

Castlemead Court Care Centre Limited

Castlemead Court Care Centre

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

Castlemead Court Care Centre is registered to provide accommodation and support for up to 79 older people, ranging from frail elderly to people living with dementia. On the day of our visit, there were 74 people living in the home.

The inspection was unannounced and took place on 16 January 2015.

The service had a registered manager. 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.

Summary of findings

People were protected from abuse and felt safe at the home. Staff were knowledgeable about the risks of abuse and reporting procedures. We found there were sufficient staff available to meet people's individual care and support needs. Safe and effective recruitment practices were followed and people were involved in the selection of new staff.

There were suitable arrangements for the safe storage, management and disposal of medicines. We found that, where people lacked capacity to make their own decisions, consent had been obtained in line with the Mental Capacity Act (MCA) 2005.

The CQC is required by law to monitor the operation of the MCA 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. We found that applications had been made to the local authority appropriately in relation to people who lacked capacity and who lived at Castle Court Care Centre.

People had access to healthcare professionals such as GP's and mental health specialists when needed. They were given appropriate levels of support to maintain a

healthy balanced diet and were looked after by staff that had the skills necessary to provide safe and effective care. People told us they were happy at the home and that staff treated them with kindness, dignity and respect. Relatives were also positive about the care and support provided. We saw that staff knew people well and met their needs in a patient and caring way.

People told us their needs were met and they were supported to take part in meaningful activities at the home. We saw that people who lived at the home and staff had been involved in developing aspects of the service and how the home was run. They were encouraged to have their say about how the quality of services could be improved and were positive about the leadership provided by the manager. We saw that a system of audits, surveys and reviews were also used to good effect in monitoring performance and managing risks.

We found that the home had good leadership and that the staff were positive in their desire to provide good quality care for people. The manager demonstrated a clear vision and set of values based on person centred care and independence. These were central to the care provided and put into practice by staff for the benefit of everyone who lived at the home.

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.

People were protected from abuse and avoidable harm by staff that understood the risks and knew how to report and deal with concerns.

There was sufficient staff available to meet people's individual needs and keep them safe.

Effective recruitment practices were followed.

People's medicines were managed safely by staff that had been trained.

Good



Is the service effective?

The service was effective.

People's consent to care and support had been obtained properly in line with the MCA 2005.

People's health and nutritional needs were met effectively.

People were looked after by staff that had the knowledge and skills necessary to provide safe and effective care and support.

Good



Is the service caring?

The service was caring.

People and their relatives were positive about the way in which care and support was provided.

Staff were knowledgeable about people's needs, preferences and personal circumstances.

People told us they were happy at Castlemead Court Care Centre and that staff treated them with kindness, dignity and respect.

Good



Is the service responsive?

The service was responsive.

People were able to raise complaints or issues of concern and provide feedback about their experiences.

People had been fully involved in discussions about how their care was assessed, planned and delivered.

People told us they had a voice and that staff listened to and acted on their views about all aspects of their care and how the home was run.

Good



Is the service well-led?

The service was well led.

The quality assurance and governance systems used were effective and there was a clear vision and set of values which staff understood.

Good



Summary of findings

The service promoted a positive and inclusive culture. People, their relatives and staff were encouraged to share their views and help develop the service.

The manager demonstrated visible leadership and had put systems in place to drive improvement and improve the quality of service.

Castlemead Court Care Centre

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 checked 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 was undertaken by one inspector.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We used a number of different methods to help us understand the experiences of people living in the service. We saw how the staff interacted with the people who used the service. We observed how people were supported during their breakfast and lunch time meals. .

We used 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 nine people who used the service. We also spoke with the manager, four relatives of people who used the service, a visiting healthcare professional, two team leaders, six care workers and two members of the housekeeping team.

We reviewed care records relating to five people who lived at the home and four staff files that contained information about recruitment, induction, training, supervisions and appraisals. We also looked at all areas of the home during the inspection and carried out observations in communal lounges and dining rooms. We also looked at further records relating to the management of the service including quality audits.

Is the service safe?

Our findings

We spoke with people who used the service, and observed those who were unable to communicate with us verbally. People told us they felt safe from harm and staff supported them to raise concerns or inappropriate behaviour. A relative told us, “I am so confident that my relative is safe here that I feel I can reduce the number of times I visit. I have total peace of mind.” We observed positive interactions between staff and people and found that people were relaxed in the presence of staff who understood what they needed to do to keep people safe. One person said, “I know I am safe here. I wouldn’t stay if I wasn’t.”

