Wessex Care Limited

Castle View Nursing Home

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

Castle View Nursing Home provides accommodation and nursing or personal care for up to 25 older people. At the time of our inspection 25 people were living at Castle View. The home was last inspected in August 2013 and was found to be meeting all of the standards assessed.

This inspection took place on 19 February 2016 and was unannounced. We returned on 24 February 2016 to complete the inspection.

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

People who use the service and their relatives were positive about the care they received and praised the quality of the staff and management. Comments from people included, "The staff are very kind and they know what they're doing", "The staff are lovely. We have our ups and downs, but generally things work out very well. They're like family to me" and "They look after me very well".

People told us they felt safe when receiving care and were involved in developing and reviewing their care plans. Systems were in place to protect people from abuse and harm and staff knew how to use them. Comments from people included, "Yes, I feel safe here. That's really important to me to feel comfortable" and "I wouldn't want to be anywhere else, I feel safe here".

Staff understood the needs of the people they were providing care for. People's needs were set out in care plans they had been involved in developing. Staff followed these plans, which helped to ensure people received care in the way they preferred.

Staff were appropriately trained and had the right skills to provide the care people needed. They received a thorough induction when they started working for the home and demonstrated a good understanding of their role and responsibilities. Staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs.

The service was responsive to people's needs and wishes. People had regular group and individual meetings to provide feedback about their care and there was an effective complaints procedure. One person told us, "I have no concerns, but I would speak to the manager or deputy if I did. They would sort it out"

The provider regularly assessed and monitored the quality of care provided at Castle View. Feedback from people and their relatives was encouraged and was used to make improvements 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 who use the service said they felt safe when receiving support.

There were sufficient staff to meet people's needs safely. People felt safe because staff treated them well and responded promptly when they requested support.

Systems were in place to ensure people were protected from abuse. Risks people faced were assessed and action taken to manage the risks.

Is the service effective?

Good

The service was effective. Staff had suitable skills and received training to ensure they could meet the needs of the people they cared for.

People's health needs were assessed and staff supported people to stay healthy. Staff worked well with specialist nurses, physiotherapists and GPs to ensure people's health needs were met.

Staff understood whether people were able to consent to their care and treatment and took appropriate action where people did not have capacity to consent.

Is the service caring?

Good

The service was caring. People spoke positively about staff and the care they received. This was supported by what we observed.

Care was delivered in a way that took account of people's individual needs and in ways that maximised people's independence.

Staff provided care in a way that maintained people's dignity and upheld their human rights. People's privacy was protected and they were treated with respect.

Is the service responsive?

Good

The service was responsive. People were supported to make their views known about their care and support. People were involved in planning and reviewing their care.

Staff had a good understanding of how to put person-centred values into practice in their day to day work. This was supported by what we observed.

People told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

Is the service well-led?

Good

The service was well led. There was a strong leadership team who promoted the values of the service, which were focused on providing individual, quality care and maximising people's independence. There were clear reporting lines from the service through to senior management level.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned. Quality assurance systems involved people who use the service, their representatives and staff and were used to improve the quality of the service.

Castle View Nursing Home

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 19 February 2016 and was unannounced. We returned on 24 February 2016 to complete the inspection.

The inspection was completed by one inspector. Before the inspection we reviewed previous inspection reports and all other information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider.

During the visit we spoke with the registered manager, deputy manager, eight people who use the service, five care staff, two members of the senior management team and the executive chef. We received feedback from a physiotherapist and a GP who have contact with the service. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for five people. We also looked at records about the management of the service.

Good

Is the service safe?

Our findings

All of the people we spoke with said they felt safe living at Castle View. Comments included ''Yes, I feel safe here. That's really important to me to feel comfortable" and "I wouldn't want to be anywhere else, I feel safe here".

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report abuse if they were concerned and were confident senior staff in Wessex Care would listen to them and act on their concerns. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with. Details of the safeguarding procedures and who staff could report any concerns to were displayed on the office wall. The registered manager had worked openly with the safeguarding team where any concerns had been raised and had taken action where necessary.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting people to maintain their freedom. Assessments included, for example, information about how to support people to minimise the risk of falls, maintain suitable nutrition and to minimise the risk of developing pressure ulcers. People had been involved throughout the process to assess and plan management of risks. Staff demonstrated a good understanding of these plans, and the actions they needed to take to keep people safe.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. Staff confirmed these checks had been completed before they were able to start work in the service.

