

## Barchester Healthcare Homes Limited

# Castle Keep

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

Castle Keep is registered to provide personal and nursing care for 61 people. Although the home is registered for 61 people it can only accommodate 49 people. We brought this to the attention of the registered manager who said they would discuss this with senior management and amend as necessary.

Castle Keep is a single storey, purpose built home. The home is divided into two parts, Willow and Nightingale; both support people with nursing care needs. Nightingale can support a maximum of 21 people who are living with complex dementia care needs. Both units have a selection of communal rooms and bathrooms. At the time of inspection there were 49 people living at the home.

We carried out an unannounced comprehensive inspection of this service on 16 December 2014 and gave an overall rating of Good. Since that inspection we received concerns in relation to people receiving the right amount of care. As a result we undertook a focused inspection on 17 March 2016 to look into those concerns. The safe domain was rated as requires improvement as there was a reliance on agency staff until recruitment had been completed.

During this inspection carried out in June 2017 we found improvements had been made. There was less reliance on agency staff, the home was fully staffed and there were appropriate numbers of suitably qualified staff on duty to meet people's needs.

We received consistent positive feedback about the care provided at Castle Keep from people who lived at the home and their relatives. One relative told us, "It's absolutely reassuring my [relative] is in a safe, warm place being looked after by caring, experienced staff."

We observed staff providing support to people throughout our inspection visit. We saw they were kind and patient and showed affection towards people in their care. Staff were seen to maintain people's dignity throughout the day.

Staff had been recruited safely, received ongoing training relevant to their role and were supported by the registered manager. They had the skills, knowledge and experience required to support people in their care. People told us there was enough staff on duty and the staff came quickly to any requests for support.

Staff knew people they supported and provided a personalised service. Care plans were organised and had identified the care and support people required. Care records were informative about care people had received.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

Systems were in place to reduce people being at risk of harm and potential abuse. Staff had received up to date safeguarding training and understood the provider's safeguarding adult's procedures.

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 support this practice.

We looked around the building and found it had been maintained, was clean, hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required.

We found medication procedures at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept with appropriate arrangements for storing in place.

People who lived at the home told us the quality of the food was good. Records showed people were assessed to identify the risks associated with poor nutrition and hydration. Where risks had been identified, staff had made appropriate referrals to health care professionals.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits and relative surveys to seek their views about the service provided.

The registered manager and staff told us they fully involved people and their families in their care planning. People were encouraged to raise any concerns or complaints. The service had a complaints procedure. People we spoke with said they felt comfortable raising concerns if they were unhappy about any aspect of their care.

The registered manager kept up to date with current good practice guidelines by attending a general managers meetings (organised by the provider Barchester Healthcare Homes Limited) at which they shared learning and discussed new developments in care. We found the registered manager receptive to feedback and keen to improve the service. The registered manager worked with us in a positive manner and provided all the information we requested.

## 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 ●

We found that action had been taken to improve safety.

People told us they felt safe. Processes were in place to protect people from abuse. Staff were aware of their responsibilities in responding to abuse.

The service had recruitment procedures in place to ensure staff employed were of a suitable character.

Good practice guidelines were considered and implemented to ensure safe management of medicines.

The registered manager ensured there were appropriate numbers of suitably trained staff on duty to meet the needs of people who used the service.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Castle Keep

## Detailed findings

### Background to this inspection

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

This inspection visit took place on 07 June 2017 and was unannounced. The inspection team consisted of an adult social care inspector and an Inspection Manager.

Prior to our inspection we reviewed all the information we held about the service. This included notifications the registered provider had sent us. We also reviewed information provided by the safeguarding authorities. This enabled us to plan our inspection effectively.

We spoke with a range of people about Castle Keep. They included seven people who lived at the home, six relatives, the registered manager, eight staff members and the assistant chef.

We walked around the home and spent time in the communal areas to ensure it was clean, hygienic and a safe place for people to live. This also allowed us to observe the interactions between people who lived at the home and staff.

Because a number of people who lived at the home were living with dementia, we carried out a SOFI (short observational framework for inspection.) This allowed us to try and understand what people were experiencing through observations.

