Indigo Care Services Limited

Castleford Lodge

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The service was inspected on 10 and 24 April 2017 and was unannounced. The service had previously been inspected on 8 December 2016 and as the overall rating for this service was 'Inadequate' the service was placed in 'Special measures'. Services in special measures are kept under review and inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. This inspection was therefore carried out to check improvements had been made.

Castleford Lodge provides accommodation and nursing care for up to 61 older people, some of whom may be living with dementia and other mental health illnesses. There were 31 people living at the home on the days of our inspection. The accommodation is arranged over two floors with the dementia nursing unit on the ground floor and the nursing and residential unit on the second floor. There is a passenger lift operating between the two floors.

There was no registered manager at the service at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our previous inspection we found people were not protected from harm by other people living at Castleford Lodge as staff were not always available to observe and respond to incidents. At this inspection we found staffing levels had increased which meant staff were more visible and responsive to people at the home. In addition, measures had been put in place to ensure there were more objects around the dementia friendly area to provide occupation for people such as prams, a wheel barrow, dolls and sensory items.

At our last inspection we found moving and handling risk assessments and care plans were not completed adequately and we saw poor moving and handling practice during our inspection. At this inspection we saw improvements had been made in this area and we saw no poor moving and handling practice during this inspection. Systems to ensure assistive equipment was in good working order had improved and we saw a wheelchair with missing footrests had been removed from use and placed in the manager's office until the plates could be located.

At our last inspection we found areas of the home were not always thoroughly clean to ensure the risk of infection was minimised. At this inspection we found liquid soap and personal protective equipment were in place to ensure good practice was followed and the registered provider had implemented systems to ensure areas were cleaned thoroughly.

We found decision specific mental capacity assessments had been carried out for people living in the dementia unit which were compliant with the Mental Capacity Act 2005 and there had been an

improvement on the nursing unit. Staff would be receiving further training to fully embed the principles of the Act. Deprivation of Liberty Safeguards had been appropriately applied for and authorisations were in place or awaiting authorisation by the relevant body. The registered provider had obtained confirmation of Lasting Power of Attorney's for health and welfare decisions to ensure consent obtained from family members was lawful. Recorded consent in people's care files had improved to evidence they had consented to care and treatment.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's weights had been consistently recorded to ensure those at risk of weight loss were adequately monitored and there had been an increase in people's weights since our last inspection, assisted by the access to snacks during the day and the fortification of meals in addition to staff recording who had eaten.

We observed staff were kind and caring when they were supporting people with care. They treated people with dignity and respect.

Although record keeping had improved at the service further improvements were required to ensure accurate care plans, evaluations and monitoring. The registered provider was changing the system of recording to an electronic system with hand held records. The daily monitoring of care interventions showed an improvement to the paper based system as staff could input information as soon as care was provided.

There had been a lack of leadership at the home and audits had been completed poorly at our last inspection. Leadership had improved and the registered provider had regular input into the service to measure improvements and was effectively assessing and monitoring the quality of the service provided to people and as a result improvements were on-going. Systems and processes were more robust to ensure the service was working towards full compliance with the regulations.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

We identified a breach of Regulation 17 (good governance) at this inspection. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staffing levels were appropriate to meet the needs of the people who lived at Castleford Lodge.

The environment was clean, and equipment maintenance schedules were in place to ensure people were protected from harm.

Medicines were administered safely but we found recording practices required further improvements

Is the service effective?

Requires Improvement

The service was not always effective.

The registered provider ensured people's nutritional and hydration needs were met consistently.

Mental capacity assessments on the downstairs unit were decision specific, and assessment on the nursing/residential unit had improved but required further detail to ensure there was a record of people consulted in line with the legislation.

We saw evidence staff were appropriately referring on to speech and language therapy, dieticians and other health professionals when the need arose.

Is the service caring?

Good

The service was caring.

We saw staff were kind and compassionate when dealing with people at the service.

We saw staff reassured people who were anxious or support people requiring assistance and they treated them with dignity.

People's privacy and dignity was respected.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Records had improved but we found some records difficult to navigate and some gaps in the paper records to evidence care had been provided. However, the service was moving to an electronic system which is intended to improve this.

Staff knew people well and how to support them.

The activities coordinators were effective in their roles and we saw staff engaged people in meaningful occupation.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Governance, management and leadership at the home had improved.