Staff had a good understanding of the different types of abuse and how to report it, so the risks of abuse to people who used the service were minimised. One person commented, “Yes I feel safe here. The [staff] know me and I trust them.” We saw that advice about how to report concerns was displayed and included contact details for the relevant local authority. Records showed that the manager documented and investigated safeguarding incidents appropriately and had reported them to both the local authority and CQC. We spoke with five members of staff, about safeguarding and what they would do if they suspected abuse was taking place. They all told us they had received training about how to recognise and report abuse and training records confirmed this. The staff we spoke with told us they were confident that any concerns reported to the manager would be effectively dealt with to make sure people were safe. This meant that people were protected from the risk of abuse because staff were trained to identify signs of possible abuse and knew how to act on any concerns.

We saw that risks to people’s safety had been assessed and were linked to care plans which considered risk factors. These included risks associated with malnutrition and falls in addition to behaviours which may challenge the service. Staff confirmed that risk assessments were reflective of people’s current needs and guided them as to the care people needed to keep them safe. One staff member said, “We all know how important risk assessments are. They make sure people still have their freedom while keeping them as safe as we can.”

Health and social care professionals who visited the home were positive about how risks were identified and managed in a way that promoted people’s development and independence. One visiting district nurse commented, “Staff are knowledgeable about each person. If they are unsure about anything they will always ask to avoid making mistakes. I have no concerns.”

We looked at the staff rotas and saw that systems were in place to manage and monitor how the staffing was provided. One person told us, “I never have to wait long for someone to help me.” This person then pressed their call bell because they were slipping down in their chair and required assistance. Staff appeared within one and a half minutes.

Decisions about staffing levels were based upon people’s needs and dependency levels. The staff we spoke with told us there were enough staff on duty to meet people’s needs. We found that people’s needs were kept under review to ensure staff with the necessary skills; abilities and experience, were available to provide appropriate care and support. For example, on the day of our visit we saw that the manager had provided extra staff to help support one person, who displayed behaviour that challenged the service, in a safe and effective way.

Staff recruitment records we looked at showed that all the required checks had been completed prior to staff commencing their employment including a Disclosure and Barring Service (DBS) criminal records check, previous employment references and a health check. This ensured only appropriate care workers were employed to work with people at the home and were clear about their roles and responsibilities.

We looked at the arrangements in place for the safe storage and administration of medicines and found these to be safe. We found that people were supported to take their medicines by staff trained to administer medicines safely. There were suitable arrangements for the safe storage, management and disposal of people’s medicines, including controlled drugs.

Is the service effective?

Our findings

People who used the service received effective care and support because staff had the right knowledge about the people they cared for and the necessary skills to meet their individual needs. We spoke with people about whether they received the right care to meet their needs. One person said, “I have a lot of things wrong with me. The [staff] know how to deal with all of them. I’m very lucky.” Relatives were also positive about the skills used by staff to help people develop and enjoy a good quality of life. One relative commented, “My [relative] is absolutely well looked after. If there is ever a problem the [staff] always try and find a solution.”

Staff were appropriately trained and supported to perform their roles and meet people’s needs. New staff were required to complete an induction programme and we saw copies of these in staff files. We spoke with five care staff that were complimentary about the training they received. One member of staff told us, “The training is very good and is suitable to the home and the people who live here.” A visiting district nurse told us, “The staff definitely have the skills and knowledge they need to care for the people living here.”

Staff told us they received regular supervision and annual appraisals and the records we reviewed confirmed this. We were told that supervisions covered training and development needs, concerns regarding individuals using the service and ideas for improving the service. Staff told us supervisions were useful for their personal development as well as ensuring they were up to date with current working practices.

We saw that staff asked people for their consent before providing care and support. People told us, and records confirmed, that people’s consent was always obtained about decisions regarding how they lived their lives and the care and support provided. One person commented, “[Staff] always make things clear to me. There is no confusion.”

Staff and the manager had received Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training. They demonstrated a good understanding and were able to explain how the requirements worked in practice. DoLS apply when people who lack capacity are restrained in their best interests to keep them safe. We

found that where people were subject of a DoLS authorisation, all the necessary documentation had been completed. We found that people’s capacity to make decisions had been properly assessed and they were supported to access independent advocacy services where necessary and appropriate.