To gather information, we looked at a variety of records. This included care plan files relating to five people who lived at the home. We also looked at medicine administration records relating to people who received support from staff to administer their medicines.

We viewed recruitment files belonging to three staff members and other documentation which was relevant to the management of the service. This included health and safety certification, training records, team meeting minutes, accidents and incidents records and findings from monthly audits.

# Is the service safe?

## Our findings

We carried out an unannounced comprehensive inspection of this service on 16 December 2014 and gave an overall rating of Good. Since that inspection we received concerns in relation to people receiving the right amount of care. As a result we undertook a focused inspection on 17 March 2016 to look into those concerns. The safe domain was rated as requires improvement as there was a reliance on agency staff until recruitment had been completed.

During this inspection carried out in June 2017 we found improvements had been made. There was less reliance on agency staff, the home was fully staffed and there were appropriate numbers of suitably qualified staff on duty to meet people's needs.

People who lived at the home told us they had confidence in the staff that supported them and felt safe when they received their care. Comments received included, "I do feel safe. I have a call bell if I need anyone, there are lots of staff around and they are so careful with me when they move me with the hoist" And, "The staff are good. They make sure I'm safe." One relative told us, "I'm happy that my [relative] is safe. He's had a few falls and they check on him every 15 minutes. They do it in the background, like popping in to have a chat. I'm very reassured that he is safe. The thing that reassures me the most is that there are loads of staff on duty."

We looked at how the service was being staffed. We did this to make sure there was enough staff on duty at all times, to support people who lived at the home. We looked at duty rotas and spoke with the registered manager about staffing arrangements. The registered manager told us there had been a big reduction in the number of agency staff used and they tried to use the same agency staff for continuity.

People who lived at the home and their relatives told us there was enough staff on duty and staff came quickly to any requests for support. Comments included, "There are always staff around, popping in and out". And, "Staff are quick to come when I need help, occasionally they might need to come back as they are busy". During our inspection visit staffing levels were observed to be sufficient to meet the needs of people who lived at the home. We saw staff members were responsive to the needs of the people they supported. Staff spent time with people, providing care and support or engaged in activities. Call bells were responded to quickly when people required assistance.

We looked at the recruitment and selection procedures the provider had in place to ensure people were supported by suitably qualified and experienced staff. We looked at records for three members of staff. We saw evidence of pre-employment checks being undertaken. This showed the provider had undertaken checks to ensure staff had the required knowledge and skills, and were of good character before they were employed at the service.

The provider had systems in place to reduce people being at risk of harm and potential abuse. Staff had received up to date safeguarding training and understood the provider's safeguarding adult's procedures. They were aware of their responsibilities to ensure people were protected from abuse and knew about the

procedures they should follow if they were concerned people may be at risk.

We looked at how risks were managed and addressed within the service. We did this to ensure processes were in place to keep people safe. We saw a variety of risk assessments were in place to manage risk. These included risks specific to each individual according to their daily activities and support needs. We saw in one person's file a detailed risk assessment with very clear guidance on how to safely support the person whilst encouraging independence. For example the person had bedrails in place, however it had been agreed that the bed bumpers would not be used to allow the person to use the rails to reposition themselves in bed.

We looked at how the service managed medicines. For people who could not manage their own medicines, staff provided support with this. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. The registered manager had audits in place to monitor medicines procedures. These meant systems were in place to check people had received their medicines as prescribed.

We looked around the home and found it was clean, tidy and maintained. One relative told us, "The rooms are decorated lovely, always clean. This is a five star hotel". The management team employed designated staff for the cleaning of the premises. Domestic audits were in place and the registered manager made regular checks to ensure cleaning schedules were completed.

## Is the service effective?

### Our findings

People received care which was relevant to their needs because they were supported by an established and trained staff team who had a good understanding of their needs. People we spoke with said staff were extremely knowledgeable. One relative told us, "The staff are so experienced and well trained. No matter how my [relative] is or anyone else, they are really reassuring, kind and patient."

There was a training and development programme in place for staff, which helped ensure they had the skills and knowledge to provide safe and effective care for people who lived at the home. The registered manager maintained a training matrix which showed a range of training which reflected good care practices for people who lived at the home. Staff we spoke to praised the training provided. One staff member said, "The training is brilliant. We can undertake any training to help us support the people we care for."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We talked with people and looked at care records to see if people had consented to their care where they had mental capacity. People told us they were able to make decisions and choices they wanted to make. They said staff did not restrict the things they were able, and wanted, to do.