Management audits had improved and there was registered provider oversight at the home. Actions arising from the medicines audit had not always been transferred to the overall audit and further improvements were required.

The registered provider had made improvements but needed to demonstrate these improvements were sustained to ensure the quality of the service provision continued to improve.

Castleford Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of three adult social care inspectors and specialist pharmacist inspector.

Prior to the inspection we reviewed all the information we had about the service including statutory notifications and other intelligence. We contacted the local authority commissioning and contracts department, safeguarding, infection control, the fire and police service, environmental health, the Clinical Commissioning Group, and Healthwatch to assist us in planning the inspection. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We reviewed all the information we had been provided with from third parties to fully inform our approach to inspecting this service.

The registered provided had not been asked to complete 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 used a number of different methods to help us understand the experiences of people who lived in the home. We observed care in both units and observed the lunch and teatime experience.

We interviewed the head of care, the area manager, the deputy manager, the cook, two nurses and two care staff. We spoke with four relatives and visitors and three people using the service, two nurses and two care staff.

We reviewed five care plans and associated records. To help us review medicines administration at the home, we looked at six Medicines Administration Records (MARs). We also checked the management records at the service and records of maintenance and safety checks.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection we found the registered provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment and Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Fit and proper persons employed. At this inspection we checked for improvements in this area and found the service had improved.

At our previous inspection we were concerned about how the service managed the risks to people living at Castleford Lodge to ensure they were safe. People had not always had risks fully assessed and were at risk from other people whose behaviour challenged, staff were not deployed appropriately, people were at risk of malnutrition and dehydration, poor equipment, inappropriate moving and handling and unsafe medicines management.

At this inspection we saw improvements had been made in how staff at the home assessed and managed risk in relation to moving and handling. People had risk assessments and moving and handling care plans in place. In two care files we saw detailed descriptions with photographs on how to utilise a slide sheet. The method for use of the hoist and slings and bathing equipment were not as detailed as this, and one person's specialist seating had not been mentioned in their moving and handling care plan. When this was brought to the area manager's attention, they agreed to consider implementing the more detailed information sheets for all moving and handling tasks. We saw safe moving and handling practice during this inspection. Systems to ensure assistive equipment were in good working order had improved and we saw a wheelchair with lost footrests had been removed from use and placed in the manager's office until the plates could be located. This demonstrated that the registered provider had effective systems in place to ensure people were protected from harm.

We found there was a lack of risk assessments around the use of assistive equipment such as wheelchairs at the last inspection. At this inspection there had been some improvement in this area and in one care file we reviewed we found a risk assessment in place in relation to a wheelchair. This person also had a falls risk assessment in place which contained risk reduction measures such as "Staff to make sure wheelchair is positioned at side of bed with brakes on." This meant the service was assessing risk and reducing risks where risks had been identified.

There had been inadequate staffing levels at the home at our last inspection. Staffing numbers had increased following the inspection and the number of people living at the home had reduced. There was a dependency tool in place at the home to determine the number of staff required to meet the needs of the people living at the home. This showed staffing levels were higher than the tool indicated as required, but the area manager told us the manager at each of the registered provider's homes made the decision on staffing levels to ensure there were sufficient staff at their home, and these were not based solely on the tool. In the absence of the home manager, the area manager had the responsibility for determining the staffing levels at Castleford Lodge. We observed call bells were answered in a timely way during our inspection and those people who could not use call bells and who remained in their bedrooms had observation charts in

place to record staff had checked people. Staff told us they thought they had enough staff currently but that levels would need to be revisited if the number of people living at the home increased. One member of staff said, "Staffing level are good. We have time to do what we need to do and chat to people."

Staff had received training in how to keep people safe. All the staff we spoke with demonstrated they understood how to ensure people were safeguarded against abuse and they knew the procedure to follow to report any safeguarding incidents and to raise concerns if they were concerned about a colleague's practice. Staff told us people were safe and if they had any concerns about a colleague's practice they would report this. One member of staff said, "If I had a complaint and nothing happened I would go straight to the top as this wasn't happening before." One said, "What I have seen people are safe and looked after."

People told us they were safe. We received comments such as "Yes, I do," and "Yes, I get fed up at times but always safe." One person told us staffing levels quietened down between 2 and 4 pm. Relatives told us staffing levels had improved. One person said, "It was bad, but has improved. At the minute it's not bad." Another said, "They are getting it right now."

