Rushcliffe Care Limited

Castle Donington Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Castle Donnington is registered to provide accommodation and nursing care for up to 60 older people. The service was purpose built to meet people's needs. At the time of the inspection there were 47 people using the service.

People's experience of using this service and what we found
Systems in place to ensure people's oral and dental healthcare needs were met needed to be strengthened. There were no plans of care for people's oral health care needs and oral health assessments were not completed on admission. Staff did not receive training in relation to people's oral health care needs.

We have made a recommendation about the management of people's oral and dental healthcare needs.

People received safe care and were protected against avoidable harm, neglect and discrimination. Risks to people's safety were assessed and strategies were put in place to reduce any risks. There were sufficient numbers of staff who had been safely recruited to meet people's needs.

People's medicines were safely managed, and systems were in place to control and prevent the spread of infection.

People's care needs were assessed before they went to live at the service, to ensure their needs could be fully met. Staff received an induction when they first commenced work at the service and ongoing training that enabled them to have the skills and knowledge to provide effective care.

People were supported to eat and drink enough to maintain their health and well-being. Staff supported people to live healthier lives and access healthcare services.

The premises was purpose built and adapted to meet the needs of people using the service.

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

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well and had built up kind and professional relationships with them. People and relatives, where appropriate, were involved in the planning of their care and support. People's privacy and dignity was always maintained .

People were encouraged to take part in a variety of activities and interests of their choice, but some people wanted to see more variety in the range of activities. There was a complaints procedure in place and

systems in place to deal with complaints effectively. The service provided appropriate end of life care to people.

The quality of care was monitored through reviews, audits and feedback. Systems were in place ensure staff were trained and supported in their roles. The registered manager worked in partnership with health care professionals, agencies and community services and shared learning with the staff team when things went wrong.

Rating at last inspection
The last rating for this service was Good (published 7 June 2017)

Why we inspected:
This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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. Details are in our safe findings below.	**Good**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our well-led findings below.	**Good**

Castle Donington Nursing Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was undertaken by one inspector and one 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. The Expert by Experience had experience of caring for older people who use regulated services.

Service and service type
Castle Donnington is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection:
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service. We used all of this information to plan our inspection.

During the inspection
We spoke with nine people who used the service and seven relatives. We had discussions with seven staff members that included the area manager, the registered manager, activity coordinator, housekeeper and care and support staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care and medication records of seven people who used the service; we undertook a tour of the premises and observed information on display around the service such as information about safeguarding and how to make a complaint. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

After the inspection:
We continued to seek clarification from the provider to validate evidence found. We looked at training information and policies and procedures.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to feel safe when staff provided them with care and support. One person told us, "I'm safe and comfortable here, I couldn't be better." A relative said, "Our confidence in the care and support at the home has been borne out. [Family member] is safe here."
- Discussions with staff demonstrated they were skilled at recognising when people were at risk of harm or felt unsafe, and they felt comfortable to report unsafe practice. One staff member said, "I would absolutely report any concerns I had. I have a duty of care towards the people I look after."
- All staff we spoke with were aware of the providers safeguarding and whistleblowing procedures and records confirmed they had relevant and up to date training in this area. One commented, "I have completed safeguarding training. I know how to report concerns." Records showed the provider reported safeguarding concerns as required to the relevant agencies.

Assessing risk, safety monitoring and management

- People had risk assessments in place which guided staff on how to keep people safe. For example, if people were at risk of falls, a risk management plan was put in place to reduce the likelihood of any falls.
- Staff understood when people required support to reduce the risk of avoidable harm. For example, we saw staff support people to walk safely.
- Staff we spoke with knew about people's individual risks in detail. For example, staff told us how they used equipment to help people to mobilise safely and when they needed additional support to bathe.

Staffing and recruitment

- There were enough staff to ensure that people's needs were met safely. One person said, "It only takes a few minutes for staff to arrive if you buzz them, maybe five minutes." A relative told us, "said, "We have always found there to be enough staff."
- There were systems in place to plan staffing levels according to individual's needs.
- The provider followed safe recruitment procedures to ensure people were protected from staff that may not be fit and safe to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started their probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Using medicines safely

- People continued to receive their medicines safely. They told us they had their medicines on time. We saw one person being given their medication. The staff member was friendly and didn't rush them.
- People's care plans included details of the support they needed to take their medicines, which included

any preferences about how people took their medicine.
● Staff had undertaken training so that they could give people their prescribed medicines safely.
● Regular medicines' audits informed managers of any issues which were rectified in a timely manner.

Preventing and controlling infection
● People were protected by the prevention and control of infection. The environment was clean and hygienic, and people told us the service was always clean. One person said, "I'm pleased with the cleanliness of the place'
● Staff had the appropriate personal protective equipment to prevent the spread of infection. For example, staff wore disposable gloves and aprons when providing support with personal care.
● Staff told us, and records confirmed they received infection control training and there was an infection control policy in place.

