they were kept up to date with their care and that their relatives were informed as required. One person said, "My relatives know that I am being well looked after and the home will contact them if need be". Relatives we spoke with said they felt informed about the care of their family member. One relative told us, "If there has been any issues like my relative having breathing problems in the night or having a fall, I get a call straight away which is reassuring as I know that the staff have identified a problem and are dealing with it".

Whilst people or their relatives had been involved in planning their care when they came to the home, care records lacked information on how relatives and people were involved in reviews of their care, when things changed.

Staff told us they were able to respond to how people were feeling, and to their changing health or care needs because they were kept updated about people's daily support needs at a handover meeting at the start of each shift. The handover meeting provided staff with information about any changes in people's needs since they were last on shift and staff had a good knowledge of people's needs including their preferences, likes and dislikes.

There was an allocated member of staff to engage people in activities within the home and to organise trips out in the local community. All residents had access to the lift to ensure they could participate in activities on different floors. People from the ground floor told us they go upstairs to take part in activities on the second floor. One person said, "Today we have [name of singer] coming and I will be going upstairs to see him as I remember all the songs he sings and it's great". Other people were seen dancing and being supported to participate in the music and dancing. We saw that staff and volunteers had opportunities to spend time with people individually to provide person centred activities.

The registered manager told us that the activities coordinator had implemented something called 'stay and play'. This involved the care home having links with local nurseries and children visiting the home and interacting with residents. We saw photos of people smiling and engaging in these activities. They also had volunteers from different universities that they had been working closely with. During our inspection, we saw volunteers on each floor sitting with people and interacting or supporting them to take part in activities.

The provider had carried out a survey with people and their relatives, the findings were on display within the home. It showed that most people were happy with the care they received. People and relatives we spoke

with confirmed this. One relative said, "We are pleased, happy and satisfied with the home and the care that our relative gets".

There was information on how to make a complaint displayed within the reception area of the home and an easy read complaints procedure was available for people. People and their relatives told us they knew how to raise concerns and felt able to do so if needed and we saw them approach staff and the manager with everyday queries throughout our inspection. One relative we spoke with said, "I feel confident that I could approach the manager and deputy manager if I did have any concerns". Another relative told us that when they had raised a concern with the registered manager, the matter was dealt with, "Quickly and efficiently and in a way that I was happy with". However, some people and their relatives also told us about concerns they had raised with the deputy manager and registered manager and this feedback had not been captured.

There was only one recent complaint in their complaints log. The regional manager had dealt with this and completed an investigation. The action from this was that a detailed risk assessment would be completed regarding an environmental issue at the home. However, this had not been updated since Summer 2017. Since our inspection the registered manager has provided a copy of the risk assessment which has now been updated.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection, we rated the provider as 'requires improvement' in the key question 'Is the service well-led?' We found although improvements had been made, care records relating to people's care and treatment were not always robustly maintained and updated to reflect changes in people's needs and risks. We also found that the audits of care records did not identify the shortfalls that were identified during inspection. At this inspection, we found there had not been improvements made in relation to these areas and this demonstrates that systems to audit the quality and safety of the service were not always effective and that the required improvements have not been made or sustained.

There were systems in place to improve the quality of the service. These included spot checks completed by the registered manager and deputy manager, monitoring visits by the providers internal quality assurance team as well as monthly audits for things such as medication, falls, care records and safeguarding incidents. However, we found that these systems had not identified some of the areas for improvement that we found during our inspection.

Their medication audit had not identified that some people did not have a protocol in place for their 'as required medication'.
The registered manager had completed an analysis of the safeguarding incidents that involved altercations between residents. They highlighted trends and put actions into place to try to reduce the number of altercations between residents. However, this had not been reviewed to see if it had been effective.

We found systems in place did not ensure care records were reflective of people's current needs and how to meet them. For example, one person's care records did not have consistent and up to date information regarding how a person moves around the home.

The providers systems to audit had not identified that peoples risks were not always effectively assessed, managed and reviewed. For example, they did not always include triggers and ways to respond in relation to behaviours that may challenge.

We found that some people had life histories in place but this was not consistent for all care records reviewed on the day of inspection. Following our inspection, the registered manager told us they would be devising an activity plan and life history for each resident to include their likes, dislikes, hobbies, interests and an about me section.

The home practiced resident of the day, where one person was picked per day from each floor to have their care plan audited, domestic checks for their room completed and nutritional information checked and updated if required. However this system had not picked up these shortfalls in people's care plans and risk assessments.

We saw the registered manager had an action plan in place to drive improvements within the home. This included all areas for improvement identified by all audits complete. However, the registered manager

informed that she had not updated it for five weeks at the time of inspection but we saw it had been reviewed with the regional manager two weeks prior to inspection.

The provider used feedback to drive improvement within the home. They had various methods of capturing feedback from people and their relatives and informing people of what was happening within the home. This included a suggestion box in reception, their website where people could post reviews and a newsletter had been introduced. The registered manager kept a 'grumbles log' to capture verbal feedback or queries as well as formal complaints. We found these had been dealt with in a timely manner.

They had regular resident and residents meetings and the minutes from these meetings showed there had been suggestions from relatives that had been taken forward and used to develop the service. For example, there had been complaints about the food, in particular the meat that was being used, this had been discussed with their head office and a new supplier had been found.

We found that the provider had strong links with the local community; they had volunteers twice per week from local colleges and universities. These volunteers were providing one to one interaction for people and supporting during activities. We saw residents enjoying this company and interaction. They also had links with local nurseries and churches to meet people's religious needs.

The staff and manager within the home had good relationships with visiting professionals including the mental health team, doctor's surgeries and district nursing team. Professionals we spoke with said the manager and staff are good at reporting concerns quickly and felt they had a good relationship with them. Relatives we spoke with confirmed this. One relative said, "The home spotted that my relatives eyes were red and got an optician in very quickly, they prescribed eye drops and staff are putting them in as requested".

There was an experienced registered manager at the home during our inspection. The management team consisted of a registered manager and a deputy manager. They were visible within the home throughout our inspection.

People and relatives we spoke with said they felt the home was well-led. One relative we spoke with said, "We all think that it is a well run home and there are enough staff on duty throughout the day. I would recommend this home to anyone". Another relative said, "I am confident I could approach the manager and deputy manager if I had any concerns".

This was a large service and the registered manager and staff team were reliant on good communication to keep them up to date with what was happening. They had daily ten-minute meetings held in the morning to discuss any updates, changes and identify who resident of the day was. Staff told us that they had regular supervision and a yearly appraisal and felt the manager and deputy manager was approachable. They told us, "We can always turn to [manager] if and when needed we are always kept up to date regarding our residents and the home" and "We have regular team meetings. I find these great. I feel I can say what I need to say as we are always listened to".

All organisations registered with the Care Quality Commission (CQC) are required to display their rating awarded to the service. The registered manager had ensured this was on display within the home and on their website. The provider had correctly notified us of any significant incidents and events that had taken place. This showed that the provider was aware of their legal responsibilities.