We looked to see how the service protected people from harm from people with behaviours that challenged others or themselves. We found numbers of staff on the downstairs dementia friendly unit had increased and they were deployed to ensure behaviours were de-escalated before they could cause harm. The additional staffing meant staff were more visible in communal areas and were able to be responsive to people at the home. In addition, measures had been put in place to ensure there were more objects around the dementia friendly area to provide occupation for people such as prams, a wheel barrow, dolls and games. On the first day of our inspection the prams and pushchair were in constant use by people living at Castleford Lodge and it was evident this intervention was having a positive effect on people's behaviours that day.

Accidents and incidents were analysed by the area manager and we reviewed January and March 2017 incidents and accidents analysis which demonstrated the registered provider was reviewing these to determine trends and themes to ensure people at the home were protected from harm.

We found Personal Emergency Evacuation Plans (PEEP) were in place to enable staff to assist people to evacuate the building if necessary. Although these were up to date, more information in relation to how staff should support people in addition to the number of staff required would provide unfamiliar staff all the information required to support people. The registered provider's training executive attended the home every six months to undertake fire drill training and ensure the staff were familiar with the evacuation procedures. This meant in the event of a fire staff would be able to respond to ensure the safety of people living at Castleford Lodge.

At our last inspection we found medicines were not always managed safely. During this inspection we checked to see if improvements had been made. We looked at six Medicines Administration Records (MARs) and spoke with two nurses responsible for medicines, as well as the area manager. The registered provider had installed two new medicines rooms at the home, to provide up to date facilities for the storage of medicines. People had not always received their medicines at our last inspection and the home had run of some people's medicines. We found this aspect of medicines management had improved at this inspection and medicines were administered safely but we found some continuing issues with record keeping.

We had previously found staff did not regularly carry out balance checks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). At this inspection we found regular checks had been carried out, however they were not undertaken every day on

the downstairs unit in accordance with the registered provider's policy.

During our previous inspection, we found medicines requiring refrigeration were not always managed safely. At this inspection, we saw the registered provider had purchased temperature data loggers for both of the medicines fridges. Staff regularly downloaded temperature readings which were stored on a computer; however they did not always record which fridge the records related to. In addition, temperatures had been downloaded at varying times which meant there were sometimes gaps in records. All of the temperature records we reviewed were within the correct range for storing medicines.

At our last inspection, there was a lack of written guidance to enable staff to safely administer medicines which were prescribed to be given only as and when people required them (also known as 'PRN'). At this inspection, we found most people had PRN protocols in place which set out the reasons for giving when required medicines, the dosage, and the desired effect. However, some of the protocols we reviewed did not contain sufficiently detailed information to enable staff to administer medicines safely. For example, one person was prescribed a spray which is used to relieve angina symptoms. The protocol did not state what action staff should take if the first dose was ineffective, for example using a further dose or requesting an ambulance.

We checked medicines stock balances recorded on people's MARs and found they were not always correct compared with the amount of remaining stock in the medicines trolleys; this had also been raised as a concern at our previous inspection. However there were adequate supplies of medicines to meet the needs of people living at the home.

We had previously found staff did not always record the use of fluid thickeners on the MAR, and there was no written guidance specifying how many scoops of thickener should be added to people's drinks to achieve the appropriate consistency. Following the previous inspection, the speech and language therapist was contacted to check what people should be taking. At this inspection, we reviewed records for three people who were prescribed a thickener and saw the number of scoops of thickener had been written on each person's fluid chart. However, in one case the amount stated did not match with the directions on the MAR or the dispensing label on the thickener. In addition, staff had not recorded when they had added thickener to people's drinks. This meant staff had not maintained a complete and accurate record of the treatment people had received. All the excess, unopened jars of thickeners we found at our last inspection had been removed from the service.

The area manager showed us medicines audits, the last of which had been carried out in March 2017. The audits were comprehensive and identified a number of shortfalls in medicines management, for example gaps in signatures on MARs, medicines stock balance discrepancies and poor documentation of when required medicines. Action plans resulting from these audits were not detailed, and for one audit completed on 23 March 2017 no action plan had been generated. Planned actions had not been followed up to ensure they were effective in improving practice. This meant the registered provider had not effectively monitored, and took steps to improve, the quality and safety of the services provided.