Learning lessons when things go wrong
● Lessons were learnt when things went wrong, and actions taken to reduce the risk. For example, when people had falls these were recorded and analysed. There were actions taken for each person; from referral to other professionals for specialist advice to maintenance checks on equipment.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Staff supported people with their health needs and were alert to changes in people's health. For example, we saw that people had been seen by opticians, audiologists and chiropodists. However, we found that systems in place to ensure people's oral healthcare needed to be strengthened. People did not have an oral health care plan and there were no arrangements in place for routine dental screening.
- Oral health assessments were not completed on admission, which meant staff were not able to identify if people needed support with their oral healthcare.
- The staff completed a 'mouth health protocol assessment' monthly. These looked at the condition of people's mouth and teeth. Although this was good practice we were not able to see how any concerns had been followed up. For example, one person had been identified as having ill-fitting dentures, but no actions had been taken to rectify the problem.
- Staff did not receive training in relations to supporting people with oral healthcare.

We recommend the provider consider current guidance on Improving oral health for adults in care homes and take action to update their practice.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had an assessment of their needs before they went to live at the service. This was to make sure people's needs could be met and that they were happy with the support that was available. The assessment included understanding people's backgrounds, histories and what was important to them.
- Assessment documentation considered some of the characteristics identified under the Equality Act and other equality needs.

Staff support: induction, training, skills and experience

- Staff were sufficiently qualified, skilled and experienced to meet people's needs. One person told us, "The staff are competent."
- We saw that an ongoing schedule of training was in place, to ensure staff kept up to date with good practice.
- All new staff went through an induction period, which included shadowing more experienced staff to get to know people, as well as covering the basic training subjects.
- The system for staff supervision and support was consistently applied. Staff told us they were supported by senior staff through their one to one meetings. One told us, "We have regular supervision, so we can raise

any issues and discuss our training."

Supporting people to eat and drink enough to maintain a balanced diet
● People's dining experience needed to be enhanced so that people received the support they needed with their meals. For example, at lunch time we saw one person was asleep and there was very little encouragement to either wake them or encourage them to eat.
● People told us they liked the food that was served to them and they could choose alternative foods if they did not want what was on the main menu. One person said, "The food is excellent." Another commented, "If you don't like something they try to get you an alternative."
● Special diets were catered for; including for people who had been recommended softer meals to manage a risk of choking.
● Records showed when people were at risk of dehydration, they were regularly offered and supported with drinks. Their intake was monitored to ensure they met their daily recommended minimum amount.
● Staff worked with the dietician and speech and language therapists if people needed support with their nutritional needs.

Adapting service, design, decoration to meet people's needs
● People's bedrooms were suitable to their needs and personalised. This ensured people felt comfortable and promoted a homely living environment. Decoration of the home and furnishings were appropriate to the needs of the people using the service.
● There were communal areas such as lounges and kitchen areas that were accessible and suitable for the needs of people using the service.

Ensuring consent to care and treatment in line with law and guidance
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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.
● Where people were unable to make decisions for themselves, mental capacity assessments had been completed and where necessary, decisions were made on behalf of people in consultation with relatives and appropriate others in people's best interests. Some people had a paid representative who visited people being deprived of their liberty on a regular basis to ensure their needs were being met.
● DoLS applications had been made to the relevant Local Authority where it had been identified that people were being deprived of their liberty. These had been kept up to date when an authorisation had expired.
● Staff consistently obtained people's consent before providing support. Throughout the inspection we observed staff obtaining people's consent before providing support to them. The registered manager and staff were aware of their responsibilities under the MCA and the Dols Code of Practice.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that staff were caring and treated them with kindness. One person told us, "I was sick the other evening, after I went to bed. I woke up about 2am and the door opened a bit to look in on me, it was lovely to know someone was looking out for me." A relative commented, "Nothing is too much trouble. They [meaning staff] care for us [family]as much as they do for [family member]. However, another relative said, "There's only one carer who'll offer me a cup of tea when I visit. I just bring my own drinks'."
- Staff had the information they needed to provide people's care and support. They knew people's preferred routines and what was important to them such as their likes and dislikes and personal preferences.
- People were relaxed in the presence of staff; they smiled and joked with staff members.
- Staff were attentive and recognised when people needed additional reassurance or one to one support.

