ADL Plc

Castle Park

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 16 January 2017 and was unannounced.

Castle Park is a care home that provides personal and nursing care for up to 40 people. At the time of our inspection there were 34 people in residence. The service is located in the city centre close to local amenities Accommodation is over three floors.

This was our first inspection of the service since they registered with us on 26 February 2016.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's care needs had been assessed and measures to manage risks were put in place. The care plans for people with complex health needs were personalised and provided staff with clear information to ensure their health needs were met. Care plans were being amended to reflect people's abilities, interests and hobbies and accessible to staff. This meant people could be assured their care was personalised and tailored to their needs and lifestyle choices.

People were involved in a meaningful way in the review of their care but outcomes were not always reflected in there care plans. Despite this staff were knowledgeable about the support people required and their preferences.

People's safety and welfare was promoted by the staff. The registered manager and staff were trained in safeguarding adults, understood their responsibilities and were aware of the procedures to follow if they suspected that someone was at risk of harm.

People received their medicines at the right times. People had access to health support and referrals were made to relevant health care professionals where there were concerns about people's health. The registered manager worked closely with relevant health care professionals to ensure people's ongoing health needs were met. Arrangements were in place to ensure people were pain free and had the support they needed towards the end of their life.

People told us they were provided with a choice of meals that met their dietary needs. People were asked for their views about the meals provided and their preferences were taken into account in the menu planning.

Staff were subject to a thorough recruitment procedure that ensured staff and nurses were qualified and suitable to work at the service. Staff received training, support and guidance through supervision and

meetings in order to meet people's needs effectively. The registered manager provided clinical support to staff to ensure their competency and practice was safe.

The registered manager and staff were clear about their responsibilities around the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and were dedicated in their approach to supporting people to make informed decisions about their care. Assessments to determine people's capacity to make informed decisions about their care had been undertaken.

People told us staff were kind and caring towards them. Staff knew how to support people living with dementia and recognised how people expressed themselves. People had developed positive relationships with staff and were confident that they would address any concerns or complaint they might have.

People were involved and made decisions about their care and support needs. Care plans were focused on the person and incorporated advice from health and social care professionals. People told us that the staff were responsive to their needs and requests for assistance. People's care records were organised and easily accessible. That meant in the event of a medical emergency people would be assured that staff knew would act in line with their care plan and wishes.

People's care needs were met and their lifestyle choices respected. People maintained contact with family and friends and took part in social events and activities that were of interest to them.

People were confident in how the service was managed and the abilities of the management team to ensure the service provided was effective. People's views and opinions of their relatives and staff were sought in a number of ways including meetings and surveys.

The registered manager was committed to providing quality care and showed an awareness of their legal responsibilities. They promoted a culture of openness and promoted staff's learning and professional development. The provider's governance system to monitor and assess the quality of the service was in place. Various audits had been carried out. The registered manager had taken action to improve the systems to record and effectively monitor the improvements made to the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns. Risks assessments were in place and followed by staff to promote people's safety. People received their medicines as prescribed in a safe way. Staff were recruited safely.

Is the service effective?

Good

The service was effective.

Staff were trained and being supported in their role to provide the care and support people required. Staff were aware of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff sought people's consent. Care plans showed people were involved in making decisions about all aspects of their care and support. People's dietary needs were met and they were supported to access healthcare as required.

Is the service caring?

Good

The service was caring.

Staff had developed positive professional working relationships with people which was supportive and promoted people's wellbeing. People were involved in making decisions about their daily care needs. Staff promoted people's rights and dignity. Staff ensured people were comfortable and pain free towards the end of their lives.

Is the service responsive?

Good

The service was responsive

People's assessed needs were met. People were involved in the review of their care. A record of people's views about their care reflected in there care plans would help ensure staff provided personalised care.

People maintained contact with family and friends, and

participated in activities of interest to them. People knew how to complain and were confident that their concerns would be addressed.

Is the service well-led?

