Cumbria County Council

Castle Mount

Inspection report

Bookwell
Egremont
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Date of inspection visit:
14 November 2018

Date of publication:
02 January 2019

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

This was an unannounced inspection that took place on 14 November 2018. The service was last inspected in April 2016 where there were no breaches in regulation seen and the home was rated as Good. We found at this inspection that the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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

The care home can accommodate up to thirty four people across three units, each of which have separate adapted facilities. One of the units specialises in providing care to people living with dementia. There were twenty two people in residence when we visited. People living in the service are older adults. The home does not provide nursing care.

The home had a suitably qualified and experienced registered manager who had a background in social care and in management. 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.

The staff team understood how to protect vulnerable adults from harm and abuse. Staff had received suitable training and spoke to us about how they would identify any issues and report them appropriately. Risk assessments and risk management plans supported people well. Good arrangements were in place to ensure that new members of staff had been appropriately vetted and that they were the right kind of people to work with vulnerable adults. Accident and incident management was of a good standard.

The registered manager kept staffing rosters under review as people's needs changed. We judged that the service employed enough care staff by day and night to meet people's needs. There were suitable numbers of ancillary staff employed in the home.

Staff were appropriately inducted, trained and developed to give the best support possible. We met team members who understood people's needs and who had suitable training and experience in their roles.

Medicines were suitably managed in the service with people having reviews of their medicines on a regular basis.

People in the home saw their GP and health specialists whenever necessary. The staff team had good

working relationships with local GP surgeries and with community nursing services.

Good assessments of need were in place, and the staff team reviewed the delivery of care for effectiveness. They worked with health and social care professionals to ensure that assessment and review of support needed was suitable and up to date.

People told us they were satisfied with the food provided and we saw suitably prepared meals being served. Simple nutritional planning was in place and special diets catered for appropriately.

Castle Mount is situated in a residential area of Egremont. The provider had updated and refurbished the building to a good standard. It had suitable adaptations and equipment in place. The house was warm, clean and comfortable on the day we visited.

People in the home were kept fully informed and helped to make their own decisions. People were aware of the plans to close the service in 2019 when the new residential home was ready to open. They were being involved in choosing furniture and fittings for the new home.

The staff team were aware of their responsibilities under the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People who lived in the home told us that the staff were caring. We also observed kind and patient support being provided. Staff supported people in a respectful way. They made sure that confidentiality, privacy and dignity were maintained.

Risk assessments and care plans provided detailed guidance for staff in the home. People in the service were aware of their care plans and had influenced the content. The management team had ensured the plans reflected the person centred care that was being delivered.

Staff could access specialists if people needed communication tools like sign language or braille.

Staff encouraged people to follow their own interests and hobbies. We saw evidence of regular activities and entertainments in the home.

The service had a comprehensive quality monitoring system in place and people were asked their views in a number of different ways. Quality assurance was used to support future planning.

We had evidence to show that the registered manager and the operations manager were able to deal with concerns or complaints appropriately .

Records were well organised, easy to access and stored securely.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Castle Mount

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 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 took place on 14 November 2018 and was unannounced. The inspection was carried out by an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using services or caring for a person who uses services. The team were experienced in the care of someone who is living with dementia or who is an older adult.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. This was received in a timely manner and in good detail. We also reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We also spoke with social workers, health care practitioners and commissioners of care during our regular contact with them. We planned the inspection using this information.

The team met all of the twenty two people in the home on the day and spoke in some depth with fourteen of them. The team spent time talking with people, the staff and with visitors. We also spent time in shared areas simply observing the life of the home. We spoke with three relatives and friends who were visiting the home. We met a visiting health care professional on the day of the inspection.

We read seven care plans in depth and looked at daily notes related to these care plans. We looked at charts and other records of things like food and fluids taken. We saw moving and handling plans and risk assessments for other interventions. We also looked at records of medicines and checked on the stored medicines kept in the home.

We met the registered manager, two supervisors, the administrator and seven care staff. We also met two kitchen staff and one of the housekeeping team. We talked with them in small groups or individually. We

looked at six staff files which included recruitment, induction, training and development records. We checked on the details of the supervision and appraisal notes on these files. We saw rosters for the four weeks prior to our visit.

We had access to records relating to maintenance and to health and safety. We checked on food and fire safety records and we had discussions about some of the registered provider's policies and procedures. We saw records related to quality monitoring.