During this inspection we found that people were provided with a choice of suitable and nutritious food and drink to meet their dietary needs. One person told us, “The food is lovely. It doesn’t get any better than this.” Relatives we spoke with did not raise any concerns about the food. One relative commented, “I know my [relative] gets enough food but I always bring in a Sunday lunch for them.” We saw that that this person had a microwave oven and fridge in their room. They told us they often liked to cook simple meals in the microwave and staff supported them to do this.

We observed that portion sizes were good and people were asked if they would like some more. There was a choice of drinks available to people and we saw snacks being given to people throughout the day. Daily menus were on display and these included a choice of main meal or other alternatives such as omelette or baked potatoes.

People were supported to maintain good health and access relevant healthcare services where necessary. Staff we spoke with demonstrated a good understanding of people’s health needs and told us they supported people at health appointments. One person commented, “I know I can count on the staff to explain everything to me.” A relative said, “Communication is very good here. We are given information that we understand and the staff are very supportive and will explain anything we are not sure about.” Another relative told us, “We had some problems with transport for my relative who has to visit the hospital on a regular basis. The manager has spent a lot of time and effort sorting this problem out for us. It’s now as it should be.”

People told us, and records confirmed that their health needs were frequently monitored and discussed with them. Risk assessments were used to ensure that care plans accurately reflected and met people’s needs. This included areas such as mobility, physical and mental health and medicines. Health and social care professionals were positive about the home and the care and support

Is the service effective?

provided. A visiting district nurse told us, “The manager and staff team work together and follow our advice. They have the necessary training and all staff are knowledgeable about the people who live here.”

Is the service caring?

Our findings

People told us they were happy living at Castlemead Court Care Centre and that staff were kind, caring and respectful of their right to privacy. One person said, “The staff are lovely and I feel lucky to be here. They all treat me with such kindness. Nothing is too much for them.” Another person told us, “The staff are very good. They know exactly how to look after me.” During the inspection we observed that staff were patient and took time to listen and observe people’s verbal and non-verbal communication. One relative told us, “The staff here are lovely and that’s without exception. I know they care for my [relative].”

We saw that staff supported people in a kind, patient and respectful way at all times. Staff and people interacted and engaged positively. The atmosphere was calm and friendly and there were relaxed conversations taking place throughout the day. Staff were observed to be courteous and respectful, giving people time to understand what they needed to do and communicate their response. We saw staff reassure and comfort one person who had become anxious and upset. They acted with compassion and supported the person through their anxiety.

People were able to decide what time they got up and how they spent their day. One person liked to get up late on occasions and we noticed that staff supported this person later in the morning when they asked for assistance to get washed and dressed. Another person had two tortoises. The home had made an area within the home to house the tortoises which was accessible to the person using the service so they could attend to them.

People had their own bedrooms with keys to lock them if they wanted. We found that rooms had been decorated to

reflect people’s personal taste and there were photographs and other personal possessions on display. Communal areas contained photographs of people taking part in various activities and added to the homely feeling.

We saw that staff knocked on people’s doors and asked for permission before entering their rooms. A member of staff commented, “I love my job. I treat people how I would want to be treated. We are lucky here because all the staff have the same values.” We saw there was a room available if people wanted private conversations or time alone with visitors in an area other than their bedroom. If people expressed a wish to be assisted with someone of the same gender their wishes were respected. One person said, “I always have a female carer and I’m so grateful they respect my wishes.”

People said staff encouraged and supported them to express their views and make decisions about how things were done. We observed people were involved in making day to day decisions. For example, we saw that one person liked to have their meals in front of the television. At lunch time we went to the dining and saw this person was by the television eating their lunch. During the day we saw people going out to various places and others choosing either to go to their room or spend time in communal areas. This demonstrated people had control over their day to day lives.

People were supported to maintain their independence and staff told us they encouraged people to do things, rather than taking over from them. For example, we saw that one person was able to have a microwave oven in their room to provide their own meals if they wished. There was detailed information for staff on how to support people within their care records and staff told us that the care plans gave them guidance on how to support people with every aspect of their routines.

Is the service responsive?

Our findings

People told us that they received care and support that was specific to their needs and was reviewed regularly. We asked people if staff included them in their care and one person said, “I am always involved in my care. I feel I can say what I need and staff don’t argue with me. They respect my wishes.” Another person told us, “The staff always ask me what help I need.” Throughout the day staff responded to people’s need for support in a timely fashion.