Requires Improvement

The service was not always well led.

A registered manager was in post. They kept their knowledge and training was up to date, provided clear leadership. People, relatives and staff gave us positive feedback that the service was well-led.

Further action was needed to the provider's governance and quality assurance systems were used effectively to drive improvements.

Castle Park

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.

This inspection took place on 16 January 2017 and was unannounced. The inspection was carried out by one inspector and an expert by experience. The expert-by-experience for this inspection had personal experience of caring for someone who uses this type of care service.

Before the inspection, the provider completed 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 reviewed the provider's statement of purpose. This document sets out information about the service and the support people can expect to receive. We reviewed the information that the provider had sent to us which included notifications of significant events that affect the health and safety of people who used the service. We contacted health and social care professionals and commissioners for social care responsible for the funding of some people's care that use the service and asked them for their views. This information was used to plan the inspection.

We spoke with five people who used the service, four visiting relatives. We also used the Short Observational Framework for Inspection (SOFI), which is a way of observing care to help us understand the experience of people who used the service. We used SOFI to observe people in the lounge during the morning and at the lunch time meal service.

We spoke with the registered manager, deputy manager, a nurse and two staff involved in the care provided to people and the cook.

We looked at the records of four people, which included their risk assessments, care plans and medicine records. We also looked at the recruitment files of three members of staff, training records and sampled

policies and procedures. We looked at the records to see how the provider assessed and monitored the quality of the service which included the premises and equipment maintenance records, meeting minutes, audits and complaints.

Good

Is the service safe?

Our findings

People told us that they felt safe at the service and with the staff that cared for them. One person told staff made sure there were no obstacles in their way they moved around. Another said, "The front door is all by numbers and no one can get in only by using the intercom." We observed staff supported someone to walk using a frame; they reminded the person about posture and guided them through a door way safely. A relative said, "I do feel people are safe here. There's always staff around and they make a point of checking on everyone. I've not seen anything that would give me a reason to be concerned about [family member]."

Staff were trained in safeguarding procedures as part of their induction. They understood their responsibilities to keep people safe and were confident to raise concerns with the management team and the role of external agencies. A staff member said, "If I saw any type of abuse I would report it to [registered manager's name]. I know she will deal with it by contacting CQC and the Derby Council. We have a whistleblowing policy if I needed to use it."

People's care records showed that when a safeguarding incident had occurred, registered manager took prompt and appropriate actions. Referrals were made to the local safeguarding authority, ourselves and other relevant agencies such as the Police, which they are required to do. That meant people could be assured they were protected from potential risk of harm to keep them safe as possible.

Risks to people's physical health and safety had been assessed and managed. One person said, "Oh they [registered manager and deputy manager] asked me lots of questions about what I could do for myself and what help I needed. I use a wheelchair to get around but I'm ok to sit in the chair". We saw staff members assisted them to be seated in the chair and placed the cushions so they were comfortable. A relative said, "She's only been here for a short while but the staff have really helped her. She's more mobile, eating better and seems a lot happier."

People's care records included assessments where potential risks centred on the person's individual needs had been identified such as falling, being unable to walk independently and to meet specific healthcare needs.

People's plans were developed with their involvement and detailed how risks to their safety and well-being could be minimised whilst promoting independence and choice. For example, a sensor mat was put close to the bed and on the chair so that staff would be alerted when the person was moving around and would be alerted to assist them. Another person who used a walking frame wanted to have a rug in their bedroom and had signed the risk assessment to confirm that the risks had been explained. The deputy manager told us that layout of their bedroom had been changed to minimise the risk of them injuring themselves if they did trip or fall. That meant risks to people's safety and welfare had been managed effectively whilst their rights and choices were respected.