The above examples demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We previously had major concerns in relation to cleanliness at the home. Improvements had been made in this area, and refurbishments were on-going to improve the environment. We found personal protective equipment (PPE); soap and paper towels were replenished as required. There was the occasional odorous smell in some bedrooms, but once cleaning staff had been to these rooms as part of their cleaning rota, the

smells dissipated. Flooring in rooms had been changed to ensure they could be cleaned easily and to control infections.

At our previous inspection we found recruitment practices were not robust and gaps in employment history had not been explored. At this inspection we found all staff files had been reviewed and the registered provider was in the process of ensuring all records for staff had been measured against a checklist to ensure a full record was maintained for all staff. Each staff member had undergone a Disclosure and Barring Service (DBS) before they started work at the home. This demonstrated the registered provider was protecting people from harm by improving their recruitment practices.

Requires Improvement

Is the service effective?

Our findings

At our previous inspection we found people had not had their nutritional or hydration needs met appropriately and the registered provider had breached Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People had also not had consent sought in line with legislation and the registered provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we checked to see whether improvements had been made to ensure people had their nutritional and hydration needs me and we found a significant improvement in this aspect of care delivery both in terms of care provision and recording. We also checked to ensure consent had been lawfully obtained from people or those with the power to consent on their behalf.

People told us they liked the food. One person said, "I get a good breakfast. I get three meals a day. The food is good." One relative told us their relation was on a special diet and "They seem to offer a good range of choices."

We observed the lunchtime experience on both units. On the nursing unit, tables were set with placemats, cutlery, wine glasses and napkins. The lunch menu for the day was soup and sandwiches, and beans or tomatoes on toast. People were offered a choice of menu and we observed staff were kind and courteous to people, and asked if they had enough to eat.

We also noted people were offered a snack with their morning drink and there were snacks such as chocolate bars, crisps and fruit available throughout the communal areas for people to help themselves. Each unit had a kitchenette with an area called "Snack shop" where snacks and a fridge were available. We observed people were helping themselves to snacks so this was proving effective to add calories for those people who were constantly active around the dementia friendly unit.

We checked to see whether people who were eating in their bedrooms were appropriately supported and staff had been deployed to support people in a timely manner. One member of staff told us, "Some staff stay in the dining room whilst other staff support people in their bedrooms." We observed this member of staff support one person to eat in their bedroom. They afforded the person time to eat at their pace, and communicated throughout. The person said, "I do like that" in relation to the soup they were eating. After they had finished eating we checked their food and fluid chart which had been completed fully and staff had signed to confirm what the person had eaten.

At our last inspection there was no system in place to ensure everyone had eaten. At this inspection we found a checklist for staff to sign when people had eaten breakfast, dinner, tea and supper. We found not every person had their weight recorded weekly or monthly at our last inspection but at this inspection we found weights were recorded and there was a monthly weight loss action plan. Actions were signed off by the area manager to ensure they had been completed and there was oversight at registered provider level. There had been a significant increase in weight for those people we had concerns about at our last inspection which demonstrated the measures that had been put in place were effective.

We spoke with the chef as part of our inspection. They were aware of people's dietary needs and showed us how they fortified menus to enhance people's calorie intake and they kept custard shots made up in the fridge for those at risk.

As part of our inspection process we looked to see how the registered provider was supporting staff to develop knowledge and skills to provide a high quality service. The registered provider utilised a blended learning system for all staff and training was a mixture of e-learning and classroom based training. We checked the induction for new staff and found this to be comprehensive. Those staff who did not have an NVQ in care undertook the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Certificate gives care staff the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. As part of their introductory period, new staff shadowed existing staff to learn from more experienced staff. The area manager told us after new staff shadowed more experienced staff they met with the manager to gauge how confident they were and they made the decision at this point whether further shadowing was required or to place the staff member on a shift.

Two of the nursing staff had been identified to attend a clinical facilitator course provided by the local authority. This would enable them to become 'train the trainers' for clinical aspects of care delivery such as venepuncture, catheters, and syringe drivers. Nursing staff had also had their competencies checked and had met the standard expected. The area manager checked nursing staff pin numbers every month to ensure they continued to be fit to practice according to their regulatory body.