We walked around all areas of the home and checked on infection control measures, health and safety, catering and housekeeping arrangements.

We received information related to staffing issues and quality audits during and after the inspection. We also had contact with the operations manager some time before the inspection in relation to a staffing issue and to the plans for future activities.

Good

Is the service safe?

Our findings

We spoke with people who told us they felt safe and secure in the home and that they were confident that the staff team kept them from being harmed and abused. One person said, "Of course I am safe here, I couldn't stay on my own anymore, I wasn't safe in my house on my own but the girls keep me right". A relative said, "There is always plenty of staff about and [my relative] is very safe here".

Some people who used the service were not always able to explain how safe they felt but we saw that they were relaxed in the home and with the staff. People living with dementia were treated with patience and understanding and one person told us, "They are grand lasses...no worries with them".

Staff were trained in understanding harm and abuse, individual rights and in how to protect vulnerable adults. Safeguarding matters were discussed in supervision and in team meetings. Staff told us they were encouraged to speak up about any concerns. They told us they could talk to the senior staff and any visiting officer of the County Council. The registered manager understood how to make safeguarding referrals, if necessary.

We saw rosters for the four weeks prior to our inspection and spoke with staff who told us there was sufficient staff to meet people's needs. People living in the home judged that there were enough staff on duty. One person said, "The staff always come if you call" and another said, "There are always girls about, and if they are not here [in the shared lounge]] they are back in a minute or two".

We judged that the home had enough care staff on duty by day and night to meet people's needs. Suitable levels of catering and housekeeping staff were on duty every day.

There was a low turnover of staff in the service but all recruitment followed the council guidelines. Staff confirmed that background checks were made prior to having any contact with vulnerable people. We looked at personnel records and these were in order. We had evidence to show that the registered manager and her operations manager dealt with matters of discipline in a fair and equitable manner which ensured appropriate care and services were delivered to vulnerable people.

Staff were trained in understanding human rights and matters of equality and diversity. Staff could talk about the balance between individual rights and the duty of care. Detailed risk assessments and risk management plans were in place. We also noted that this was reflected in the way staff worked with people and the way care plans and notes were written. Staff confirmed that they could meet individual cultural preferences.

The registered manager analysed any on-going incidents or accidents and would risk assess things like falls or recurrent illnesses. She told us that a 'lessons learned' approach was taken in the home and that she would discuss any incidents with her line manager and appropriate changes made.

We checked on medicines kept on behalf of people in the home. They were kept securely and at the

appropriate temperature. Controlled drugs were correctly managed. Good monitoring of the use of medication was in place. Staff were appropriately trained and their competence checked. The staff made sure that visiting GPs and pharmacists reviewed the medicines given to people so that medication was optimised. Sedative medicines were not routinely used.

Good infection control measures were in place. Staff had ready access to gloves, aprons and other equipment. Laundry systems were effective in reducing risk of cross contamination. There were no unpleasant odours anywhere in the building and all areas of the home were clean, fresh and orderly. Good hygiene and cleaning programmes were in place and closely monitored.

We walked around the building and found it to be safe and secure. Staff and people in the home were looking forward to moving to a new environment. The service had a good contingency plan in place for any potential emergency.

Good

Is the service effective?

Our findings

We looked at assessments for people on admission and as part of the on-going care delivery. We noted that the registered manager completed a care needs assessment, often with a social worker or other professional, before a person came to the home. All aspects of a person's needs and preferences were considered, without discriminating against them. General risk assessments for the building and activities in the building were also in place.

Assistive technology was used to allow staff to monitor people, whilst protecting their privacy. Where people were at risk of falls, monitors and pressure mats were in place. Good risk management plans were in place.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found that these were in order and up to date. New authorisations were being sought where people's needs had changed. People told us they followed the kind of lifestyle they wanted and there were no restrictions on them. One person said, "I can do what I want...I haven't been out much as I haven't been well enough but I could if I wanted to".

Signed consent forms were in place as were Do Not Attempt Cardio Pulmonary Resuscitation forms. People had been consulted and advised and asked for both formal and informal consent, where appropriate. We observed staff asking people and giving them options about their lives. We spoke with relatives and people in the home who confirmed that consent was always sought. One person said, "I get asked about what I want and they explain to me if they need to do something...". People in the home were assertive and made their wishes known to staff. We learned that people had been consulted and advised about the County Council plans to close the home and move to the new home.