Records showed staff were trained to support the safety and welfare of people which included the use of moving and handling equipment to move people safely. We observed staff supporting people to move

safely, provided clear guidance and assurance to the person and used the equipment correctly. Staff understood their responsibility to report incidents and accidents. Records showed that action had been taken to support the individual and to reduce further risks. For instance, one person's risk assessment for falls had been re-assessed and the care plan had been amended. This showed action was taken to promote this person's safety and welfare.

Premises and equipment used in the delivery of care such as hoists, standing aids and wheelchairs were serviced and safe to use. Due to the layout of the service, most people preferred to sit in the communal lounge on the second floor. Although one lift was not working people could still access the other floors using the second lift or the stairs. A staff member said, "We go to check on people who like to remain in their room to make sure they're ok." This helped to ensure people's safety was assured.

People's safety was supported by the provider's recruitment practices. Staff recruitment records showed that the relevant background checks had been completed before staff commenced work at the service. A further check was undertaken for the nurses to ensure they were registered with the appropriate professional body as to their qualifications and suitability.

One person told us that staff were always available when they needed support and could call for assistance using the call bell. When we asked how long they would have to wait they said, "Not long about 2 or 3 minutes." A relative said, "There's always about two or three staff around in the lounge or I'd go to the office if I needed anyone." Staff we spoke with felt people needs were met. One staff member said, "Both deputy and the manager knows everyone's' needs and would help whenever needed." Our observations showed there were enough staff on duty to provide care and meaningful activities and support to people at Castle Park.

The provider information return stated that the staffing was determined by the number of people who used the service, their dependency needs and the layout of the service. This was consistent with the information detailed within people's records about the care and support they required and the staff rota. The registered manager told us that agency staff were used at times to manage staff absences.

People told us that they received their prescribed medicines on time. One person said, "I don't have any problems with my tablets, the nurse takes care of that. I just finished the antibiotics and feel so much better now." We observed the nurse administered people's medicines safely and completed the medicines records correctly. They had followed the correct procedure for administering medicine 'as required' such as pain relief and recorded the amount administered. Where people refused their medicines, the action taken by the nurse was recorded. This helped to ensure people's health was monitored.

We found the medicines were stored securely and the daily room and fridge temperatures were monitored. That helped to ensure the medicines remained effective when administered. Records showed nurse's competency to administer medicine had been assessed. Medicine audits were undertaken to ensure medicine was stored safely and administered correctly.

We saw that some bedrooms, communal areas and the stairs between floors were not cleaned. The dining room had been cleaned and the floor mopped after breakfast. The lack of ventilation meant an overpowering smell of bleach in which people had to sit in at lunchtime. We raised this with the deputy manager. They told us someone had closed all the windows in the dining room and that they would check that domestic staff used the correct cleaning products. The registered manager assured us that the daily cleaning was done with some delay due to staff absence at short notice.

We saw staff wore protective gloves and discarded the used items in a suitable bin. Staff we spoke with described the infection control practices followed to protect people with a contagious disease.

Good

Is the service effective?

Our findings

People told us that they were happy with the staff that looked after them and felt their needs were met. People felt staff understood their needs and the support provided had had a positive impact on their quality of life. One person said, "They [staff] know their job is to help me. They do a good job and have given me confidence [to walk]."

Staff we spoke with were positive about the training they had received. A staff member said, "Its ok reading the care plan and doing the training but you only get to how people want you to help them when you talk to them." Another staff member showed a good insight into the needs of people using the service and told us training had helped them to provide the appropriate care. We observed them guiding a person with a walking frame to move around safely. A new staff member told us that their induction training included reading people's care plans and working alongside experienced staff. Another staff member told us they had an interest in dementia care and were booked to attend the dementia awareness and person centred care training.

The provider information return stated that care staff had attained a professional qualification in health and social care and nurses were supported to maintain their professional registration. Records showed staff had received training in a range of topics to support the health, safety and well-being of people and nurses' competency to meet healthcare needs had been assessed.