The registered provider's policy was for staff to receive six supervisions each year. At our previous inspection supervisions were not up to date but at this inspection we found these had been updated and most staff had received a recent supervision. Staff were in the process of receiving an annual appraisal to support their development and identify gaps in their knowledge and future training requirements. Staff told us they had received supervision and appraisal. One said, "We are having supervisions. I had one last month and an appraisal in March." Another member of staff told us they had discussed nutrition, fluid intake and how to maintain fluid and nutrition for people at a supervision session. This demonstrated the registered provider was supporting staff to develop knowledge and skills through guidance and reflection.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found a checklist of specific decisions where people had been assessed as lacking capacity as an easy reference point for staff. Where people lacked capacity to consent, we found decision specific capacity assessments in the files we looked at, although some of these still lacked information on who had been consulted in relation to determining what was in the best interest of the person. At our last inspection we found there had been a lack of clarity around one person who on occasions made an unwise decision and declined some of their medicines. On our first day of inspection we found this section of their care file lacked the clarity to demonstrate the person's capacity had to be assessed at the time, but by the second day of inspection the instructions in the file were extremely detailed and clear for staff to follow to ensure they were meeting the legislative

requirements.

The registered provider did not have a record of who had a Lasting Power of Attorney (LPA) for health and welfare decisions at our last inspection. This had been rectified at this inspection and there was a white board in the staff office to ensure staff were aware which of the people had the power and which decisions this related to. This meant staff were aware who could consent on behalf of a person living at the home. In addition, there had been an improvement in the signing of consent forms in the files we looked at to evidence people had consented to care.

We found evidence staff were liaising with other health professionals in relation to people's health and wellbeing such as speech and language therapy, tissue viability nurses, social work staff, district nurses and dieticians. Staff told us, "We have a lot of input from GP, mental health nurses. Opticians come to the home. The GP comes every week to the home or has a phone consultation." The home was part of the Wakefield Vanguard which provides input from a dedicated team of health and care professionals to proactively monitor people to make sure care for potential health problems is offered as early as possible. They support and build the skills and confidence of care home staff through training and education.

There had been improvements in the environment since our last inspection. Visually interesting pictures had been placed at eye level in the dementia friendly unit, along with other environmental changes and there had been a refreshing of some paintwork and flooring had been renewed. The area manager told us there was a rolling programme for improvements and four further bedrooms were in the process of being upgraded on our first day of inspection. This demonstrated the registered provider was proactively improving the home to ensure people living with dementia were living in an environment which suited their needs.

Good

Is the service caring?

Our findings

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At our last inspection we found the support provided was not caring and people were not always provided with kind and compassionate care. At this inspection, we found a major improvement in this aspect of care and all our observations confirmed staff approach and their relationships with people were caring. For example, we observed staff discreetly ask people if they would like to use the bathroom. When people required assistance to move we observed staff appropriately reassuring and guiding people to reduce their anxiety.

We observed a member of staff supporting one person with their breakfast and they encouraged and supported throughout asking if the person wanted a second helping after they had finished what they were eating. We also saw staff speaking clearly whilst addressing people, kneeling down to their level and listening to people's responses.

Staff told us staffing levels had improved which meant they had more time for people at the service. One said, "We have more time to spend with people, they are receiving the care they should."

We observed staff knocking on people's doors before entering to ensure their privacy. At our previous inspection staff were not always present to protect people's dignity but at this inspection staff were deployed and available to support and protect people's dignity. We observed people were dressed in clean clothing, were smart, shaven and with secure footwear which all helped to ensure people were treated respectfully and were supported with their appearance. In addition, the senior staff at the service had been undertaking dignity audits to monitor staff performance in this area. Staff were randomly chosen and we saw evidence of two recent checks.

We asked staff how they supported people to remain independent. One member of staff said, "People can do something. You need to find it, like doing a bit of personal care." Another member of staff said, "Try and encourage people to keep independent. I tell staff not to do things for people if they can do it for themselves." This demonstrated staff were considering the importance of not taking skills away from people by 'doing for' people as opposed to 'doing with' people.

The service supported people to maintain their religious preferences and there was a section for people's religious preferences in the care plan. We were told there were regular visits from local services and the home usually had a visit from a vicar every Wednesday, and in their absence they had a hymn singing session with the activities coordinator playing the guitar.