We looked at staff training in the record of training that the provider deemed to be mandatory. This included training on safeguarding, equality and diversity, the ageing process, health and safety and person centred thinking. Staff had effective induction, supervision, appraisal and training. We met knowledgeable and confident staff who told us the registered manager was ensuring their training was up to date before the service moved to a new location. One staff member said, "I think we will get lots of training when we move and I am looking forward to learning more".

We went into the kitchen, checked on food stores and spoke with the catering staff. They knew how to fortify

foods for people who had lost weight and how to support people who needed to loose a little weight. The menu was varied and nutritious. The advice of dieticians and other professionals was followed and simple nutritional planning in place for people who had dietary needs. One person told us, "The food is excellent and they ask you what you want". Another person said, "I don't like the food much but that isn't their fault I am so fussy but they find me something".

The lead inspector and the expert by experience sat in two different units at lunchtime and gave the registered manager feedback on one or two minor issues that they observed. The registered manager took this on board and was making plans to adjust some of the systems at mealtimes.

The people in the home looked well and well cared for. People saw their GP, opticians, chiropodists, consultants and external specialist nurses when appropriate. We met with a visiting health care professional on the day and they told us that the service gave good care and communicated well with other health professionals. She said, "Its just a lovely home".

Castle Mount was built in the 1970s and refurbished to a good standard in the 1990s. People had single bedrooms with sink. Some rooms had ensuite toilets and there were suitable shared bathroom and toilet facilities. People made good use of the lounge and dining areas. People living with dementia had their own unit with access to a secure garden. This area had suitable signage and furniture and adaptations that helped people who might be disorientated. The home was tastefully decorated and had good quality furniture and fittings. People were very relaxed in "our house".

Cumbria County Council had looked at the home and others in the Copeland area and made the decision to move to a new home. The new purpose built home would be ready for people in the late spring of 2019 and people in the home were busy advising staff of the type of furniture and fittings they wanted.

Good

Is the service caring?

Our findings

We measured this outcome by talking with people and their relatives and by observing how people responded to the staff team. We had very positive responses when we asked about how caring the team were. People told us, "The girls are very kind, very nice and they do ask what you want" and "I couldn't ask for better, the girls are very good, very nice". People also told us that the home had a family feel to it and that they were fond of the staff. One person said, "We are like a family here and I think these lasses are so nice...I like all of them."

One person said, "What can I say, this place has given me a new life, I was worn out looking after [a relative] and I couldn't do it anymore, but I am getting so much better here, the girls are wonderful, they can't do enough for you".

We spent time observing staff interacting with people. Staff were patient and good at explaining any interventions to people. People responded warmly to staff and were relaxed with any interventions we witnessed. People knew staff well and the staff understood individual needs and preferences. Staff used humour appropriately but were also respectful, empathic and sensitive to people's needs. People in this home received dignified and appropriate care.

Staff could talk about people's preferences and routines and the staff in the dementia care unit explained how they supported people who became upset or disorientated. There was good guidance in care plans to help staff to support people living with dementia. Interactions were done with care and at a pace which people responded to very well. One person living with dementia told us, "These are my lasses and they are good to me".

Staff displayed appropriate values when talking about people in the home. They told us how they would support people with differing cultural preferences. The staff team spoke about people with warmth and affection. Care files were written clearly and without judgmental or prejudiced statements. We observed genuine acceptance and caring. Staff told us that the registered manager and the provider ensured the team had appropriate supportive relationships with people. Supervision, training and team meeting minutes gave us evidence to show that respect, dignity, compassion and empathy were discussed and promoted in the team.

People could be helped to access independent advocates where necessary. Some people had already been allocated advocates to help them with the proposed move to the new service. Where appropriate relatives acted as advocates on their behalf. Relatives told us, "The staff tell us anything we need to know and involve us where possible".

The staff team worked with families in an open and appropriate way. A relative said, "This is a really good place...". Another visitor said, "We are made very welcome and the staff are polite and kind to the people in the home".

People were supported to make choices and to follow their own preferred lifestyles. Care plans and daily notes showed that people were encouraged to be as independent as possible. A staff member told us they, "Try to get people to do as much for themselves as possible without stressing them out...".

Good

Is the service responsive?

Our findings

We looked at a range of care files for people with different needs. We saw that a full assessment of care and support needs had been completed for people in the home. We saw that assessments of the needs of people living with dementia were done with health and social care professionals to ensure the staff could meet their needs. We also saw that where needs changed the staff would ask for health and social care professionals to help them with understanding the changed needs.