The registered manager invested in and promoted staff's professional development. Staff were completing training in palliative care supported by the McMillan Nurses, dementia awareness, person centred care and nutrition. A staff member told us the training had already made a positive impact on the quality of care provided to people towards the end of life. The registered manager planned to have lead roles for the nurses to take responsibility for continence care, infection control and pressure care management. That meant people could be assured the staff team had the skills required to meet their needs.

Staff felt supported by the registered manager. Records showed that staff were supervised by the registered manager as the clinical lead on a regular basis and had an annual appraisal. These meetings provided staff the opportunity to reflect on their work, consider the impact they had on the care and support of those using the service and identify training needs. Staff meetings were used to discuss quality of service and the development of the service. That meant people could be confident that the development of staff would enhance people's quality of life.

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. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

People told us that staff sought consent before offering care and our observations confirmed this. One person knew what their care plan was and said, "It tells the staff what help I need." We found care plans were not always signed by the person or their relative to confirm their consent for the care to be provided. The registered manager assured us that consent forms would be updated to ensure people and in some instances, their relatives had agreed for the care and treatment provided.

The registered manager and staff had undertaken training in MCA and DoLS and when this should be applied. Staff understood the importance of people consenting to their care and respected their wish to refuse care. A staff member said, "People do make decisions, some will tell you and others will let you know by pushing you away. They will let you help them when you go back after a bit."

We found conditions on the DoLS authorisation to deprive a person of their liberty were being met. A health decision-specific capacity assessment had been completed and referrals to health and social care professionals in the person's best interest had been made. Records showed people had access to support from an advocacy service to ensure they were involved in decisions made about all aspects of their care and treatment. That showed the principles of the MCA were followed.

People told us they had a choice of meals provided that met their needs. Comments received about the meals included, "The food is all right" and "I've told them [staff] I want to have a salmon sandwich, in white bread instead." Another person said, "The cook knows I like my pasta and he makes beautiful pasta for me." This person's care plan and our discussion with the cook confirmed their dietary needs were met.

We saw people were offered a choice of fruit cordial or water at lunchtime. Meals were served individually. For instance when one person asked staff to exchange their chosen meal for an alternative, which was done without delay. That showed people were served the meal of their choice. All the meals looked nutritious and balanced. We saw people were supported to eat independently as adapted cutlery or a spoon was provided and the deputy manager offered assistance by cutting up the food into smaller pieces. A few people did not finish their main meal but had second helpings of the deserts.

Staff we spoke with aware that some people preferred deserts than the main meal. A staff member said, "We know [person's name] tends to eat little often so we make sure we offer her a sandwich after a little while, then some biscuits or fruit." This person's care records showed staff monitored the amount of food and drink ate and sought advice from the dietician to ensure nutritional needs were met.

People's care records showed their dietary needs, preferences and the support they needed to eat and drink were documented. This information was provided to the cook was used to plan the menus. The menu choices included meals that were suitable for people with a health condition such as diabetes and soft diets for people at risk of choking or had difficulty swallowing.

People had access to a range of health care services to meet their ongoing healthcare support and when people's health including their appetite or weight was of concern. One person told us that the chiropodist visited regularly to meet their healthcare needs."

Another person told us when they felt unwell the nurse checked them and the visiting nurse practitioner had prescribed antibiotics to treat their health condition. The nurse practitioner confirmed that staff had sought advice promptly when this person's health was of concern. Their records showed their prescribed medicines

had been reviewed as part of the medical assessment and treatment to meet their health needs. This supported feedback we received from the health commissioners and the local authority that the service worked closely with professionals.

The service is close to a busy main road and had little outdoor space. The lounges on the ground and first floor looked tired and had little natural light. Most people used the communal lounge on the second floor which had ample natural light, a small conservatory and a roof top garden. One person said, "I've got no complaints about the environment because it's the care that matters and for me it's excellent." Another person said, "It was much cooler upstairs especially now the two small lounges have been knocked into one big one."