Sufficient staff were available to support people. Most people told us there were enough staff available to provide support for them when they needed it. Comments included, "There are enough staff available. They come quickly when I use the call bell" and "Staff generally come quickly when I use the call bell. Sometimes there's a bit of a wait, but it's never too long". One person we spoke with felt there needed to be more staff available in the mornings, but did not say this had any impact on the care they received. Staff told us they were able to provide the support people needed, with comments including, "Staffing levels are good, sufficient to meet people's needs. I have covered nights as well as days and feel there are enough staff" and "Staffing levels work well. There are enough staff to be able to provide care to people".

Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. We saw a medicines administration record had been fully completed. This gave details

of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this. There was a record of all medicines received into the home and disposed of.

Where people were prescribed 'as required' medicines, there were protocols in place detailing when they should be administered, although some of the information in these plans was not clear. For example, the protocol for when someone should be administered a sedative because of verbal aggression did not have any information about techniques to calm the person that should be tried before administering the medicine. Another person was prescribed a variable dose of a sedative, but there was no information about how staff administering the medicine should make a decision on the dosage. Staff responsible for administering the medicine were aware of people's specific needs and were able to describe the actions they would take before administering sedatives to people. The medicine administration records showed that the sedatives were not used regularly for one person, and for another person the higher dose possible under the prescription had not been administered. This demonstrated that although some information was not clear in the protocols, staff were not routinely administering the highest dosage of the sedatives people had been prescribed. We discussed this with the registered manager and deputy manager, who agreed to add more information to the protocols. Action had started on this work by the end of the inspection.

Good

Is the service effective?

Our findings

People told us staff understood their needs and provided the support they needed, with comments including, "The staff are very kind and they know what they're doing" and "They look after me very well".

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. These supervision sessions were recorded and the registered manager had scheduled regular one to one meetings for all staff throughout the year. Staff said they received good support and were also able to raise concerns outside of the formal supervision process. Comments from staff included, "I feel well supported. I have regular supervision meetings and an annual appraisal" and "I feel very well supported. The management team are amazing and they will listen to us".

Staff told us they received regular training to give them the skills to meet people's needs, including a thorough induction and training on meeting people's specific needs. The provider had a senior manager whose role included managing the training programme for staff. Training was provided in a variety of formats, including on-line, classroom based and observations and assessments of practice. Where staff completed on-line training, they needed to pass an assessment to demonstrate their understanding of the course. Staff told us the training they attended was useful and was relevant to their role in the service. The registered manager had a record of all training staff had completed and when refresher training was due, which was used to plan the training programme. These records were also used by the senior management team to plan the training programme strategically across the organisation.

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 legally authorised under the MCA. 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 procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

Staff demonstrated a good understanding of the principles of the MCA. Applications to authorise restrictions for some people had been made by the service and were being processed by Wiltshire Council, the supervisory body. We saw cases were kept under review and if people's capacity to make decisions changed then decisions were amended. Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity.

People told us they enjoyed the food provided by the home and were able to choose meals they liked. Comments included, "The food is good. You get a choice of meals if you don't like what's on the menu" and "The food is excellent. I wasn't eating before I moved in here, but I've put on weight now". People were able to choose to take their meals in their room or the dining area. The home's chef and executive chef for Wessex Care received regular group and individual feedback from people about the quality of food and meal choices. This information was used to develop the menu, which was changed four times a year to reflect the

seasons.

People said they were able to see health professionals where necessary, such as their GP, specialist nurse or speech and language therapist. People's care plans described the support they needed to manage their health needs. There was clear information about monitoring for signs of deterioration in their conditions, details of support needed and health staff to be contacted.

The service provided 'intermediate care' for a number of people who stayed in the home for a limited period. For example, this could be whilst people were recovering from surgery to aid their rehabilitation before moving back home. A 'multi-disciplinary' meeting, involving the GP, physiotherapists, occupational therapists and social workers, was held in the home each week to co-ordinate people's care and ensure they were receiving the support they needed to aid their recovery. A visiting physiotherapist told us they received good support from staff at the home and said the system worked well. The physiotherapist said staff worked well to aid people's recovery and help them return home where possible. We also received feedback from a GP who provided cover for the people receiving intermediate care. The GP said the home provided a good service which helped people who often arrived in difficult circumstances.

Good

Is the service caring?

Our findings

People told us they were treated well and staff were caring. Comments included, "The staff are very kind and treat me well" and "The staff are lovely. We have our ups and downs, but generally things work out very well. They're like family to me". We observed staff interacting with people in a friendly and respectful way. Staff respected people's choices and privacy and responded to requests for support. For example, we observed staff providing comfort and reassurance to one person when they were upset. The person said they were having a "bad day" but said they felt better after talking with staff.

In addition to responding to people's requests for support, staff spent time chatting with people and interacting socially. People appeared comfortable in the company of staff and had developed positive relationships with them. We saw people chatting with staff in their rooms at various times during the visit. This helped to ensure people who did not often use the communal areas did not become socially isolated.