We looked at the care plans and associated charts, forms, daily notes and evaluations. The care files covered physical, psychological, emotional and social needs. People told us they had been involved in the planning. The care assessments and plans were comprehensive, person centred and up to date. We could see that the supervisors who wrote the plans had continued to review, update and improve individual plans.

Staff told us that they read the plans and understood people's needs. They said they could influence the content and that they asked people about their wishes and preferences. People told us, "I have one and I was asked about what goes in it...and about anything that needs changed". A visiting relative told us, "We do the care plans with the staff and they are really good at telling us about everything that we need to know about".

Our expert by experience looked at activities and entertainments. She saw that people had newspapers, books and televisions in their rooms and that most people had landlines or mobile phones. There were televisions around the home which were put on or off as the service users wanted. These were on quietly in communal areas with subtitles on. There were music centres, DVD's and CD's, along with games and puzzles in each sitting room. One person told us, "The entertainment is very good, they get all sorts and we make cards and everything" and we saw artwork made by people hung on corridor walls.

Staff told us they supported people to go out. One said, "We take residents out [to the local shops] if they want something or on trips out and lots of families come in and take their relatives out and about". One person told us, "I can go out whenever I want but I am happy enough staying in...You can sit out in the summer and that's fine for me".

No one in the home at the time of our visit used specialist forms of communication like British sign language or braille. The registered manager told us that they would assess the need prior to admission and could access training from local specialists if necessary. There was suitable support for the communication needs of people living with dementia. We saw this when we visited the specialist unit with staff pre-empting needs, giving people cues and listening to them with patience and insight.

The County Council had a comprehensive complaints and concerns policy and we had evidence to show that the senior management team could all be involved in investigations if necessary. People told us, "Nothing to complain about but I would go to [the supervisors] and if they weren't doing something about it I would go to the manager or above her head...but that's not going to happen here. They listen and they do something about it".

Staff were trained in anti-discriminatory practice and we saw that they were aware of people's needs and preferences. Staff made no difference to the way they treated people or the choices they offered them. We saw that people were treated very much as individuals. Religious and cultural preferences were respected and followed.

The staff told us that they supported people at the end of life whenever possible. We had evidence to show that they worked with the community nurses and the local G.Ps to ensure people had the right kind of support. We also learned from talking with staff, that the team were aware of the emotional and psychological needs of families. Staff spoke warmly of people who they had supported at the end of life and were proud of the work they had done with them.

Good

Is the service well-led?

Our findings

Castle Mount is owned and operated by Cumbria County Council operating as Cumbria Care. The home is subject to all the governance arrangements and policies and procedures of the council. We saw evidence to show that the service operated appropriately under these arrangements. The operations manager and members of the quality team visited on a regular basis.

The home had a suitably qualified and experienced registered manager. Staff and people in the home judged that the registered manager created an open culture where they were valued and respected. The registered manager was aware of up to date good practice in care of older adults and the care of people living with dementia. The staff we spoke with told us that they were happy in their role and that the team work was good. We also learned, as one staff member told us, "I love working here we all get on well and everyone pulls their weight". The inspection team judged that positive values were present in the service and that the senior management team ensured they provided a caring service that valued people.

Senior officers of the council had visited the home and met with people and their families because there were plans to close the home and move people to a new build home. People spoke very openly about their hopes and fears; were fully informed of the plans and involved in decision making about the move and the new home. There were regular residents' meetings and people and their families were sent surveys. We saw that social workers were being called on to review people's needs in the light of the changes. We noted that people were consulted during our visit and we met assertive people who were used to giving their views.

Cumbria Care had a tried and tested quality monitoring system. We saw internal audits of all aspects of the service and we also saw that members of the quality monitoring team had visited and checked on the quality of care and services. We saw that this ensured that medicines administration, personal care delivery and recording of care practice were all audited and checked. We also saw evidence of good monitoring of food and fire safety, personal money and staffing matters.

Records were well maintained and easy to access. Documents were being packed away to be archived prior to the move. All paperwork was locked away and electronic records were password protected. Policies and procedures were readily available for staff to use.

Providers of health and social care are required to inform the Care Quality Commission [CQC] of important events that happen in the service. The registered manager of the home had informed us of significant events in a timely way. This allowed us to monitor the service and check that appropriate action had been taken. The service displayed the home's rating from our last inspection and a copy of the report was available at the entrance to the home.