The registered manager told us that the provider had planned a decoration and refurbishment programme and had started on the upper floors, which we saw. We received positive feedback from a health care professional with regards to the improvement made to the second floor which had helped to improve people's quality of life by creating more opportunities for people to take part in activities and stimulate conversation.

Good

Is the service caring?

Our findings

People spoke positively about the staff and the service. One person said, "It's nice to live here. The staff are friendly and always have time to talk to you." When we asked people about staff's approach, one person said, "Yes the staff are quite good and they do care about you." A relative said, "Staff are friendly here. They know everyone by name and always stop to have a chat. The difference in [family member] is noticeable."

We saw staff promoted people's rights and choices through conversations and how people wished to spend their time. We saw staff showed care towards people for example, when the deputy manager saw the breathing equipment used by someone had moved they offered to assist and made sure the person was comfortable before they left them. We saw another staff member talking to someone and stroking their hand to reassure them when they became upset. These were examples of positive caring relationships that had been developed between people who used the service and the staff.

We saw staff continually shared information with each other so all staff worked consistently and in a co-ordinated way. At lunch time we observed one member of staff ensured people's clothes were protected from food spillages, which assured their dignity. That demonstrated staff took steps to promote people's dignity.

We received positive feedback from health and social care professionals. They told us the 'manager and staff have a good relationship and strive to get the best outcomes for people' and that the staff were 'caring in their approach, had a positive attitude towards people using the service and maintained people's dignity'.

People were involved in the decisions made about their care. One person told us that they went through the care plans and made sure they reflected the care and support they needed. They felt in control of their care and said staff respected their wishes. Throughout the day we saw similar examples whereby people made decisions about their care and support. We heard staff asking people about the care and support they needed, which included whether they wanted support with personal care.

Staff told us that people's care plans were accessible. Care records we looked at were basic and detailed decisions people had made with regards to their care and support needs. Despite the lack of information about people's preferences in the care plans, staff we spoke with demonstrated their awareness of people's needs and preferences. A staff member described people's individual needs, routines and the support people required. Another staff member said, "The handover meetings are much better. We get told about everyone and if their needs have changed etc."

People told us that staff respected their privacy and dignity. When we asked people how staff promoted and respected them, one person said, "They [staff] know I can go to the toilet on my own. The only time I need carers is when they take [outside] me for a cigarette." One person told us that staff had made them aware their records may in some instances by shared with us and without prompting them they gave us permission to look at their records. We saw people's confidential information such as care records were kept secure within office and doors were closed when staff discussed people's care needs. That meant people could be

assured their confidentiality was maintained.

The provider information return stated the service was working towards an accredited award for end of life care and that staff were completing the dignity in care champions' award. A dignity champion actively promotes people's dignity and their human rights in all aspects of their lives and challenge poor practices. Staff records showed that staff had received training in topics that were related to the promotion of people's privacy and dignity. A staff member told us that people's bedrooms were respected as their own space and they sought permission before entering their room. We saw staff offered to assist people with personal care before they went to the dining room for lunch. These were examples that showed people's privacy and dignity were respected.

Staff told us that they had supported people towards the end of their lives. They worked closely with the health care professionals and the person's family to ensure the person remained comfortable and their last wishes were respected. We found advance care plans were in place where people had made decisions about their last wishes.

Health care professionals told us that staff had provided effective end of life care to someone to ensure they remained comfortable and pain free towards the end. We read the cards and letters of thanks from relatives of people who had used the service. They expressed great appreciation of compassion and kindness shown to their family member at the end of their life and support provided to the wider family members.

Good

Is the service responsive?

Our findings

People told us that they, or in some instances with support from their relative, had made a decision to live at Castle Park. One person told us they visited Castle Park and spoke with staff to help them decide whether the home was the right place for them. People told us that staff were responsive and respected their wishes. Their comments included, "They know I like to take my time to get ready in the morning and they never rush me," and "I choose when I'm ready for bed, I just press that [buzzer] and they come and put me to bed."