Records were kept confidentially in the nurses' station and care was taken by staff not to leave information in communal areas. The deputy manager told us people at the service had the use of formal advocacy if required to support them to make decisions, if they were unable to make these independently.

The home supported people at the end of their lives and relevant staff had received training in this area. We

saw end of life care plans in the care files we reviewed.

Requires Improvement

Is the service responsive?

Our findings

At our previous inspection the registered provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as records were not accurate and up to date. We also found a breach in Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as staff had not recognised concerns or complaints. At this inspection we checked whether improvements had been made. We reviewed five people's care files in detail as part of our inspection. We had previously found pre-admission assessments had not been thorough but as the home had not taken any new people to live at the home, we were not able to check these. However, the area manager told us there would be a period of training for all staff responsible for admissions to check they were competent to gather essential information to identify risk and implement an effective plan of care. They intended to take only one new person each week to ensure admissions were planned and did not result in a reduction in the improved standards of care.

The registered provider had invested in an electronic service user recording system but was running the paper and electronic system together at the time of the inspection, with the intention the dementia friendly unit would be the first to transfer to the electronic only system. Therefore, we reviewed both the paper records and also checked some electronic monitoring records. Whilst information in some care plans had much improved we still found some paper care plans difficult to navigate and with some conflicting information. The area manager told us they would be auditing all the information in care plans on the electronic system before the system went 'live' and they stopped using paper records. This way they would ensure only current relevant information was utilised. They also told us they were able to access the system from any location through the internet so would be able to audit information such as care plan and daily care provision to ensure standards of recording were raised, sustained and were an accurate representation of the care provided.

At our last inspection ABC (Antecedent, Behaviour, Consequences) charts had not been completed appropriately. These charts are designed to enable staff to understand challenging behaviour and develop suitable responses but also to inform professionals about the extent of people's behaviours. No one at the home required an ABC chart at this inspection, therefore we were unable to check if these had improved.

We found care was not personalised at our last inspection. At this inspection we found staff had received training in this area and one member of staff told us they attended person centred planning training in March 2017. They said they learnt about 'decisions, end of life, likes and dislikes and who is involved in care planning'. Our discussions with staff confirmed they knew people well. They could tell us about people's past lives and what they enjoyed to do. They told us for those people that were unable to verbalise their needs; they looked at their facial expressions to check if they were enjoying an activity.

We reviewed five care files to evidence how people's preferences were recorded. Each file contained a summary of a person's routine; morning, afternoon, evening, night, weekly and monthly and we spoke with staff who confirmed they were aware of people's preferences and how to support people to have choice in how they wanted their care to be provided.

Staff evaluated the care plans each month but we did see some evidence that not all evaluations of care gave the most accurate details of how to care for people, although most did. We discussed the discrepancies we found with the area manager who actioned a review immediately.

The registered provider operated "Resident of the day" with the aim of a "top to toe" review of a person's care needs looking at a person's care records, preferences, medication, bedroom environment, activities, and feedback from the person and their relatives. We looked at two recent residents of the day reviews. We found these had been completed in detail and involved a review from the housekeeper, the activity coordinator had a chat with the person about the activities they had done and what they enjoyed including a visit to the local church, a review of finances from the administrator, a review of the person's dietary requirements, management checks of the monitoring charts, bedroom check and cleanliness and a review by the nurse.

The registered provider employed three activity coordinators, two full time and one part time. Staff spoke highly of the coordinators and how they brought meaning to people's everyday lives. The home had a comprehensive programme of activities and had a range of tools for people to occupy themselves with and tactile objects for those who were unable to engage in a planned programme. The activities coordinators were highly regarded by people, their relatives and staff.

During the first day of our inspection three people were taken on a trip to a garden centre on the registered provider's mini bus. The area manager told us they had been utilising the bus for the last three months and had access to the bus once a month. People told us how much they had enjoyed their trip, although not everyone who would have like to attend could go, and the staff had to share out access to this resource amongst people wishing to go.

At this inspection we observed interaction between staff and people using the service outside of these planned activities. Staff told us they had time to sit and chat with people which had been an issue at our last inspection and we could see this was happening during our inspection.