We looked at the care and support provided to people who may not have had the mental capacity to make decisions. Staff demonstrated a good awareness of the MCA code of practice and confirmed they had received training in these areas. We found that action had been taken by the service to assess people's capacity to make decisions. We found written records to show considerations had been made to assess and plan for people's needs in relation to mental capacity.

The people we spoke with told us they enjoyed the food provided by the home. They said they received varied, nutritious meals and always had plenty to eat. They told us they were informed daily about meals for the day and choices available to them. One person told us, "The food is good. I have been losing weight but they have been keeping an eye on me and encouraging me to eat." One person did tell us that they didn't like some of the food, however we noted alternative meals were available and people's views were regularly sought. Monthly resident's and relative's food meetings were held which sought people's views on the choice and standard of food served.

We observed lunch being served. There were some people who needed assistance with their meals. Staff were seen to assist people in a relaxed and unhurried manner and were patient and supportive. We saw they were offered alternative meals if they were not happy with the menu choices.

We spoke with the staff member responsible for the preparation of meals on the day of our visit. They confirmed they had information about special diets and personal preferences. They told us this information was updated if somebody's dietary needs changed. This meant catering staff were able to ensure people



received food and drink that matched their preferences and special requirements.

Care plans reviewed detailed information about people's food and drink preferences. All care plans we looked at contained a nutritional risk assessment. People's weight was regularly monitored. We noted people who were in danger of losing weight and becoming malnourished were given meals with a higher calorific value and fortified drinks. Assessments were monitored on a regular basis. We saw appropriate referrals had been made to other health professionals, where there had been concerns about a person's dietary intake.

People had access to external healthcare professionals in order to maintain their wellbeing. We looked at records, which detailed visits and appointments people had with outside health agencies. We saw that people received the appointments they needed. People were registered with local GPs and received visits from them when they needed them. People who lived at the home told us they were supported to see a doctor if they needed one. Comments included, "There is always a doctor if I need one". And, "If you feel ill, the doctor is here straight away".

We looked around the building and grounds and found they were appropriate for the care and support provided. The Nightingale unit had dementia friendly signage throughout. We also observed lots of sensory equipment in use and wall decorations designed for stimulation for people living with dementia.

## Is the service caring?

### Our findings

We received consistent positive feedback about care provided at Castle Keep from people who lived at the home and their relatives. People we spoke with told us, "I am really happy here, the staff are wonderful." And, "The staff are kind and caring, I am well looked after". Relatives told us, "They are a good bunch of staff. They really care." And, "It's the little things staff do to make people feel much more comfortable."

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting each individual's uniqueness and there was an extremely sensitive and caring approach observed throughout our inspection visit. One relative we spoke with told us, "They [the staff] have really got the right balance here between keeping my [relative] safe and maintaining his human rights." The relative then went on to explain that their relative liked to go to the pub, but they couldn't do that on their own. They told us that a member of staff assisted their relative and went with them to the pub.

The registered manager and staff told us they fully involved people and their families in their care planning. One relative told us, "I know my [relative]. Staff discuss [relative's] care with me because of that. They are really interested in [relative] as a person. We saw people's beliefs, likes and wishes were explored within care records and guidance in these records reflected what staff and people had told us about their preferences.

The atmosphere in the home was calm, relaxed and friendly. One visitor told us, "The staff are really welcoming. They'll get me a cup of tea and let me know how my [relative] is doing." Another relative told us, "Nothing is too much trouble here. I always feel assured when I leave because I know that my [relative] is cared for."

Staff showed warmth and compassion in how they spoke to people who lived at the home. Staff were seen to be attentive and dealt with requests without delay. We observed that one person appeared agitated. A member of staff demonstrated patience and understanding of the person's condition to diffuse the situation safely in a caring and compassionate way.

During our observations we noted people's dignity was maintained. Staff were observed to knock on people's doors before entering their rooms and doors were closed when personal care was delivered. We also saw a member of staff noticed that a person had spilt some of their lunch on their clothing. The member of staff was sensitive in how they broached the subject and accompanied the person back to their room to support them to get changed. This demonstrated compassion in the staff member's approach but also the person's dignity was maintained.