The service provided respite and short stay to people being discharged from hospital whilst their long term care community package was being arranged or needed 24-hours care at short notice. We asked staff whether the care and support provided to people made a difference to people's lives. A member of staff told us one person's appetite, physical health and mobility had improved. This person's relative said, "She's a lot bubblier and is the first to the dining room so she's definitely got her appetite back."

People's care records showed that people were involved in the development of their care plans. These focused people's care and support needs, their abilities and their last wishes in the event of a medical emergency. Where appropriate people's relatives and health care professionals were involved, which helped to ensure people's needs were met. This supported the information received in the provider information return and confirmed that people wished to be supported.

Care plans for people who were more independent were not always personalised to reflect their preferences, how they wished to be supported and lacked information for staff to follow. For example, one person's background and family history stated that they found it difficult to trust people and that their appearance was important to them but there was no reference in the care plan for staff to follow. This could affect the quality of care people.

Records showed that people and in some instances their relatives', were involved in the review of their care needs. However the outcome of discussions were not always recorded and the care plans were not amended. We shared our findings with the registered manager and the deputy manager. They told us about that the care plans would be developed hence person centred care training booked for the staff team. As part of the staff's ongoing development care plans would be revised to reflect people's needs, lifestyle choices and preferences and include clear guidance for staff to follow to promote people's wellbeing.

Following our inspection visit the registered manager confirmed that some care plans had been personalised to reflect people's needs and lifestyle choices and included their interests and hobbies. In addition people's views and outcomes from the review of their care needs would be recorded. This meant people could be sure that their ongoing care and support would be personalised covering all aspects of their life.

The provider information return stated social events and activities were organised which film shows, external entertainers, weekly chaplain services and special services at Christmas and Easter had taken place. People described some of the activities that they took part in which included parties, bingo, and carols sung

by the children from the local school sang at Christmas. One person told us about the ABBA concert at Christmas where staff were dressed up in costumes and wigs and said, "It was good fun, I think everyone enjoyed themselves."

We saw people spent time with their visitors in the lounge. There were two televisions on different walls showing the same television programme which some people watched. There was a relaxed homely atmosphere with people sat close together which helped to promote conversations. We heard people laughing and talking with their visitors and staff. One person preferred to sit in the conservatory to watch a different television programme and read their newspaper.

Care plans were developed from the assessments. The care plans for people with complex needs had been personalised and included the health specific care needs. Food intake charts and monthly weights were measured for people with poor appetite or at risk of weight loss. Staff we spoke with knew the people who used the service well and described how they responded to people's individual needs. A staff member told us that people were provided with appropriate pressure relieving equipment and were checked at regular intervals to prevent the risk of skin damage or pressure sores developing. This showed staff were proactive to ensure people's health was maintained.

A health care professional visiting people on the day of our inspection visit told us that the staff were responsive when people's health was of concern and sought advice. This supported the feedback we received from health and social care professionals prior to our visit. They told us that the registered manager and deputy manager made timely referrals, sought advice and ensured discharge from the hospital to Castle Park was a smooth transition.

People's views about the service were sought individually and through meetings. Minutes of the meetings showed that people using the service and their relatives were consulted about the refurbishment plans and the planning of social events. This showed that the service listened and acted on people's views.

The provider's complaints procedure was displayed within the home. People we spoke with including their visitors were confident to speak with the registered manager if they had any concerns about all aspects of their care or the service. The registered manager had an 'open door' policy and encouraged people to come and speak with them if they had any concerns or wished to talk about anything that affected them.

The information in the provider information return stated that Castle Park received two complaints. Records showed the complaint procedure had been followed. The registered manager told us they worked with provider and the health and social care professionals to address people's complaints. As a result of one of the complaint the passenger lift was repaired and made safer.

The service received cards, e-mails and letters of thanks and compliments about the registered manager, staff and the care provided. These were supported with the comments received from people who used the service, their relatives and health and social care professionals.

Requires Improvement

Is the service well-led?