There was a "flash" meeting every day at 11 am, attended by the nurses in charge of each unit, cleaning staff, the chef, management and senior care staff to ensure any information of importance was cascaded amongst staff. Discussions included feedback on people's fluid targets and the two people who had not met their fluid target the day before and reasons for this. The area manager told us this had proved effective as a means of communication amongst staff at the home. In addition at handover, the staff completed a 24 hours overview of a person's day to ensure information about people's complex needs was captured and cascaded to ensure continuity of care.

There had been no complaints since the last inspection. Relatives we spoke with during the inspection and people living there told us they had not needed to complain. They told us how the service had improved in recent months.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection we found the registered provider had failed to effectively assess and monitor the quality of the service provided to people. Records relating to people who used the service and staff employed were not accurate and systems and processes were not robust enough to ensure full compliance with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we checked to see improvements had been made and sustained.

There was no registered manager in place at the time of our inspection but a new manager had been appointed and was due to commence in post. The home was supported by an area manager who was acting as the manager of the home until the new manager commenced in the role.

We had previously found the systems in place to protect people from harm were not robust. In particular in the areas of infection control practices, safe management of medicines, safe care and treatment and protecting people from harm from others who presented with behaviours that challenged others. At this inspection we found there had been a significant improvement in these areas. The registered provider's own compliance team had undertaken monthly checks at the home and rated the home in line with the Care Quality Commission's methodology. They assessed and measured improvements, and where further improvements were required detailed this information to the area manager. This information fed into an audit for the area manager to complete in the absence of a registered manager and we could see the area manager was constantly updating their action log to detail where actions had been completed to keep an up to date record at the service.

Although improvements had been made with most audits undertaken at the home, we continued to find issues with the medication audit as we identified actions that had not been transferred to the area manager's audit. There was a risk that if not all actions were checked for completion, issues could continue and areas for improvement could be missed. Care records had improved but further improvements were required to ensure they were easy to navigate and accurate. These improvements were planned as part of the transfer of all paper based records to electronic records. The area manager told us these would be easier for management to scrutinise when not at the location and each record had an archive section for out of date information to ensure there was no risk staff would follow out of date information.

Other areas had improved as were evidenced in our review of audits in relation to infection control, monthly sling checks, and the resident of the day audits. We reviewed weekly fire checks, automatic door checks and door release systems. Maintenance checks such as flushing all room taps and toilets had been undertaken, as had checks on the first aid boxes.

We saw recorded information to evidence hoists and slings had been checked to meet Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) and serial number of the sling was recorded in people's care plan. We reviewed the Legionella risk assessment and saw evidence that checks on the water temperatures in the bath and shower were regularly completed. Window restrictors were checked monthly, as were toilet seats and grab rails. To ensure risk was managed whilst refurbishments were on-going, the

area manager told us the registered provider's maintenance person was overseeing the contractor.

The management team were regularly seeking the views of staff and we were told the latest survey indicated staff felt supported by management. All the staff we spoke with told us how much the home had improved since our last inspection. One member of staff said, "It was hectic before. Since the last inspection it's improved so much it's a different place. There is more support from management." Staff meetings are an important part of the registered provider's responsibility in monitoring the service and coming to an informed view as to the standard of care and support for people using the service. We reviewed the minutes of the night staff meeting held on 12 April 2017 and the day nurse meeting held on the same day. These evidenced two way discussions were had around improvements that had been made and those still required. We also saw a detailed resident and relative meeting where an honest discussion had been held with families about the latest CQC findings and what the home had done to improve the care provided at Castleford Lodge. This demonstrated the registered provider was acknowledging openly where they had failed but how they had responded this to raise the standard of care.

Meetings were held twice a month with people using the service and we reviewed the latest meeting held 20 April 2017. People using the service had requested a glass of wine and hot cross buns for the Queen's birthday party and this had been facilitated. Activities, the food menu and discussions about bedrooms formed part of the discussion. People were also asked if they felt able to raise any issues with their care and the minutes recorded that they did feel they could raise issues. This demonstrated the registered provider was seeking the views of people at the home in order to improve the quality of their service delivery.

The registered provider is required to display the Care Quality Commission ratings and we observed these were displayed in the entrance of the home and on the registered provider's website in accordance with the Commission's regulation. They were also required to notify us about certain events at the home and we saw they had notified the Care Quality Commission of all events that required reporting including those relating to deaths, DoLS, and safeguarding.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Records in relation to the management of medicines were still incomplete. Care plans were difficult to navigate and some contained conflicting information.