We saw, from care records, that staff had discussed people's preferences for end of life care. This meant that the provider would know what the person's preferences were and to respect these on death. At the time of our visit, no one living at the service was receiving palliative or end of life care.

There was information available for people about how to access local advocacy services, should they so

wish. Advocates are independent people who provide support for those who may require some assistance to express their views. Signposting people towards advocacy services helped to ensure people's rights to make decisions about their care and support were promoted.

## Is the service responsive?

### Our findings

Throughout the assessment and care planning process, staff supported and encouraged people to express their views and wishes, to enable them to make informed choices and decisions about their care and support. For example what time they wanted to get up, what their food preferences were or what hobbies or interests they had.

Care records of people who lived at Castle Keep were clear about the support needs of people and how they wanted their care to be delivered. People and their relatives told us staff communicated with them regularly to ensure they were aware of any matters affecting people's care. One relative told us, "They explain things; like they've just started s covert medication plan. I didn't understand all the legalities, so they talked me through it. They made sure I understood and then asked if I agreed, which I did."

We asked people about activities at Castle Keep. We received mixed comments with two people telling us that there wasn't a lot going on. We noted there was a timetable of activities in place and people's views were regularly sought through care plan reviews and surveys. On the day of inspection we observed that plenty of individual and group activities were taking place on the Nightingale unit less so on the Willow unit where most people were being nursed in bed. We provided feedback to the registered manager who said they would review activities to ensure they met people's needs.

People were encouraged to raise any concerns or complaints. The service had a complaints procedure which was made available to people they supported and their family members. The registered manager told us the staff team worked very closely with people and their families and any comments were acted upon straight away before they became a concern or formal complaint.

A system for recording and managing complaints concerns was in place. We saw evidence of complaints being raised. Information was available to demonstrate how those complaints had been reviewed, investigated and responded to.

People we spoke with said they felt comfortable raising concerns if they were unhappy about any aspect of their care. Comments included, "We did have a couple of niggles, but the staff and the manager dealt with them really well". And, "The manager is really approachable and if I had any concerns I know I would be able to approach her."

## Is the service well-led?

### Our findings

Castle Keep had a registered manager in place. 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 who lived at the home and relatives told us the home was well led. Comments included, "The home is run really well. I like the manager, she's really approachable". Another person told us, "The manager is very approachable".

Staff were aware of the lines of accountability within the service and wider organisation. They were confident about raising any concerns and felt that any concerns that were raised would be dealt with properly. Staff described the registered manager as very supportive. One member of staff commented that she had been well supported by the registered manager not only about work related issues but personal ones too. Another member of staff told us, "We have a really good team here. I like working here, everybody helps each other and the manager is easy to talk to."

We saw written records confirming staff meetings were held regularly. We looked at the minutes of a recent team meeting and saw topics relevant to the running of the service had been discussed.

Castle Keep had procedures in place to monitor the quality of the service provided. These included seeking the views of people they support through 'resident's meetings', satisfaction surveys and care reviews with people and their family members. We saw 'resident's meetings' were held regularly and any comments, suggestions or requests were acted upon by the registered manager. This meant people who lived at the home were given as much choice and control as possible into how the service was run for them. The results of the last survey in 2016 showed people who lived at the home and relatives responded that they were 100% satisfied with the overall standard of the care home.

The provider had systems in place to identify, assess and manage risks to the health, safety and welfare of the people who used the service. These included accidents and incidents audits, medication, care records and people's finances. We looked at completed audits during the visit and noted action plans had been devised to address and resolve any shortfalls. This meant there were systems in place to regularly review and improve the service.

On our arrival at Castle Keep, we noted the last inspection rating was clearly displayed in the reception area of the home. This is a statutory requirement for all registered providers.

The registered manager kept up to date with current good practice guidelines by attending a general managers meetings (organised by the provider Barchester Healthcare Homes Limited ) at which they shared learning and discussed new developments in care.

We found the management team receptive to feedback and keen to improve the service. They worked with us in a positive manner and provided all information we requested.