Our findings

This was our first inspection of the service since they registered with us on 26 February 2016.

The provider information return (PIR) stated there was a quality assurance system which identified the frequency of audits carried out and action plan to address shortfalls identified. Various audits had been completed such as audits on people's care plans, medicines management, the infection control and the premises. However, issues were not always identified. Where an issue had been identified it was difficult to monitor what action had been taken and the improvements made because there was no action plan or progress report. For example, a care plan audit had identified someone had some weight loss, but there was no information that demonstrated the actions taken to support the person.

We found incidents and accidents had been logged and an action plan produced. However, no one had analysed the reported incidents to establish whether any trends or patterns had emerged or queried the effectiveness of the measures to manage the risks. The action plan attached to the incident log was not effective as it did not identify what action was needed. Following our visit the registered manager sent us a new document that would be used to analyse where and when the incidents had occurred and the actions taken.

The registered manager told us that the provider representative, a director employed by the company, supportive. Several internal inspections of the home had been carried out since the service had been registered. The only report produced from those visits was dated 1 December 2016. The report was brief and mainly focused on the refurbishments. Further action was needed to monitor and drive improvements to assure people the provider's governance system was effective.

The registered manager showed us a copy of the home audit carried out in May 2016 by an external provider. The report identified a number of issues and areas that required improvements. Some improvements had been made such as the home's brochure and information provided for people who used the service and staff training information. The registered manager told us that new furniture and carpets had been ordered and the plans to refurbishment the service had been submitted to the provider for approval. This showed the registered manager and the provider was investing in the service. .

People's care needs had been assessed and the information was used to develop their care plans. Care plans showed people were involved and at the centre of their care but their views about the quality of care received was not always recorded. Following our inspection visit the registered manager confirmed that some reviews had been carried out with their person and the care plans had been amended to reflect their views and preferences. This showed the registered manager had taken action to ensure people's ongoing safety and wellbeing was managed.

The service had a registered manager in post and they understood their legal obligation. They were aware of the provider's expectation and had clear responsibilities. They were supported by the deputy manager to manage a team of nurses, care staff and house-keeping staff. The registered manager understood the

importance of staff's professional development. For example the deputy manager had lead responsibility for care staff, their training and supervision. In addition lead roles and responsibilities were being developed for the nurses for infection control, management of medicines and continence care. That meant people could be assured the service promoted a culture of staff continuous learning and professional development.

People who used the service, relatives and staff told us they were happy with the management of the service. We found registered manager and staff promoted a positive culture which provided a range of opportunities for people to make comment about the support received and influence how the service was run. The registered manager told us that satisfaction surveys had been sent out to people who used the service, their relatives and health and social care professionals. The results from the survey including any identified areas for improvement would be shared with those using the service at the residents meetings.

We looked at a sample of the provider's policies and procedures; these had been updated and provided staff with clear guidance about their role. Staff were motivated and understood what was expected of them by the registered manager and the provider. They told us they felt supported by the registered manager and the deputy manager who often worked alongside them. A staff member said, "[Registered manager] is brilliant, she's supportive of the residents and the staff." Another staff member said, "We work as a team, they [management team] are approachable and will involve us; they ask us for ideas and see if we feel the changes could improve things for people."

Staff told us they were supported by the registered manager. Staff's ongoing training and support was planned which helped to assure people that they were supported by staff whose knowledge was kept up to date. Staff told us they felt involved in the running of the service and could share their views about people's care with the deputy manager or the registered manager. For example the communication and sharing of information between staff had improved. A white board was fitted in the staff office and provided the registered manager and staff with an overview of the people who used the service should this be required in an emergency.

Prior to our inspection visit we contacted health and social care professionals, health commissioners and the local authority commissioners responsible for the care of people who used the service. They had positive comments about the registered manager, the staff and the quality of care provided. They found the registered manager and staff were knowledgeable about the people in their care and felt people received a quality care service at Castle Park.