People had been fully involved in discussions about how their care was assessed, planned and delivered and this was confirmed in discussions we had with people and relatives. One relative told us, “I need to make the decisions for my [relative]. I am always involved with every change to my [relatives’] care.”

Staff told us that care plans enabled them to understand people’s care needs and to deliver them appropriately. We saw that care plans were reviewed regularly to ensure they accurately reflected people’s current needs. Care plans contained detailed information about people’s health and social care needs. They were personalised and contained information about people’s background, personality and preferences. There was clear guidance for staff on how people liked their care to be given and detailed descriptions of people’s daily routines. We could see that people, and where appropriate, their family were involved in the care planning process which meant their views were also represented. We saw that promoting choice and independence were key factors in how care and support was planned and delivered.

We saw that staff kept daily progress notes about each person which enabled them to record what people had done and meant there was an easy way to monitor their health and well-being. We found that any changes were recorded and plans of care adjusted to make sure support was arranged in line with people’s up to date needs and preferences.

It was evident that people were protected from the risk of social isolation because staff supported them to engage in activities inside and outside of the home. People told us they had access to a range of activities which suited their individual interests and we saw these advertised throughout the home in communal areas. These included coffee mornings, hand and nail care, quizzes, arts and crafts and singing. One person said, “There is a lot to do. The other day we had some one playing the guitar and singing. We also had a baritone who was brilliant.” We saw people taking part in activities throughout the day of our inspection.

People were encouraged to raise any concerns, worries or problems they had either to the registered manager or senior staff. Systems were in place in respect of the complaints and concerns process. These gave the details of relevant contacts and outlined the time scale within which people should have their complaint responded to. We found an easy read version of the complaints policy within people’s records and displayed on notice boards throughout the home.

We observed 'residents meetings' advertised on notice boards throughout the home, with dates for the year. People told us they had a voice at the home and felt they were listened to. One person told us, “If I have anything to say I know I can say it at the meetings. They really take notice of what we say.” We were told that people and their family members received a satisfaction questionnaire to complete on a regular basis, which enabled them to give their feedback as to the quality of service they received and to make suggestions for improvement or change. Where comments had been made, we found that action plans had been developed so that corrective action could be taken. The actions taken by the home were advertised on notice boards throughout the home.

Is the service well-led?

Our findings

People who lived at the home, relatives, staff and care professionals who had visited were all positive about the manager and the way the home was managed. One person commented, “The manager always gets things done. She is very good.” Another person said, “I have had some concerns and the manager has always sorted them out for me.” A relative told us, “The manager runs a tight ship and that makes a difference. It fills me with confidence.”

During our inspection we saw there was a positive, forward thinking and open culture within the home. Staff told us there was good team working and senior staff had a good knowledge of all aspects of the service, the people using the service and the staff team. One staff member told us, “We all work well together. We are very well supported by the manager and the staff team.” A visiting district nurse said, “The team are very knowledgeable and work well together. I don’t have any worries about people living here.”

We found that person centred care and choice were key to how the home operated and how support was provided. Staff told us that they were constantly reminded about the importance of promoting people’s rights, choices and independence. Staff said they were happy in their work and felt that this enabled them to provide good quality, effective care for people.

Staff told us they had regular meetings and these were an opportunity to raise ideas. They told us they believed their

opinions were listened to and ideas and suggestions taken into account when planning people’s care and support. The manager held a weekly surgery where people could talk with the manager about any concerns they may have.

People who lived at the home, relatives and staff had been actively involved in developing aspects of the service. They were encouraged to have their say about how the quality of services provided could be improved. For example, people had been encouraged and supported to comment on the menus and these had been changed to reflect people’s likes and dislikes. A member of staff told us, “We are encouraged to bring forward our ideas and opinions.” Staff also said they felt able to challenge ideas when they did not agree with these. They said that communication was good and felt they were able to influence the running of the service.

We saw that a system of audits, surveys and reviews were also used to good effect in obtaining feedback, monitoring performance, managing risks and keeping people safe. These included areas such as infection control, medicines, staffing and care records. We saw that where areas for improvement had been identified action plans had been developed which clearly set out the steps that would be taken to address the issues raised. Records we looked at showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.