Staff had recorded important information about people, for example, personal history, plans for the future and important relationships. People's preferences regarding their daily support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided, for example people's preferences for the way staff supported them with their personal care needs. This information was used to ensure people received support in their preferred way.

People were supported to contribute to decisions about their care and were involved wherever possible. For example, people had regular individual meetings with staff to review how their care was going and whether any changes were needed. People were able to involve friends or family members in this process if they wanted to. Details of these reviews and any actions were recorded in people's care plans. People told us staff consulted them about their care plans and their preferences. There were also regular 'residents and relatives meetings', which were used to receive feedback about the service and make decisions about activities in the home.

Staff received training to ensure they understood the values of the organisation and how to respect people's privacy, dignity and rights. This formed part of the core skills expected from staff and was mandatory training for everyone working in the service. People told us staff put this training into practice and treated them with respect. Staff described how they would protect people's dignity by always providing personal care in private and not discussing personal details in front of other people.

Good

Is the service responsive?

Our findings

People told us they were able to keep in contact with friends and relatives and take part in activities they enjoyed. One person said they were particularly pleased to be able to go to a social club they had attended for many years. The person said this was very important to them and helped them to keep in contact with friends and acquaintances they had known for a long time. There was a list of planned activities displayed in the home, which included trips out, arts and crafts activities, visiting entertainers and religious services. The programme was designed with input from people who use the service. Some people told us they preferred to spend time in their room and make their own entertainment, for example watching television, listening to the radio or reading. We observed staff providing company and interaction with people in their rooms at different times during the inspection.

People had a care plan which was personal to them. The plans included information on maintaining their health, daily routines and goals to maintain skills and maximise independence. Care plans set out what people's needs were and how they wanted them to be met. The plans included a 'This is me' form, which is a document developed by the Alzheimer's Society and the Royal College of Nursing. This allows people and those who know them well to set out details of what is important to them and how they want care to be provided. People who were receiving intermediate care had details in their plans about support provided to aid their recovery, for example physiotherapy exercises, and support people needed to increase their independence. This gave staff access to information which enabled them to provide support in line with people's individual wishes and preferences. The plans were regularly reviewed with people and changes were made following people's feedback.

People were confident any concerns or complaints they raised would be responded to and action would be taken to address their problem. People told us they knew how to complain and would speak to staff if there was anything they were not happy about. Comments included, "I have no concerns, but I would speak to the manager or deputy if I did. They would sort it out" and "I would speak to the manager if I had any concerns". The service had a complaints procedure, which was provided to people when they moved in.

Complaints were regularly monitored, to assess whether there were any trends emerging and whether suitable action had been taken to resolve them. Staff were aware of the complaints procedure and how they would address any issues people raised in line with it. Complaints received had been thoroughly investigated and a response provided to the complainant. Complaints were not closed until the registered manager had reviewed the response and all actions with a director of Wessex Care as part of their supervision process.

There were regular feedback forms given out to people every three months. The issues raised were used to plan agendas and discussion points from the regular residents and relatives meetings. The results of this feedback were collated and actions planned to address any issues or concerns that were raised.

Good

Is the service well-led?

Our findings

There was a registered manager in post at Castle View and they were available throughout the inspection. In addition to the registered manager, the management team included service managers, a quality assurance, training and safeguarding manager and the directors of Wessex Care. The provider had clear values about the way care should be provided and the service people should receive. These values were based on providing a person centred service in a way that maintained people's dignity and maximised independence. A particular focus of the work at Castle View was supporting people receiving intermediate care to re-gain their independence and move home where possible. The registered manager said she wanted the service to care for people in the way they would expect a family member to be looked after.

Staff valued the people they supported and were motivated to provide them with a high quality service. Staff told us the registered manager had high expectations of them and the service they provided, but was supportive of them and created an open culture.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us managers gave them good support and direction. Comments from staff included, "There is good leadership. Senior managers know what is happening. We are able to raise any concerns and I am confident action would be taken" and "The service is very well managed. There is an open atmosphere and they will listen to us. We are able to raise any concerns up the organisation".

There was a quality assurance process which focused on a different aspect of service delivery each month. This included an assessment of the service by the registered manager and one of the directors. Information from the reviews was used to develop an action plan to address any shortfalls and to promote best practice through the service. The development plan was reviewed and updated as part of the registered manager's supervision sessions. This ensured actions were being implemented where necessary.

Satisfaction questionnaires were sent out every three months asking people their views of the service. The results of the surveys were collated and actions were included in the overall development plan for the service.

There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the organisation and how they expected staff to work. Staff also reported that they were encouraged to raise any difficulties and the registered manager worked with them to find solutions.