Supporting people to express their views and be involved in making decisions about their care

- We observed people's opinions being sought for day to day tasks. For example, staff asked people what they wanted drink and eat or where they would like to sit. People also told us that staff supported them to decide what to wear and how-to co-ordinate clothing so that they looked 'smart' which people told us was important to them. One told us, "Yes, the staff help me get dressed. Of course, I choose what I want to wear."
- Care plans were in place to guide staff on how to support people to make choices about their care and support. For example, people were able to decide on the activities they wanted to take part in and staff supported them with this.
- We saw that people could have access to an advocate who could support them to make decisions about their care and support. Advocates are independent of the service and who support people to raise and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their privacy was supported by staff. One staff member told us, "I always knock on the door and ask to enter. I don't want people to feel embarrassed."
- People were encouraged to maintain their independence and do as much as they could for themselves. One staff member said, "We try to get people to do as much as they can."
- People's care plans included information on things people could do for themselves and those that they needed staff support with.
- People were supported to maintain and develop relationships with those close to them, social networks and the community. Relatives were regularly updated with people's wellbeing and progress.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were assessed prior to them going to live at the service. Information from the need's assessment was used to develop a detailed care plan.
- The initial assessment and people's care plans considered their preferences about how they wished to be supported, which included any cultural or religious requirements. Staff we spoke with knew people well, and the care they wished to receive.
- Most people told us they received care that met their needs. One person said, "I have a shower every day. That's what I want and it's important to me." A staff member commented, "We try our best to give people what they want
- Care plans contained the information staff needed to provide people with the care they needed, their likes, dislikes and preferences. For example, favourite television programmes, previous hobbies and interest and who their friends were within the service.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified so information about the service could be provided in a way all people could understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- Most people were happy with the activities provided. One told us, "We have fairly regular outings. I went for coffee last week." Another person commented, "The church came in the other week and offered communion which I liked." "
- Some people told us they would like to see more activities on offer. One relative said, "They never have time to talk to [family member]. There's not always enough to do." Another commented, "[Family member] doesn't seem to do any activities. We could do with more."
- People were supported to develop and maintain relationships with people that mattered to them. One person told us, "My [relative] visits every day and we go out."
- People's relationships with their family members were encouraged and promoted. Relatives told us, they were invited to join their family members at mealtimes, for activities and social events.

Improving care quality in response to complaints or concerns

● There was a complaints procedure which was accessible to people using the service and was easy to use. People told us they had not had to make any complaints but would feel happy to raise any concerns.

● Complaints were recorded and had been responded to appropriately. Any actions taken, and lessons learned were recorded and shared with staff.

End of life care and support

● Some people's care plans included information about how they wanted to be supported towards the end of their lives and their funeral arrangements if they wished to share this information We saw that one relative had been fully involved in their family members advanced care panning and this had been agreed with the persons GP.

● The provider had policies and procedures in place to meet people's wishes for end of life care and staff had completed training to ensure they could meet people's needs at the end of their life.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Not everyone using the service knew who the manager was. However, a relative commented, "[Registered manager] is very supportive in our decision making, she understands and so does the GP."
- The quality of care was regularly monitored. Audits were routinely carried out and included, infection controls, medication, environmental checks, care plans, daily records and health and safety checks. Action plans were put into place when areas needed to be addressed. We saw these had been addressed promptly.

- Systems in place to manage staff performance were effective, they were reviewed regularly and reflected best practice. There was a supervision, appraisal and comprehensive training programme in place.
- The provider invested in the learning and development of its staff, which benefited people through retaining a stable, motivated and skilled staff team. Staff told us this made them feel valued and appreciated.
- The registered manager worked closely with healthcare professionals and were open to advice and recommendations to drive improvement at the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager worked in an open and transparent way. They understood their responsibilities in line with the duty of candour and submitted timely notifications were sent to the Care Quality Commission (CQC). They were aware of their responsibility to display the rating on the publication of the inspection report.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to and well supported. Systems in place to manage staff performance were effective and reviewed regularly. There was a supervision, appraisal and training programme in place. One staff member said, "We are well supported. The manager is available to help and advice."
- The registered manager had a quality assurance system in place which ensured all aspects of the service were audited and improvements made if necessary. These enabled the registered manager to identify any areas for improvement and develop action plans to address these.
- Staff spoke positively of the registered manager who they described as, "friendly and easy to talk to."

● Policies and procedures were reviewed and updated regularly. The provider ensured staff understood these and discussed them in training and communications to keep staff up-to-date with any changes.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People were asked for their views about their care individually and during reviews of their care. The registered manager told us they completed checks on staff's competencies and observed their practices. These checks assured people and the provider, that people's care needs were met safely and as agreed.

● Staff understood their role to provide quality care and report concerns to the registered manager. Staff were aware of the whistleblowing procedure and were confident that any concerns and suggestions made would be listened to and acted on. Staff views and ideas were sought about how to improve people's quality of care and life.

● Staff told us they felt appreciated by the registered manager, people who used the service and their relatives. The service had received compliments, cards and letters of thanks from people, relatives and professionals, which had been shared with the staff team.

Continuous learning and improving care; Working in partnership with others

● The registered manager and staff team worked in partnership with GP's, community nurses and commissioners to ensure people received joined up care.

● The registered manager had developed an action plan to identify areas for further development. They recognised effective monitoring was essential to deliver good quality care and were committed to increasing the use of electronic records to support all functions of the service.